Rules, Regulations, Guidelines and Curriculum For
Fellowship in Paediatric Infectious Diseases

Under the aegis of
Indian Academy of Paediatrics, Infectious Diseases Chapter

Section I Statement of Goals, Objectives, Eligibility and Organization
Section II Course Content
Section III Recommended teaching / learning methods and activities
Section IV Evaluation scheme
Section V Recommended books and other learning resource materials
Appendix I Detailed list of topics for training in fellowship
Appendix II Evaluation form for trainees after completion of training
Appendix III Technical information related to IAP Infectious Diseases Chapter fellowship training program
Appendix IV Pattern of Examination
Appendix V Sample of request letter for enrolment of Institutes for IAP Infectious Diseases Chapter fellowship Program
Appendix VI Eligibility criteria for enrolment as Institute for conduct of IAP Infectious Diseases chapter fellowship program
Appendix VII Eligibility form and the application form for enrolment of Institute to conduct IAP Infectious Diseases Chapter Fellowship program
Appendix VIII Submission of information of selected fellow candidate for the IAP Infectious Diseases Chapter Fellowship program
Appendix IX Application to take the IAP Paediatric Infectious Diseases Fellowship Examination
Appendix X Application for Re-evaluation of Theory paper(s)
Appendix XI Application for Life Membership of Central IAP
Appendix XII Application for Life Membership of IAP Infectious Diseases Chapter
Section I

Statement of Goals, Objectives, Eligibility and Organization

Goals

The goal of paediatric infectious diseases fellowship program is to provide specialized training in paediatric infectious diseases to produce competency in all the various fields of medical management of children with infectious diseases, by obtaining specialized training in Institutions that have specialized paediatric infectious diseases department/paediatric department over a stipulated period. These specialists will be capable of providing subsequent such care in the community. They shall recognize the health needs of the community and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

Objectives

After completing the Paediatric Infectious Diseases Fellowship course the trainee will be able to -

1. Demonstrate acquisition of information and experience necessary to diagnosis and manage paediatric patients with a wide variety of acute and chronic infectious diseases including disorders of host defences.
2. Develop an understanding of the principles of disease control, prevention of nosocomial infections, and immunization programs.
3. Demonstrate the ability to utilize the medical literature and understand the application of clinical research with respect to the care of infectious disease patients.
4. Demonstrate knowledge of the functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories.
5. Demonstrate acquisition of appropriate teaching skills that can be used in the area of paediatric infectious diseases.
6. Exhibit communication skills of high order and demonstrate compassionate attributes towards patients in the field of paediatric infectious diseases.
7. The fellow will participate in the community programs and National Programs to combat infectious diseases in children that cause high morbidity and mortality in India.
8. Seek and analyze new literature and information on paediatric infectious diseases, update concepts, and practice evidence based paediatric infectious diseases. The fellow will be able to demonstrate adequate managerial skills.
9. Become an independent researcher with the ability to write proposals and obtain funding for further research in the area of paediatric infectious diseases.
Eligibility and Organization

Trainee:

Any student of Indian nationality who has completed the M.D / D.N.B / DCh course in Paediatrics from a Medical Council of India or State Medical Council recognized University in India is eligible for this fellowship program. Preference would be accorded to MD / DNB passed Candidates. If such candidates are not available then a DCh qualified candidate may be selected for the course. While the course tenure would be one year for MD / DNB candidates, it would be one and half years for a DCh candidate.

Any foreign student or a non-resident Indian student who wishes to apply should be a degree holder in Paediatrics post-graduate training and would have to produce a bonafide certificate from the Head of Department of Paediatrics of his / her institution where he / she has completed the post graduate training in Paediatrics, along with photocopies of the certificate of post graduate degree from the university concerned. The undergraduate and postgraduate degrees should be recognized by the Medical council of India.

All fellowship candidates must be life members of Central IAP and should become life member of IAP Infectious Diseases Chapter within a month of his joining the fellowship. Failing which his/her admission will be cancelled and will not be refunded the fees. All trainees joining the Paediatric Infectious Diseases fellowship program shall work as “Full Time Senior Residents” during the period of training. At the time of application the trainee would have to produce:

1) A bonafide certificate from the Head of Department of Paediatrics of his / her institution where he / she has completed the post graduate training in Paediatrics

2) Photocopies of the certificate of the post graduate degree from the University concerned

3) Certificate of registration with the appropriate State Medical Council or Medical council of India

4) Curriculum vitae

5) Letter of reference from two refries

Institution:

The institution that wishes to take up the Fellowship program should be able to fulfil the following criteria in all three essential areas (i) Faculty; (ii) Laboratory and (iii) Patient care facilities

(i) Faculty

1. Supervision of fellows must be provided by members of the teaching staff who are skilled in medical education and research, as well as in care of patients and who are active and competent in paediatric infectious diseases.

2. At least two fulltime or honorary staff members who have completed either fellowship in Paediatric Infectious Diseases with at least five years of postgraduate practice or MD / DNB in Paediatrics with at least ten years of post graduate practice in a tertiary care advanced institution of national repute
3. A ratio of one qualified (as above) teacher to one fellowship candidate is necessary.

4. All teachers at the Institute should be life members of Central IAP (They are required to furnish their life membership number) and life members of the IAP Infectious Diseases Chapter. The membership form for membership of Central IAP along with the subscription fee is to be posted to the Central IAP office, Mumbai. The membership form for membership of IAP Infectious Diseases Chapter along with the subscription fee is to be posted to the Hon. Secretary of the Chapter.

