

HKMJ February 2025 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at eHKAM LMS (<https://lms.hkam.org.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **31 March 2025**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u>	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme <u>under the Medical Association</u>	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 19 February 2025):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Non-Ana)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	Pending		Pending	
Hong Kong College of Obstetricians and Gynaecologists	1 (non O&G)	0%	1 (O&G)	60%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	Pending		Pending	
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	50%	1 (Cat.1.2)	50%
Hong Kong College of Paediatricians	1 (Active Cat.E)	50%	1 (Active Cat.D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	1 (Self Study B)	50%	1 (Self Study B)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – Hong Kong Medical Journal February 2025 Issue

Name: _____

Hong Kong Academy of Medicine	Hong Kong Medical Association
<i>For Academy Fellows:</i> College: _____ Fellowship No.: _____	HKMA Membership or CME No.: _____ HKID No.: ____ - ____ - ____ X X (X) Contact Telephone No.: _____
<i>For MCHK CME Registrants:</i> MCHK Reg. No.: _____	Signature: _____

I. Prevalence, risk factors, and outcomes of systemic sclerosis–associated interstitial lung disease in a Chinese population	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding systemic sclerosis–associated interstitial lung disease (SSc-ILD) true or false?		
1. SSc-ILD is the leading cause of mortality in SSc patients.	<input type="checkbox"/>	<input type="checkbox"/>
2. Occupational exposure is one of the predictive factors for the development of ILD in SSc patients.	<input type="checkbox"/>	<input type="checkbox"/>
3. Female SSc patients are more prone to have ILD.	<input type="checkbox"/>	<input type="checkbox"/>
4. Patients with diffuse cutaneous SSc are more prone to have ILD.	<input type="checkbox"/>	<input type="checkbox"/>
5. Antifibrotic agents should not be used in SSc-ILD patients with an increased risk of infections.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning this cohort study true or false?		
1. The most common cause of death in SSc patients in this cohort was ILD.	<input type="checkbox"/>	<input type="checkbox"/>
2. The study confirmed that anti-topoisomerase antibody was associated with a higher likelihood of ILD development.	<input type="checkbox"/>	<input type="checkbox"/>
3. A delay between the onset of respiratory symptoms and the onset of ILD is common.	<input type="checkbox"/>	<input type="checkbox"/>
4. All SSc patients, even those without symptoms, should have high-resolution computed tomography to screen for ILD.	<input type="checkbox"/>	<input type="checkbox"/>
5. C-reactive protein level can serve as a biomarker for ILD progression and poor prognosis.	<input type="checkbox"/>	<input type="checkbox"/>
II. Success rate of induction of labour in twin pregnancies relative to singleton pregnancies in a predominantly Chinese population	<i>True</i>	<i>False</i>
A. Are the following statements regarding twin pregnancy true or false?		
1. The global twin birth rate has declined since the 1980s.	<input type="checkbox"/>	<input type="checkbox"/>
2. One major factor contributing to the increased twin birth rate is the use of assisted reproductive techniques.	<input type="checkbox"/>	<input type="checkbox"/>
3. Twin pregnancy is associated with lower rates of maternal and fetal complications compared to singleton pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Twin Birth Study in 2013 demonstrated the safety of both vaginal and caesarean births in twin pregnancies where the first twin presented in cephalic position at 32 weeks of gestation or later.	<input type="checkbox"/>	<input type="checkbox"/>
5. Most international guidelines recommend earlier delivery for uncomplicated twin pregnancies compared to singleton pregnancies.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning induction of labour in twin pregnancies in the Chinese population as discussed in the current study true or false?		
1. The failure rate of induction of labour was higher in twin pregnancies than in singleton pregnancies.	<input type="checkbox"/>	<input type="checkbox"/>
2. The success rate of induction of labour in twin pregnancies was approximately 73%.	<input type="checkbox"/>	<input type="checkbox"/>
3. When the first twin was delivered vaginally, the probability of caesarean section for the second twin was <1%.	<input type="checkbox"/>	<input type="checkbox"/>
4. Internal podalic version was required in approximately 13% of cases involving second twin vaginal deliveries.	<input type="checkbox"/>	<input type="checkbox"/>
5. Internal podalic version was performed only when the second twin presented in a transverse or oblique lie.	<input type="checkbox"/>	<input type="checkbox"/>