

HKMJ June 2016 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 iCMECPD (<http://www.icmecpd.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 July 2016**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR 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 14 June 2016):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	Nil	Nil
Hong Kong College of Community Medicine ¹	CME/CPD points already accredited for reading articles in the <i>Hong Kong Medical Journal</i> under "Self study". No additional CME/CPD points to be granted for the two specified articles.			
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	1 (Cat. 5.1)	50%	1 (Cat. 5.1)	50%
Hong Kong College of Obstetricians and Gynaecologists	1 (OG & MFM)	60%	1 (Non-OG)	0%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat. C)	50%	1 (PP-Cat. C)	50%
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	2 (Cat. D)	50%	2 (Cat. D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	Nil	Nil	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

¹ The *Hong Kong Medical Journal* is already included in the list of the College's approved journals for self-study. One hour of self-study is awarded 1 point

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

Answer Sheet – Hong Kong Medical Journal June 2016 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)
<i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	Contact Telephone No.: _____ Signature: _____

I. Effect of non-invasive prenatal testing as a contingent approach on the indications for invasive prenatal diagnosis and prenatal detection rate of Down's syndrome	<i>True</i>	<i>False</i>
A. Which of the following statement(s) concerning the effects after the use of non-invasive prenatal testing (NIPT) as a contingent approach to universal prenatal screening for Down's syndrome is/are true?		
1. There was a decrease in the rate of invasive prenatal diagnosis for positive aneuploidy screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. There was a decrease in the rate of chorionic villus sampling for positive aneuploidy screening.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. There was an increase in the rate of amniocentesis for fetal anomalies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. There was an increase in the prenatal detection rate of Down's syndrome.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. There was an increase in the uptake rate of NIPT over the years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) regarding NIPT is/are true?		
1. NIPT is highly sensitive for the prenatal detection of trisomy 21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NIPT can be used as a contingent test after a positive first- or second-trimester screening for Down's syndrome.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If NIPT shows a high risk for trisomy 21, an invasive prenatal diagnosis will still be required to confirm the diagnosis of trisomy 21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If NIPT shows a high risk for trisomy 21, termination of pregnancy can be offered without wasting time for confirmation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. If NIPT shows a low risk for trisomy 21, the pregnancy is likely not affected by trisomy 21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Common urological problems in children: prepuce, phimosis, and buried penis	<i>True</i>	<i>False</i>
A. Which of the following statement(s) about physiological and pathological phimosis is/are true?		
1. Physiological phimosis is a natural condition in young boys where there is natural adhesion between the glans and the prepuce.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Almost all normal male babies are born with a retractable foreskin.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The foreskin becomes retractable as the child grows.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Pathological phimosis (balanitis xerotica obliterans) is a chronic and progressive inflammatory condition that affects the prepuce and glans, but not the urethra.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Smegma is a combination of secretions and desquamated skin; it is harmless.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning treatment of phimosis is/are true?		
1. Gentle daily retraction of the prepuce and rinsing of the prepuce with warm water can often achieve complete resolution of physiological phimosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Topical steroid therapy can be an effective alternative to circumcision in many boys.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Boys at risk of urinary tract infection (UTI) would benefit from circumcision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Medical indications for circumcision include penile malignancy, traumatic foreskin injury, recurrent attacks of severe balanoposthitis, and recurrent febrile UTIs with abnormal urinary tract.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Risks and complications of circumcision should be thoroughly discussed with patient and parents, especially for patients with non-medical indication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>