5. Availability of library/e-library

6. In addition, availability of consultant faculty in related disciplines will be welcomed. These related disciplines include but are not restricted to:
   a. Allergy-immunology
   b. Microbiology (bacteriology, mycology, virology, parasitology)
   c. Clinical pharmacology
   d. Transplant medicine
   e. Medical statistics

(ii) Laboratory

1. The institution should have an in-house/attached microbiology laboratory with a turnover of at least 100 tests a month.

2. The fellows should have access to the clinical microbiology laboratories that include techniques for identification of infections caused by bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids.

3. Ideally the microbiology laboratory should be NABL accredited.

(iii) Patient care facilities

1. There must be an adequate volume and variety of patients with infectious diseases, ranging in age from newborn through young adulthood. This patient population must include inpatients, outpatients (ambulatory clinic), and patients with chronic diseases.

2. The following patient care facilities should be available at the institution:
   a. An outpatient facility for appropriate evaluation and care of patients from the newborn period to adolescent.
   b. An inpatient facility with full paediatric-related services including facilities for isolation of patients with infectious diseases; paediatric and neonatal intensive care units; and support services including comprehensive diagnostic and imaging facilities.

3. Infection Control Program: There must be an infection control program with written protocols for prevention of infection and its spread, an active surveillance system, and an interventional plan for outbreak control.

Recognition, selection and allotment of seats will be based on inspection of the institutes by a inspection team. The cost of travel and lodging of the inspectors will be the responsibility of the applying institute, irrespective of their recognition or otherwise as fellowship Institutes. The governing council of paediatric infectious diseases fellowship program reserve all the rights to decide the allotment of fellowship seat and their decision will be final.
Section II

Course Content

Since the fellow are trained with the aim of practicing as independent specialists, this course content will be mainly a guideline. They have to manage all types of cases and situations and seek and provide consultation. The emphasis shall therefore be on the practical management of the problem of the individual cases and the community within the available resources.

A. Academic topics

- Basic sciences pertaining to infectious diseases:
  - Organ system infections
  - Pathogens of infectious diseases
  - Mechanisms of infectious diseases
  - Immunity and host defence
  - Prevention of infectious diseases
  - Infections in special circumstances
  - Infections in high-risk hosts
  - Epidemiology
  - Hospital infection control
  - Pharmacology: Nuances of drug dosage, administration, monitoring and toxicity

(For the exhaustive list of topics that need to be covered during the training, please refer to Appendix I)

B. General Topics

- Research methodology
- Principles of epidemiologic research
- Medical statistics
- Computer & Information technology
Section III

Teaching, Learning methods and Activities

Learning in fellowship program shall be essentially autonomous, self-directed and entire fellowship period shall be in service training program based on the concept of learn as you work principle. The following organized learning experiences should be provided to the students. Timetable for these programs will be drawn every six months.

1. Case presentation & case management in OPD & Indoor wards: The fellow will present cases regularly on clinical rounds to the faculty members of the department.
2. Fellow should present minimum 4 seminars and 2 journal clubs.
3. Bimonthly Microbiology Conference ("Plate Rounds")/ Grand rounds. Cases are presented and cultures plates, microscopic slides, etc. are reviewed.
4. Medical audit / fatality case discussions: This will be done once a month by the fellow, who is expected to analyze & discuss the cases allotted to him/her.
5. Clinicopathologic Case Conference (CPC) will be organized with other departments of the institution or linked-up institutions such as general paediatrics, Obstetric, Pathology, Radiology, Cardiology & Paediatric surgery departments as required.
6. Fellows are required to attend the infection control committee meetings. They will play an integral role in the research and workings of the infection control team.
7. Preparation and presentation of a research project: Every fellow will be required to carry out research project under the supervision of his guide as identified by the institution.
8. The guide shall maintain a log book of all the activities carried out by the trainee and by the end of 12 months complete the form given in Appendix II and submit the same to the Chairperson, Infectious Diseases Chapter of IAP for certification
9. The fellow shall rotate through the diagnostic microbiology laboratory as a formal part of the training program. Fellow will learn how to process clinical specimens, perform stains, interpret biochemical tests for identification of organisms and perform antimicrobial susceptibility testing, introduction to basic and advanced medical microbiological techniques, their interpretation, and their role in establishing an etiologic diagnosis. The fellow will be encouraged to have rotation in preventive medicine department( Public Health Department) which can offer the trainee formal training in various aspects of epidemiology and public health.
10. During the fellowship training can also opt for;
   a. Clinical and epidemiological research work through public health department
   b. Basic science research in a discipline related to infectious diseases, for a minimum of one year.

Elective training overseas

Further specialized training during the period of the fellowship shall be optional. A period of 4-12 weeks at one of the collaborating institutions overseas may be arranged with prior approvals. This will be competitive and will be based on receipt of scholarship.
Section IV

Evaluation System:

Evaluation will be Formative and Summative

- **Formative**: Formative evaluation will be carried out over 5 activities of the Fellow
  - Ward work
  - Case presentation
  - Seminar presentation
  - Journal Club
  - Internal assessment
  - General assessment of attitude: Rapport and attitude

- **Summative**
  - Research project*: Evaluation of research done by the trainee
  - Publications#
  - Final examination

*Research Project:

The topic for research project shall be finalized and discussed in the departmental faculty meeting and allotted to the individual fellow in the 1st three months of fellowship month after admission. The purpose of research project is to train the fellow to perform an independent study keeping the principles of research methodology and epidemiology in mind. The fellow will therefore work on a prospective or retrospective project within the department or in collaboration with other departments. There will be continuous monitoring of the dissertation/research/long essay work by the guides and co-guides and by the other department staff throughout the course. The completed research should be submitted 4 weeks before the final examination.

