

# SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201908A)

	True	False
1. Antibiotic-resistant bacteria in livestock and the environment have no impact on human health.	<input type="checkbox"/>	<input type="checkbox"/>
2. Human activity and antibiotic use have been the most important factors contributing to the issue of antimicrobial resistance today.	<input type="checkbox"/>	<input type="checkbox"/>
3. The impact of antimicrobial resistance at the global level, if left unchecked, has been estimated at several million deaths each year by the year 2050, with a financial cost equivalent to the 2008 financial crisis.	<input type="checkbox"/>	<input type="checkbox"/>
4. There is universal acceptance at the country level that action against antimicrobial resistance is critical and necessary.	<input type="checkbox"/>	<input type="checkbox"/>
5. There is ongoing and regularly updated global surveillance on the prevalence of antibiotic prescription and antibiotic-resistant bacteria in all countries.	<input type="checkbox"/>	<input type="checkbox"/>
6. Methicillin-resistant <i>Staphylococcus aureus</i> has now been identified in both the community setting and in animals in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
7. Extended-spectrum beta-lactamase-producing Enterobacteriaceae have not yet emerged as a cause of community-acquired infections in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
8. The antibiotic-resistant bacteria currently of greatest concern in Singapore hospitals is carbapenem-resistant Enterobacteriaceae.	<input type="checkbox"/>	<input type="checkbox"/>
9. The incidence of infections caused by carbapenem-resistant <i>Pseudomonas aeruginosa</i> ( <i>P. aeruginosa</i> ) has increased over the past few years in Singapore hospitals, with more than 30% of <i>P. aeruginosa</i> clinical isolates being resistant to carbapenems.	<input type="checkbox"/>	<input type="checkbox"/>
10. Vancomycin-resistant enterococci are currently the most prevalent antibiotic-resistant bacteria causing drug-resistant infections in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
11. The socioeconomic impact of antimicrobial resistance in Singapore has been calculated and is used to guide policies to control the issue here.	<input type="checkbox"/>	<input type="checkbox"/>
12. Better infection control policies, including good hand hygiene, are key to preventing the spread of antibiotic-resistant bacteria in the hospital setting.	<input type="checkbox"/>	<input type="checkbox"/>
13. Infection control programmes are mandated as part of hospital licensing for both public and private hospitals in Singapore.	<input type="checkbox"/>	<input type="checkbox"/>
14. Antibiotic stewardship programmes are mandated in Singapore hospitals as part of hospital licensing by the Ministry of Health.	<input type="checkbox"/>	<input type="checkbox"/>
15. The Singapore Food Agency (former the Agri-Food and Veterinary Authority of Singapore) reinforces good animal husbandry practices but does not routinely test livestock products for antibiotic-resistant bacteria.	<input type="checkbox"/>	<input type="checkbox"/>
16. Influenza and pneumococcal vaccinations may reduce antibiotic prescription at the population level.	<input type="checkbox"/>	<input type="checkbox"/>
17. Patients' attitudes and expectations may influence physicians' antibiotic prescription preferences, and represent an area where more efforts can be made to reduce antibiotic-seeking behaviour.	<input type="checkbox"/>	<input type="checkbox"/>
18. The use of computerised decision support systems to provide recommendations to physicians prescribing antibiotics has been universally accepted in Singapore hospitals.	<input type="checkbox"/>	<input type="checkbox"/>
19. Acceptance of antibiotic stewardship recommendations in Singapore public hospitals has generally been associated with positive patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
20. Antibiotic stewardship programmes have significantly reduced the incidence of drug-resistant infections in Singapore hospitals.	<input type="checkbox"/>	<input type="checkbox"/>

### Doctor's particulars:

Name in full: \_\_\_\_\_ MCR no.: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

**For non-SMA member:** (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

### RESULTS:

(1) Answers will be published online in the SMJ October 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 October 2019. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

**Deadline for submission (August 2019 SMJ 3B CME programme): 12 noon, 3 October 2019.**