

HKMJ December 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 January 2017**.
4. For doctors whose current CME/CPD cycle ending date is 31 Dec 2016, the points awarded for the quizzes will be allocated to next CME/CPD cycle (2017-19) if this answer sheet is received after 31 Dec 2016.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR Registrants for the MCHK CME Programme under the Academy	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 under the Medical Association	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 21 November 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	Pending		Pending	
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (Cat. C)	50%	1 (Cat. C)	50%
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	1 (Cat. D)	50%	1 (Cat. E)	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 (SS-OL)	80%	1 (SS-OL)	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 December 2016 Issue

Name: _____

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

	True	False
I. Associations between diabetic retinopathy and systemic risk factors		
A. Which of the following statement(s) regarding diabetes is/are true?		
1. Glycated haemoglobin level of 7% is ideal in reducing progression of diabetic retinopathy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Patients using insulin are less likely to have diabetic retinopathy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Patients with myopia (short-sightedness) are less likely to have diabetic retinopathy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Good blood pressure control reduces the risk of diabetic retinopathy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Diabetic retinopathy risk is positively associated with estimated glomerular filtration rate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Which of the following abnormalities visible on ophthalmoscopy is/are characteristic of diabetic retinopathy?		
1. Retinal haemorrhage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Increased cup-to-disc ratio	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Hard exudates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Neovascularisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cotton-wool spots	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Anticoagulation for stroke prevention in elderly patients with non-valvular atrial fibrillation: what are the obstacles?		
A. Which of the following statement(s) about the use of anticoagulants in the elderly is/are true?		
1. Advanced age alone is not a contra-indication for anticoagulation in patients with atrial fibrillation (AF) because the clinical benefits of anticoagulant still outweigh the bleeding risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Patients with a high HAS-BLED score should not be prescribed anticoagulant because of their high risk for bleeding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Anticoagulant should not be considered in the elderly if they are at high risk for fall.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Only the drugs that interact with warfarin causing alternation of international normalised ratio may increase the risk of bleeding.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Patients with paroxysmal AF are safer than those with sustained AF so anticoagulant is not indicated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Which of the following statement(s) concerning the alternatives to warfarin treatment is/are true?		
1. Low-intensity warfarin may still be effective for stroke prevention and is associated with a lower bleeding risk in the elderly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Although dual antiplatelet therapy (aspirin plus clopidogrel) is inferior to warfarin in stroke prevention, it is better than aspirin and is associated with lower bleeding risk than warfarin, thus it may be considered in the elderly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Novel oral anticoagulants can be an alternative to warfarin for thromboembolic prophylaxis in both valvular and non-valvular AF.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Novel oral anticoagulants are considered to be safer because they are associated with lower intracranial haemorrhage rate than warfarin.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Renal function should be assessed before novel anticoagulant prescription as dosage adjustment is needed in patients with renal impairment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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