#Publications:

At least 1 original article/review article publications are expected by the end of the fellowship period. The articles may be published in peer-reviewed indexed journals, either national or international.

Final Examination

Eligibility:

- Attendance: minimum 85%
- Satisfactory Internal assessment
- Approval of dissertation/research/long essay project submitted

Fellow will be eligible to appear for theory examination only after being certified on the basis of internal assessment.

- **Theory examination**
  - There will be 2 papers.
  - Each paper will carry 100 marks.
  - Distribution of questions in the 2 papers is usually as follows:
Theory Paper I: Basic sciences, Epidemiology, Immunology, Microbiology, Research methods.

Theory Paper II: Case based questions

- **Clinical or Practical examination**

There will clinical examination based on cases, work stations and viva voce. Examination will be on more than 3 or more cases and workstations. The “OSCE” method of examination can be a part of evaluation.

The fellow must pass in theory (both papers included) and practical (aggregate marks) independently by obtaining at least 50% marks in theory as well as in practical exam and obtain an overall percentage not less than 50% (viz 250 / 500). It is essential to obtain 50% marks in case base evaluation.

The summary of the examination is shown in Table: (Total marks obtainable = 500)

- **Theory (Paper I + Paper II)**
  - 100 + 100 = 200
- **Clinical Practical Examination : Total 300**
Section V

Recommended books and Resource Material

Textbooks (latest editions available)

<table>
<thead>
<tr>
<th>S no</th>
<th>Name of the Book</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Textbook of Paediatric Infectious Diseases</td>
<td>Ralph D. Feigin; James Cherry; Gail J. Demmler-Harrison; Sheldon L. Kaplan; 6th Edition</td>
</tr>
<tr>
<td>2</td>
<td>Principles and Practice of Paediatric Infectious Diseases</td>
<td>Sarah S Long; Larry K. Pickering; Charles G. Prober, 3rd Edition</td>
</tr>
<tr>
<td>3</td>
<td>Infectious Diseases of the Fetus &amp; Newborn Infant</td>
<td>Remington &amp; Klein</td>
</tr>
<tr>
<td>4</td>
<td>IAP Textbook of Paediatric Infectious Diseases</td>
<td>IAP ID Chapter</td>
</tr>
<tr>
<td>5</td>
<td>IAP Color Atlas on Paediatric Infectious Diseases</td>
<td>IAP ID Chapter</td>
</tr>
<tr>
<td>6</td>
<td>Red Book of Paediatric</td>
<td>AAP</td>
</tr>
<tr>
<td>7</td>
<td>Vaccines</td>
<td>Stanley Plotkin, Walter A</td>
</tr>
</tbody>
</table>

List of Journals (Previous three years)

<table>
<thead>
<tr>
<th>S no</th>
<th>Name of the Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Paediatric Infectious Diseases Journal</td>
</tr>
<tr>
<td>2</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>3</td>
<td>Journal of Paediatrics</td>
</tr>
<tr>
<td>4</td>
<td>Clinical Infectious Diseases</td>
</tr>
<tr>
<td>5</td>
<td>Lancet</td>
</tr>
<tr>
<td>6</td>
<td>Indian Paediatrics</td>
</tr>
<tr>
<td>7</td>
<td>Paediatric Clinics of North America</td>
</tr>
<tr>
<td>8</td>
<td>The Year Book of Paediatrics</td>
</tr>
</tbody>
</table>

Websites:

<table>
<thead>
<tr>
<th>S no</th>
<th>Website address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><a href="http://www.cochrane.mcmaster.ca">www.cochrane.mcmaster.ca</a></td>
</tr>
<tr>
<td>2</td>
<td><a href="http://www.emedicine.com/ped">www.emedicine.com/ped</a></td>
</tr>
</tbody>
</table>
Appendix I: Detailed List of Topics for Training in the Fellowship Program

- **Neonatal infections**
  - Intrauterine infections
  - Superficial infections
  - Diarrhoea
  - Septicaemia
  - Meningitis
  - Osteomyelitis and arthritis
  - Pneumonias
  - Perinatal HIV
  - Miscellaneous infective disorders & fungal infections

- **Paediatric Infections**
  - Upper respiratory tract infections
  - Lower respiratory tract infections
  - Central nervous system infections
  - Urinary tract infections
  - Cardiovascular infections
  - Bone and joint infections
  - Skin/soft tissue/muscle infections
  - Gastrointestinal tract/intra-abdominal infections
  - Hepatic/biliary infections
  - Ocular infections
  - Reproductive tract infections
  - Sexually transmitted infections
  - Foreign-body and catheter-related infections
  - HIV infection
  - Tuberculosis
  - Malaria
  - Emerging vector-borne infections
  - Healthcare-associated infections
  - Surgical and traumatic wound infections
  - Infections in transplant patients
  - Prolonged and recurrent fever
  - Bloodstream infections and sepsis

