HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ February 2026 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 2026**.

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 16 February 2026):

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 (O&G)	60%	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 B)	80%	1 (PP-Cat B)	80%
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.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	0.5 (Active)	0%	1 (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 A)	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 2026 Issue

Name: _____

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

I. A ten-year evaluation of the incidence of obstetric anal sphincter injury with a reduced episiotomy rate	*True*	*False*
A. Are the following statement(s) regarding the incidence, risk factors and assessment of obstetrical anal sphincter injury (OASIS) true or false?		
1. Vaginal nulliparity and operative instrumental delivery are independent risk factors for OASIS.	☐	☐
2. Epidural analgesia is an independent risk factor for OASIS.	☐	☐
3. Abdul Sultan classification is used to classify the degree of OASIS.	☐	☐
4. Western women have higher risk of sustaining OASIS compared with Asian women.	☐	☐
5. There is an increasing trend in OASIS rates with a reducing episiotomy rate in the current study.	☐	☐
B. Are the following statement(s) concerning the incidence of obstetric anal sphincter injury (OASIS) with episiotomy in the current study true or false?		
1. Episiotomy is a protective factor against OASIS among nulliparous women undergoing normal vaginal delivery and instrumental delivery.	☐	☐
2. Episiotomy is a protective factor against OASIS among multiparous women undergoing normal vaginal delivery.	☐	☐
3. Episiotomy is a protective factor against OASIS among multiparous women undergoing instrumental delivery.	☐	☐
4. Among vaginally nulliparous women within the multiparous group, there is statistically significant difference in OASIS rates between normal vaginal deliveries with and without episiotomy.	☐	☐
5. Among vaginally nulliparous women within the multiparous group, there is statistically significant difference in OASIS rates between instrumental deliveries with and without episiotomy.	☐	☐

II. Development and optimisation strategies for a nomogram-based predictive model of malignancy risk in thyroid nodules	*True*	*False*
A. Are the following statement(s) regarding the development and validation of the optimised Chinese Thyroid Imaging Reporting and Data System (C-TIRADS) nomogram true or false?		
1. The primary outcome variable for model training was the radiologist's decision to optimise the C-TIRADS classification.	☐	☐
2. The presence of abnormal cervical lymph nodes on ultrasonography was an independent predictor of C-TIRADS optimisation.	☐	☐
3. The model achieved an area under the receiver operating characteristic curve (AUC) of 0.730 in the external validation cohort.	☐	☐
4. Internal validation indicated significant model overfitting.	☐	☐
5. Clinical factors such as patient sex and age were included in the model alongside imaging features.	☐	☐
B. Are the following statement(s) concerning the clinical application and implications of the optimised C-TIRADS nomogram true or false?		
1. A predicted probability of malignancy ≥60% recommends downgrading the original C-TIRADS category.	☐	☐
2. The optimised model demonstrated superior diagnostic accuracy (higher AUC) compared to the original C-TIRADS in the validation cohort.	☐	☐
3. The nomogram is designed to replace the original C-TIRADS system in clinical practice.	☐	☐
4. In the provided case, the nomogram recommended upgrading a nodule from C-TIRADS category 4B to category 5, which was confirmed as malignant by histopathology.	☐	☐
5. The current study recommends that all thyroid nodules be evaluated using this nomogram, regardless of their initial classification.	☐	☐