The Exit Assessment takes place within the last 3 months of PIID Subspecialty Training. After 3 years of subspecialty training in accredited PIID Training Centers, trainees are required to go through an Exit Assessment for elevation to Fellowship of the PIID Subspecialty, and to gain qualification as specialists in PIID.

A. Assessment Panel
The Assessment Panel consists of the following:
- Two overseas experts in paediatric immunology / infectious diseases / allergy serving as external examiners
- Six local examiners formed by the Chair and members of the PIID Subspecialty Board, as well as other Fellows of the PIID subspecialty

B. Areas of Assessment
The assessment consists of 3 parts:

I. Clinical Viva (40 marks)
   (1) Scenario-based Assessment
   Each candidate will go through 3 stations on Immunology, Infectious Diseases and Allergy, respectively. The candidate will be evaluated on their diagnostic competence, clinical reasoning, data interpretation, management planning and counseling skills.
   (2) Review of training portfolio
   The Assessment Panel will review the training portfolio with the candidate, with an aim to assess their knowledge and experience in managing patients with immunological, infectious diseases and allergic disorders throughout their training period.

II. Written assignment (35 marks)
An essay type of 5,000-word dissertation on one pre-approved topic or case cohort or a research project that is published as a full paper in a peer-reviewed scientific journal is accepted as written assignment. Alternatively, case series consisting of at least 6 interesting or complicated cases can be accepted. Each case should add up to around 1000 words (excluding appended references). They should reflect a comprehensive exposure in the field of immunology and infectious diseases. A total of at least 3 immunology and 3 infectious disease case reports have to be presented for the Exit Assessment. Written assignment submitted by the candidate will be
marked by the two external examiners, based on clarity and organization of the case report, precision and accuracy of data interpretation, discussion of diagnostic approach and therapeutic intervention with reference to relevant medical literature, rationale for conclusions and learning points for clinical practice. The dissertation / case reports will be sent to the external examiners for marking in advance.

III. Supervisor reports (25 marks)
Interim and summative supervisor reports constitute continuous assessment of the trainee throughout the 3-year training period. The candidate will still fail if he or she could not produce case write-ups or dissertations to the satisfaction of the Assessment Panel despite scoring a total mark of more than 55 marks (pass level) from the other 2 domains.

C. Format of the Clinical Viva
The duration of the Clinical Viva for the Exit Assessment is 2 hours.

I. Scenario-based Assessment (90 minutes)
Each scenario-based assessment station lasts 25 minutes. The candidate will be given 2 minutes to read the case scenario, and information on the candidate’s role and the clinical background will be provided. It can be in the form of a referral letter, an in-patient consultation note, or a phone call from a colleague working in a district hospital / out-patient clinic. The candidate will interact with 2 examiners in each station to discuss the case scenario, which will be unfolded by the examiners. Each candidate will meet 3 different pairs of examiners, consisting of 2 external examiners and 4 local examiners, as they go through the 3 stations. There will be a 3-minute break in between the stations.

II. Review of Training Portfolio (30 minutes)
Each candidate will be examined by 4 examiners, including 1 external and 3 local examiners. Examiners will select cases logged in the training portfolio for discussion with the candidate. Issues arising from these written assignments may be raised by the external examiners during the 30-minute review of Training Portfolio.

D. Marking
I. Clinical Viva (40 marks)
At the end of each station, the examiner will make an overall judgement of the candidate’s performance.
10 marks are allocated for each of the Scenario-based Assessment Session and the
Portfolio Review, in which 6 is the pass mark. A score of $\geq 6$ indicates clear pass or pass. A score of 5 indicates bare fail, whereas a score of $\leq 4$ indicates clear fail. Scores given by each examiner will be added up to come up with an average score for each station. The overall mark is 40, and 24 is the pass mark. A score of $\geq 24$, and no clear fail in 2 or more stations, indicate a pass for the Clinical Viva.

II. Written assignments (35 marks)

35 marks are allocated for the written assignment, in which 20 is the pass mark. A score of $\geq 20$ indicates clear pass or pass. A score of 16-19 indicates a bare fail, whereas a score of $\leq 15$ indicates clear fail. The scores given by each examiner will be recorded in a standard marking sheets, which will be reviewed in the Examiners’ Meeting after the Exit Assessment. The final score for each candidate will be endorsed by the Chair of the PIID Subspecialty Board.

III. Supervisor reports (25 marks)

Interim and summative assessments of clinical and professional competence by supervisors are graded in A to D, from outstanding to poor. The candidate’s overall performance is graded as pass / fail. If the candidate is given a pass in all the supervisor reports, a score of 20 will be awarded.

E. Action for candidate failing the Exit Assessment

If the candidate fails to pass the Exit Assessment, the Assessment Panel will recommend subsequent action for consideration by the Paediatric Immunology and Infectious Diseases Subspecialty Board and the Subspecialty Board of the Hong Kong College of Paediatricians.

F. Admission of Paediatric Immunology and Infectious Diseases Fellowship

A trainee who has completed the 36 months of PIID Subspecialty Training and passed the Exit Assessment satisfactorily may apply for admission as a PIID Fellow, and registration as a PIID Specialist listed in the Specialist Register, Hong Kong Medical Council.