- **Community Paediatrics**
  - Vital statistics
  - Health system
  - Immunization
  - Health care priorities
  - Role of different health functionaries
  - National programs

- **National Programs**
  - Revised National Tuberculosis Control Program (RNTCP)
- National AIDS Control Program (NACP)
- Universal Immunization Program (UIP)
- Polio Eradication Program
- Malaria Control Program

- Adjunct subjects
  - Clinical pharmacology of antimicrobial agents including drug interaction adverse reactions, dose adjustments for abnormal physiology, and principles pharmacokinetics and pharmacodynamics
  - Immunology: mechanisms of protection against infection, eg; active or passive immunization and immunomodulating agents

- Hospital Infection Control
  - Hand hygiene
  - Isolation of communicable diseases
  - Sterilization
  - Waste management
  - Antimicrobial resistance and antibiotic policy
  - Response to epidemics and hospital outbreak control

- Therapeutic agents

- List of Skills, Clinical
  - Lumbar puncture.
  - Housekeeping routines
  - Microbiological diagnostic techniques, including transport and storage of samples
  - Infection control & Universal precautions
  - Decision making, clinical diagnosis, planning & interpreting investigations

- Communication
  - Communication with parents, families and communities
  - Scientific communication
  - Interdepartmental communication

- Education / Training
  - Teaching skills
  - Learning skills
  - Participatory and small group learning skills
  - Preparing learning resource material
  - Self-directed learning
  - Learning needs assessment, literature search, evaluating evidence

- Research Methods
  - Framing of research question
  - Designing and conducting study
  - Analyzing and interpreting data
  - Publication & writing a paper
  - Review & presentation of research findings
  - Perform meta-analyses of existing data
  - Proposal writing
  - Identify opportunities for research funding
Appendix II:
Evaluation form for fellow on completion of fellowship (To be filled by the Institute and sent along with the application to take fellowship examination)

Full Name of Fellow: _____________________________________________________________

Date of Joining Fellowship Program: ______________________________________________

Date of filling evaluation form: ____________________________________________________

Guidance for Scoring:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Evaluation form for fellow:

**Clinical Work:** Score: ( )

1. Punctuality
2. Regularity of attendance
3. Quality of Ward Work
4. Maintenance of case records
5. Presentation of cases during rounds
6. Investigations work-up
7. Bedside manners
8. Rapport with patients

**Seminar:** Score: ( )

1. Presentation
2. Completeness of preparation
3. Cogency of presentation
4. Use of audiovisual aids
5. Understanding of subject
6. Ability to answer questions
7. Time scheduling
8. Consulted all relevant literature
9. Overall performance
10. Others

**Clinical Meeting:** Score: ( )

1. Completeness of history
2. Whether all relevant points elicited
3. Cogency of presentation
4. Logical order
5. Mentioned all positive and negative points of importance
6. Accuracy of general physical examination
7. Whether any physical sings missed or misinterpreted
8. Whether any major signs missed or misinterpreted
9. Diagnosis: whether it follows logically from history and findings.
10. Investigations required - Complete list -
11. Relevant order
12. Interpretation of investigations
13. Overall ability to react to questioning
14. Whether answers relevant and complete
15. Ability to defend diagnosis
16. Ability to justify differential diagnosis
17. Confidence
18. Others

Research Work: Score: ( )
1. Interest shown in selecting a topic
2. Appropriate review
3. Discussion with guide and other faculty
4. Quality of protocol
5. Preparation of Performa
6. Regular collection of case material
7. Depth of analysis/discussion
8. Departmental presentation of findings
9. Quality of final output
10. Others

Journal Club: Score: ( )
1. Choice of articles
2. Cogency of presentation
3. Whether he has understood the purpose of the article
4. How well did he defend the article?
5. Whether cross-references have been consulted
6. Whether other relevant publications have been consulted
7. His Overall impression of articles
8. If good - reasons:
9. If poor - reasons:
10. Audiovisual aids
11. Response to questioning
12. Overall presentation
13. Others
**Log** (Performance record book)

Maintenance of performance record Logbook is mandatory. Certified and assessed copy should be made available at the time of practical examination for review by examiners

Log Book should contain:

Certificate duly signed by teacher, head of department, head of institute – stating
Dr.____________________ has worked in department from___________ to __________.

This performance record book contains the authentic record of work done and assessment for two years.

Record of training

Name of the fellow

Name of the Hospital

Training period

Name of teacher

Posting

Working schedule

Teaching program

**Presentation at Journal club:**

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Article Name</th>
<th>Teacher’s Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Seminars / Lectures:**

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Topic/Subject</th>
<th>Teacher’s Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case presentations:**

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Case</th>
<th>Teacher’s Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Death Audit / C P C:**

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Case</th>
<th>Teacher’s Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Teaching activity:

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Topic</th>
<th>Teacher’s Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Procedures:

<table>
<thead>
<tr>
<th>SN</th>
<th>Date</th>
<th>Name of patient</th>
<th>Type</th>
<th>Complications observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participation in Research Activity: Name of project, Duration

Conferences / Workshop attended / Paper presentation

Publications
Appendix III
Technical information relating to IAP Infectious Diseases Chapter fellowship program

1. The IAP Paediatric Infectious Diseases fellowship program is endorsed by the Executive Board of IAP.

2. This selection of institute will be based on the credentials + location + teaching facility+ infrastructure of the institute. All applicant institutes will be physically inspected by a inspection team and the travel and lodging of these inspectors will be arranged by the applicant institute. The institutes will apply for fellowship through the institute head on institute letterhead and endorsed by the head of the paediatric infectious diseases/ paediatric department / fellowship program coordinator. The application will be addressed to the Chairperson of the chapter. The institute should be registered with the local authorities and the registration number and certificate should be attached with the application.

