

HKMJ April 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 May 2025**.

Category	Answer sheet to be mailed/faxed to:
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 8 May 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	1 (Cat.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	1 (non O&G)	0%	1 (non O&G)	0%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat A)	80%	1 (PP-Cat A)	80%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	50%	1 (Cat.1.2)	50%
Hong Kong College of Paediatricians	1 (Active Cat.D)	50%	1 (Active Cat.E)	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 April 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. Filicide (child homicide by parents) in Hong Kong	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding the epidemiology of filicides true or false?		
1. Infanticides are predominantly committed by mothers.	<input type="checkbox"/>	<input type="checkbox"/>
2. Fathers were the predominant perpetrators of filicides in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
3. The median age of offenders in the infanticide group was lower than that of offenders in the other filicide group in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
4. The most common cause of death of children killed by their mothers in Hong Kong was drug overdose or poisoning.	<input type="checkbox"/>	<input type="checkbox"/>
5. Mothers received more lenient prison sentences in the infanticide group compared with the other filicide group in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning filicide and mental illness true or false?		
1. Among perpetrators in the infanticide group, depression was the most common diagnosis in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
2. In the other filicide group, psychotic disorder was the most common diagnosis among maternal perpetrators in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
3. Anxiety disorder is a common diagnosis among the filicide offenders.	<input type="checkbox"/>	<input type="checkbox"/>
4. More than 30% of the filicide defendants were diagnosed with a mental illness in Hong Kong.	<input type="checkbox"/>	<input type="checkbox"/>
5. Less than half of the filicide-suicide perpetrators in the present study had a history of mental illness.	<input type="checkbox"/>	<input type="checkbox"/>
II. Willingness to pay and preferences for mindfulness-based interventions among patients with chronic low back pain in the Hong Kong public healthcare sector	<i>True</i>	<i>False</i>
A. Are the following statements regarding mindfulness-based interventions (MBIs) for managing chronic low back pain (LBP) true or false?		
1. MBIs have been shown to reduce pain, disability, and psychological distress associated with LBP.	<input type="checkbox"/>	<input type="checkbox"/>
2. MBIs can be effectively delivered in group settings, either online or face-to-face, enhancing scalability for healthcare services.	<input type="checkbox"/>	<input type="checkbox"/>
3. Research has demonstrated that cognitive-behavioural therapy is more cost-effective than MBIs in managing chronic LBP.	<input type="checkbox"/>	<input type="checkbox"/>
4. MBIs are widely available in public healthcare services.	<input type="checkbox"/>	<input type="checkbox"/>
5. MBIs may alter pain signal processing in the brain, fostering acceptance and non-judgemental awareness, though the exact mechanism remains unclear.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning willingness to pay (WTP), preferences for MBIs and the associated factors among chronic LBP patients in the current study true or false?		
1. The WTP for MBIs in the study population was high.	<input type="checkbox"/>	<input type="checkbox"/>
2. Many participants with chronic LBP had limited knowledge of and experience with MBIs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patients with higher pain scores were more willing to pay for MBIs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Patients with higher family income were more willing to pay for MBIs.	<input type="checkbox"/>	<input type="checkbox"/>
5. Patients preferred the online mode for MBIs.	<input type="checkbox"/>	<input type="checkbox"/>