3. All teachers at the Institute must be life members of Central IAP and life members of the IAP Infectious Diseases Chapter. The IAP life membership number of all teachers at the Institute must be mentioned in the application form.

4. The Paediatric Infectious Disease chapter or the institute that conducts the fellowship program will advertise the positions as widely as possible to receive applications from all parts of the country and then choose the best candidates based on a system of interviews or examination. The advertisement can be made in the official instrument of IAP infectious diseases chapter, institute bulletin or on institute notice board and in official instruments of IAP-the Academy today, Indian Paediatrics, and Indian Journal of Practical Paediatrics. Applications may also be invited through other reputed journals published by sister professional organizations.

5. Each institute can register candidate/candidates as fellows (as per allotment by Governing council of fellowship or IAP Infectious Diseases chapter). Fellow will take the fellowship examination at the end of training. Institutes are encouraged to enrol MD / DNB candidates whenever possible. In the absence of such a candidate, a DCh qualified candidate can be selected.

6. Ideally candidates should be enrolled on January 1/July 1 of a given year. However for several considerations, the last date for enrolment may be extended to February 15/August 15 of that year. No new appointments must be made after these dates.

7. Institutes will inform the chapter about change of fellowship coordinator’s name, if and when that happens. Institutes will also inform the chapter about any change in teaching faculty.

8. Each candidate must submit a fellowship fee of Rs. 12,500/- in the form of a Demand Draft payable in the city where the chapter account is based (Kolkata at present), in the name of “Indian Academy of Paediatrics, Infectious Diseases Chapter”. The DD should have the name, and cell number of the candidate, and the name of Institute of attachment written on the back.

9. The institution will pay reasonable stipend to the fellow. Accommodation may be provided if available.

10. The institute will submit a fellowship information form (appended with this document) which should contain information about the institute and candidates along with details of the DDs and copies of qualification certificates of the candidates. Candidate will not submit this information to the chapter individually. All communications regarding the technicalities of the fellowship program and fellowship examination will be done by the fellowship coordinator and not by individual candidates.
11. The receipts for the DDs will be posted to the institute / fellowship coordinator and not to individual candidates.
12. No refund will be made if a candidate chooses to abandon the program at any time after enrolment.
13. Any dispute between the institute and candidate will be resolved between themselves. If it is not resolved the chapter may mediate.
14. The exam fee as decided by the chapter from time to time will be paid through a DD in the name of the chapter by each candidate, through the institute, with a covering note (sample appended with this document) after the exam date is announced, to reach the chapter address one month in advance of the examination date.
15. The names of candidates who pay the exam fee in time, will be intimated to the exam coordinator in the order of receipt of DDs and roll numbers for exam will be allotted in a likewise order.
16. If examination fee is not received a month in advance of the examination date, the respective candidate will not be allowed to take the fellowship exam. If a candidate withdraws from taking the exam after paying the exam fee, the fee will not be refunded.
17. The research project has to be submitted as 3 hard copies along with CD containing dissertation/research/long essay work in Word document 97-2003 format and the clinical photographs if any with appropriate labelling, in jpeg 300 dpi format. The last date for submission of research project thesis is 4 weeks before the fellowship exam date.
18. Each institute will be communicated the venue and date of the fellowship exam at least two months before the exam, and the details of the theory and practical examinations, roll numbers, and the specific dates allotted to individual candidates for practical exam will be communicated at least one month before the dates of examinations.
19. The roll number allotted to each candidate is non-negotiable. Individual requests from candidates or institutes for change of roll number or date of practical examination will not be entertained.
20. It is essential to obtain 50% marks in theory (100/200), overall 50% marks in practical (150/300), 50% marks in clinical case presentations and aggregate 50% marks (250/500) to clear the exam.
21. Examination result will be communicated to the institutes on email immediately as it becomes available. Marks card (with details of marks) and the certificate will be posted to the institutes within 6 weeks of declaration of result.
22. Candidates that fail to clear the exam may take another exam when the next exam is conducted after re-apply to the chapter with a DD for exam fee.
23. A failed candidate who may seek re-evaluation of his / her theory paper marks, may request the chapter for the same, with endorsement from the institute head, and submit a DD for Rs. 1000/- for re-evaluation of both theory papers, and Rs. 500/- for re-evaluation of one theory paper. The theory papers will be re-evaluated (re-read and remarked) by an independent examiner (other than the panel of original examiners). Marks will be communicated to the candidate within two weeks from the date of request.
Appendix IV

Pattern of Examination

1. The IAP Infectious Diseases Chapter office bearers have the discretionary powers to decide the venue of fellowship examination based upon the number of candidates to be examined, availability of infrastructure and examiners, and the willingness of Institute to conduct the examination as per the guidelines of the chapter.

2. A team of examiners will be invited to conduct the exam by the chapter.

3. The theory papers will be set by two sets of examiners independently. The questions will be communicated to the chairperson / fellowship program in-charge of the chapter or an independent authority figure with no interest in the exam, and both sets of theory papers (I and II) will be brought to the examination hall in sealed envelopes. One of the envelopes will be opened for each of theory papers I and II.

4. Each theory paper will be of 100 marks.

Theory papers: (200 marks) (100 X 2)

a) Paper-1: Theory paper I will cover topics like basic science, community paediatrics, epidemiology, pathology, microbiology, virology, Pathophysiology of illnesses, recent advances, medicolegal aspects, immunology, vaccinology etc.

b) Paper-2: Case-based questions: The purpose of this paper will be to test the candidate’s ability to evaluate the case correctly and make correct clinical use of knowledge to make appropriate decisions.

7. Practical examination will consist of clinical cases, work stations and viva voce. Examination will be on more than 3 or more cases and workstations. The “OSCE” method of clinical evaluation can be a part of examination.

8. The dissertation/research/long essay work will be evaluated on the following aspects

a) Clinical relevance in India, study size and statistical significance 15 marks

b) Type of study ; prospective/retrospective, comparative, controlled, randomized, blinded etc 10 marks

c) Presentation; use of flowcharts, clinical photographs, clarity of results 10 marks

d) Discussion, comparison with similar other studies, ability to analyze the strengths, limitations and scope of the clinical study 15 marks
Appendix V

Sample of request letter for enrolment of Institutes for IAP Infectious Diseases Chapter fellowship Program. The letter must be typed on the letterhead of the Institute

Date: _______________________

To,

The Chairperson / In-charge Fellowship Program,

IAP Infectious Diseases Chapter

Address: ____________________________________________,
                      ____________________________________________.

Dear Sir / Madam,

We would like to apply for recognition of our Institute as a centre for fellowship in Infectious Diseases by IAP Infectious Diseases Chapter. We fulfil the criteria for recognition laid down by the chapter, detailed in the attached sheet on eligibility criteria. Our institute is registered with the local health authority, the registration number being __________. The relevant certificate is attached.

We have the following fulltime/honorary teaching staff associated with our institute. Their qualifications and work experience are mentioned below:

1) ___________________________________________________________________

2) ___________________________________________________________________

3) ___________________________________________________________________

The relevant certificates are attached.

We request you to please consider our center for conduct of IAP Infectious Diseases Chapter fellowship. We welcome an inspection of our institute. We will arrange for the travel and boarding of inspectors arranged by the chapter. We understand that our center may not necessarily be selected for the program. We have read and understood the guidelines for the fellowship program.

Thank you. Truly,

__________________________________ ___________________________________
Institute head / Dean / Fellowship program coordinator
Appendix VI

Eligibility criteria for enrolment as Institute for conduct of IAP Paediatric Infectious Diseases fellowship program

The institution which wishes to take up the Fellowship program should fulfil the following criteria:

(i) Faculty

1. Supervision of fellows must be provided by members of the teaching staff who are skilled in medical education and research, as well as in care of patients and who are active and competent in paediatric infectious diseases.

2. At least two fulltime or honorary staff members who have completed either fellowship in Paediatric Infectious Diseases with at least five years of postgraduate practice or MD / DNB in Paediatrics with at least ten years of post graduate practice in a tertiary care advanced institution of national repute

3. A ratio of one qualified (as above) teacher to one fellowship candidate is necessary

4. All teachers at the Institute should be life members of Central IAP (They are required to furnish their life membership number) and life members of the IAP Infectious Diseases Chapter. Membership forms can be requested from the chapter. The membership form for membership of Central IAP along with the subscription fee is to be posted to the Central IAP office, Mumbai. The membership form for membership of IAP Infectious Diseases Chapter along with the subscription fee is to be posted to the Hon. Secretary of the Chapter.

5. In addition, availability of consultant faculty in related disciplines will be welcomed.

(ii) Laboratory

1. The institution should have an in-house microbiology laboratory with a turnover of at least 100 tests a month.

2. The fellows should have access to the clinical microbiology laboratories that include techniques for identification of infections caused by bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in tissues and body fluids.

3. Ideally the microbiology laboratory should be NABL accredited.

(iii) Patient care facilities

1. There must be an adequate volume and variety of patients with infectious diseases, ranging in age from newborn through young adulthood. This patient population must include inpatients, outpatients, and patients with chronic diseases.

2. The following patient care facilities should be available at the institution:
   a. An outpatient facility for appropriate evaluation and care of patients from the newborn period to early adulthood
   b. An inpatient facility with full paediatric-related services including facilities for isolation of patients with infectious diseases; paediatric and neonatal intensive care units; and support services including comprehensive diagnostic and imaging facilities.
3. Infection Control Program: There must be an infection control program with written protocols for prevention of infection and its spread, an active surveillance system, and an interventional plan for outbreak control.

4. The institute should be registered with the local health authorities.
Appendix VII

Eligibility form and the application form for enrolment of Institute to conduct IAP Infectious Diseases Chapter Fellowship program

Date: _________________

Name of the Institute: _______________________________________________________

Address: ___________________________________________________________________

___________________________________________________________________________

Contact numbers: ____________________________________________________________

E mail id: ___________________________ Web address: _____________________________

Fellowship Coordinator’s name: ________________________________________________

Contact numbers: ____________________________________________________________

Email id: ___________________________________________________________________

Fellowship program inspection fee - payment details:

1) Amount: /- ; DD number: __________ Bank: ________________________________

Date: _________________
# Pediatric Infectious Diseases Fellowship

**Under the aegis of Indian Academy of Pediatrics**  
**An Initiation Of IAP ID Chapter**

**Application Form For Institutes to Affiliate As Teaching Centre**  
**Academic year 2013-14**

1. **Name of the Institute:**

2. **Address:**

3. **Contact Person for PID fellowship program and contact details:**

4. **Type of institute:** Govt. hospital/Pvt. Pediatric Hospital/ Pvt. Multispeciality hospital/ Medical college

5. **Year of establishment** ———— **Institute Registration No:**

6. **NABH accreditation:** Yes/No

7. **Faculty details:**

<table>
<thead>
<tr>
<th>S No.</th>
<th>Name</th>
<th>Qualification</th>
<th>Experience</th>
<th>Central IAP No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **Laboratory:**

<table>
<thead>
<tr>
<th>S No.</th>
<th>Laboratory</th>
<th>Number of tests/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinical laboratory</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Microbiology laboratory</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Immunology laboratory</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Histopathology laboratory</td>
<td></td>
</tr>
</tbody>
</table>

9. **NABL Accreditation of laboratory:** Yes/No

10. **Patient care facilities:**

<table>
<thead>
<tr>
<th>S No.</th>
<th>SNPatient care</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ambulatory patient clinics/week</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory patient visits/month</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of Inpatient/month</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of inpatient pediatric beds</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Number of inpatient pediatric ICU beds</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Number of inpatient NICU beds</td>
<td></td>
</tr>
</tbody>
</table>
11. Availability of facility for isolation of patients with infectious diseases: Yes/No

12. Availability of Infection Control Program: Yes/No

13. Is the institute running any other teaching program like fellowship/DNB/DCh: Yes/No

14. If answer of Q -13 is yes, please supply the details:

<table>
<thead>
<tr>
<th>S No.</th>
<th>Name of teaching program</th>
<th>Affiliation to</th>
<th>Year of Starting</th>
<th>Number of Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Research programs if available and other relevant programs

16. Payment Details: DD Number Date: Name of Bank

**DECLARATION**

On behalf of the institute I express our consent to start the PID fellowship course at our institute in line with the rules and regulations set by the Indian Academy Of Pediatrics and it's Infectious Diseases Chapter. The details furnished are correct and I agree to permit the inspection of our facility to the fellowship governing body.

Institute head / Dean / Fellowship program coordinator Date:

**SEAL**

**Instructions:**
1. For additional details of faculty please attach a separate sheet
2. Application fee is Rs. 2500/- (non-refundable)
3. The application fee should be paid by Demand - draft in favor of "IAP Infectious diseeses chapter" payable at Kolkata
4. Only those applications which are submitted with the application fees will be eligible
5. The application is to be addressed and send to the chairperson of IAP ID Chapter
6. Shortlisted Institutes will be physically inspected by inspection team. Travel & lodging arrangement of the inspection team will be made by applicant institute.
7. **Last date of receive application form will be 15-4-2013**

**Address for Correspondance**

Dr Digant D. Shastri  
Chair person ID Chapter  
Killol Children Hospital, 303,304 Takshshila Apartments, Majura Gate Surat-395002  
Email: drdigant@hotmail.com  
Mob.: 09879538800
Appendix VIII

Submission of information of selected fellow candidate for the IAP Infectious Diseases Chapter Fellowship program (Fill in neat hand)

Form 1

(Details of EACH candidate to be filled separately)

Date: _____________________

Name of the Institute: _________________________________________________________

Address: ___________________________________________________________________
____________________________________________________________________________

Contact numbers: ____________________________________________________________

E mail id: _________________________ Web address: ________________________________

Fellowship Coordinator’s name: ________________________________________________

Contact numbers: ____________________________________________________________

Email id: _________________________

Candidate names:

1) ________________________________________________________________________

2) ________________________________________________________________________

Fellowship program fee - payment details:

1) Amount: 12,500/- ; DD number: ___________ Bank: __________________________

   Date: __________________________

2) Amount: 12,500/- ; DD number: ___________ Bank: __________________________

   Date: __________________________

provided in Form 2)
Form 2

Candidate 1

Name of candidate: Dr. ____________________________________________

Date of Birth: ___________ Age: _____ years Sex: M / F

Mailing address: __________________________________________________________
_____________________________________________________________________

Contact numbers: __________________________________________________________

Email id: __________________________________________________________________

Qualifications: _______________________________________________________________

Qualification details: (Please attach copies of Marks sheet, Degree passing certificates, and Medical Council registration certificates)

<table>
<thead>
<tr>
<th>Year of passing</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Institute / University</th>
<th>Certificate attached? Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Council Registration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI / __________ State Medical Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Past professional experience:

<table>
<thead>
<tr>
<th>S. no</th>
<th>Institute's name, location</th>
<th>Position held</th>
<th>Tenure in months</th>
<th>Year of working</th>
<th>Teacher's name</th>
<th>Certificate attached? Y / N</th>
</tr>
</thead>
</table>

Candidate's Signature
Form 2

Candidate 2

Name of candidate: Dr. ________________________________________________________

Date of Birth: ____________ Age: _____ years Sex: M / F

Mailing address: ________________________________________________________________
___________________________________________________________________________

Contact numbers: ____________________________________________________________

Email id: ________________________________________________________________

Qualifications: _______________________________________________________________

Qualification details: (Please attach copies of Marks sheet, Degree passing certificates, and Medical Council registration certificates)

<table>
<thead>
<tr>
<th>Year of passing</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Institute / University</th>
<th>Certificate attached? Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Council Registration

MCI / ____________ State Medical Council

Past professional experience:

<table>
<thead>
<tr>
<th>S. no</th>
<th>Institute's name, location</th>
<th>Position held</th>
<th>Tenure in months</th>
<th>Year of working</th>
<th>Teacher's name</th>
<th>Certificate attached? Y / N</th>
</tr>
</thead>
</table>

Candidate's Signature
List of Certificates and other documents attached (Both Candidates together)

1) ________________________________________________________________

2) ________________________________________________________________

3) ________________________________________________________________

4) ________________________________________________________________

5) ________________________________________________________________

6) ________________________________________________________________

7) ________________________________________________________________

8) ________________________________________________________________

Institute Head’s Signature
Seal

Fellowship Coordinator’s Signature
Seal
Appendix IX

Application to take the IAP Paediatric Infectious Diseases Fellowship Examination

Date: _________________

To,

The Chairperson,

IAP Infectious Diseases Chapter

Dear Sir / Madam,

The below mentioned fellowship candidates training at our Institute, would like to take the IAP Infectious Diseases Chapter Fellowship Exam Scheduled on ______________ at ______________.

The details of the candidates and their exam fee payment are given below;

1) Candidate’s name - _____________________________

Qualification - ________________ Date of Appointment - ________________

(Please attach a copy of the appointment letter from Institute)

Completed 85% of the prescribed period of training: Yes / No

Performance / Conduct / Internal assessment; Satisfactory / Unsatisfactory

Clinical study completed; Yes / No

Exam fee amount; Rs. 5000/- (Five thousand only) DD no: ________________

Bank ___________________________ Date of DD: ________________

2) Candidate’s name - _____________________________

Qualification - ________________ Date of Appointment - ________________

(Please attach a copy of the appointment letter from Institute)

Exam fee amount; Rs. 5000/- (Five thousand only) DD no: ________________

Bank ___________________________ Date of DD: ________________

Completed 85% of the prescribed period of training: Yes / No

Performance / Conduct / Internal assessment; Satisfactory / Unsatisfactory

Clinical study completed; Yes / No ________________

Signature of Institute Head

Signature of Fellowship Coordinator

Seal
Appendix X

Application for Re-evaluation of Theory paper(s) (Use separate forms for each candidate)

Date: __________________

To,

The Chairperson

__________________________________________________________________________,

Dear Sir / Madam,

Our Fellowship Candidate named __________________________________ took the IAP Paediatric Infectious Diseases Fellowship Exam on ___________________ held at _________________________, and obtained the following marks:

Theory - ______ / 200

Practical - ______ / 300

Overall - ______ / 500

He / She were not declared PASSED based on the above marks.

We would like his theory paper(s) I / II / I and II to be re-evaluated by the IAP Infectious Diseases Chapter. Kindly arrange for the same.

We are submitting a DD of Rs 500 / 1000 for evaluation of one / both theory papers. Kindly inform us of the result as soon as it is available.

Truly,

________________________________________ ______________________________________

Signature of Institute Head                                                              Signature of Fellowship Coordinator

Seal                                                                                           Seal
Appendix XI

Application for Life Membership of Central IAP

INDIAN ACADEMY OF PEDIATRICS

Kailas Darshan, Kennedy Bridge (Nana Chowk), Mumbai-400007

IAP MEMBERSHIP FORM

Name of the Applicant:____________________________________

(Surname) (First Name) (Middle Name)

Date of Birth: __________________________. Sex: M / F

Communication Address:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Telephones (ISD CODE) (city code)______________.

Residence:_____________Office:______________.

FAX:__________________ Mobile:_______________.

Email ID: ___________________________________

Degrees Registration No & registering Authority (MCI or State Medical Council):

Medical / Paediatric Qualification

Name of the University

Qualifying Year

Name & Membership No & Signature of the Proposer:_______________________________.

Name & Membership No & Signature of the Seconder: ______________________________

Place: ______________________

Date: (Signature of the Applicant)

The Membership Fee should be paid by a crossed bank draft drawn in favor of “INDIAN ACADEMY OF PEDIATRICS” payable at Mumbai.
APPLICATION FORM FOR LIFE MEMBERSHIP

IAP – Infectious Diseases Chapter

1. Name _____________________________________________________________

2. Sex : Male / Female ____________________ 3. IAP Membership No. ______________

4. Present status & designation __________________________________________

5. Permanent Address _________________________________________________

6. Corresponding Address ______________________________________________

7. Email ________________________________

8. Telephone No. Hospital /Clinic _______________________________ Residence ______________________________

9. Date of Birth _________________________ 10. Nationality __________________________________

11. QUALIFICATION

<table>
<thead>
<tr>
<th>Degree</th>
<th>Name of University</th>
<th>Qualifying Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. M.B.B.S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. D.C.H./D. Ped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. M.D. (Ped)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

Membership fee (Rs. 1500/-) must be paid by Demand Draft/ multi city cheque in favor of: “IAP-INFECTIOUS DISEASES CHAPTER” payable at Kolkata.