



Indian College of Pediatrics Faculty of Pediatric Critical Care Medicine



2	FELLOWSHIP ACCREDITATION	IFPCCM (New -2025)
3	Responsibility	Accreditation Committee of the Faculty of PCCM
4	Appeals re Accreditation - deciding authority	IAP-Intensive Care Chapter College Council and Vice Chancellor
5	Duration of the course (IFPCCM)	18MONTHS FOR POST MD/DNB(Pediatrics) 24 MONTHS FOR POST DCH /MRCPCH
6	Length of existence of PICU prior to accreditation	For Reaccreditation ; 2 years of IFPCCM; atleast 50% of Fellows who took IDPCCM (old) IFPCCM (New) exam should have passed
7	Level of PICU	Level 3, Accredited by IAP-PIC College Council
8	Institute bed strength	Part of Multispecialty Hospital of > 150 beds OR Stand alone Pediatric Hospital / Mother and child > 50/= Pediatric
8	PICU beds	Minimum 8 beds for a teaching programme
9	Minimum yearly PICU Admissions	200 per year
10	Case mix	Unit should have a good case mix of all specialties. No single specialty should exceed 50% of cases. Neonatal admissions cannot be included
11	Minimum number of invasively ventilated patients per year	50 per year The Unit should maintain separate records for invasive ventilation, NIV and HFNC
12	Minimum invasive ventilator days per year	150 per year

13	Minimum number of Central Venous Catheters inserted during the previous year (Note: <u>Central Venous Catheter includes CVC and Hemodialysis/Plasma Exchange catheters</u>)	25 per year ^r
14	Minimum number of Arterial Catheters inserted during the previous year	25 per year ^r
15		Indian Fellow in Pediatric Critical Care Medicine (IFPCCM 2025) 18months
16	Minimum number of patients who underwent Renal Replacement Therapy during the previous year (Note: RRT includes PD, HD, SLED and CVVH)	4
17	Availability of bedside Ultrasound	Mandatory
18	Library	Standard PIC books (hard bound) required; internet access; Journal of Pediatric Critical Care subscription required; library to be accessible atleast 12 hrs/day
19	Teleconferencing facilities	Two-way videoconferencing facility desirable
20	Unit Accreditation fees	Rs. 25,000 for new unit to be paid to Chapter. Rs 5,000 honorarium to be paid to each Inspector by the Chapter. The applying Unit/Hospital also has to bear the Travel and local hospitality expenses for the Inspectors. At least 2 Inspectors to be deputed, one of who must be out-station. The senior inspector (ICC) will need to be from outstation pool and the junior can be from the same place as observer or second inspector. Inspectors will be chosen from the Examiners pool.

21	Non-teaching Unit Accreditation fees (for being certified Level 2/3 by the Chapter) . These centers can train nurses(IDPCCN) and may be considered as venues for conducting EXIT exams for Nurses (IDPCCN)	Non-teaching unit accreditation fee is Rs.20,000. Rs 5,000 honorarium to be paid to each Inspector by the Chapter. If a non-teaching unit later wishes to convert into a teaching unit (satisfying the criteria) within one calendar year, they should pay an additional Rs. 5,000 - fresh inspection will be at the discretion of the Accreditation Committee and VC. After one calendar year, they will have to submit a fresh application and pay Rs. 25,000. A fresh inspection will be required.
22	Who can be a Program Director	Programme Director to be deputed by the Institute - he/she will be a single point of contact for all Fellowship related matters. He/she should be recognized Teacher
23	Unit Accreditation Letter	Accreditation letter and Certificate will be sent by the College VC, or his designate. Only soft copy will be sent by email . Hard copy will be issued ceremonially at the annual national conference during the convocation ceremony
24	Duration of Accreditation	5 years (whether fresh or after reaccreditation)
25	Vacant Seats	Proposed change: Vacant seats from one session can be carried forward to the. Next session with prior intimation. The maximum number of seats at any point. time should be followed. Vacant seats from the July session can be carried forward to the January session.
IFPCCM- New 2025		
26	Number of seats:	Minimum 2, Maximum 8 total at any given time; See Appendix 1 attached for details of numbers of seats that can be allotted.

Medical Staffing Requirement		
27	Consultants	<p>Minimum of 2 consultants, of whom at least one should be a Full Time Accredited Teacher.</p> <p>The second consultant can be a part-time person, including consultants from allied specialties such as Adult ICU, Anesthesiology, Pediatric Pulmonology, Neonatology, or Pediatric Emergency Medicine</p>
28	Can a Consultant in an allied specialty (such as Anesthesia, adult Critical Care, Pediatric Pulmonology / Emergency Medicine / Neonatology etc. be a Full Time Accredited Teacher?	NO. Such persons cannot be shown as Part Time Consultants only
29	Can the Unit Director head other teaching programs (Neonatology, Neurology, Nephrology, Pulmonology etc.)	The Program Director cannot be shown as the Program Head of teaching programs in other sub-specialties (Neonatology, Neurology, Nephrology, Pulmonology etc.). A declaration to this effect should be included in the Accreditation / Reaccreditation application
ALL MINIMUM AND MANDATORY CRITERIA SHOULD BE MET INDIVIDUALLY FOR ANY UNIT TO BE ACCREDITED FOR TEACHING LEVEL 3 UNIT. EVEN IF ONE MINIMUM OR MANDATORY CRITERIA IS NOT FULFILLED, THE UNIT DOES NOT QUALIFY FOR THE CERTIFICATION.		
Trainees		
30	Enrollment (Through ICP Entrance EXAM)	Twice a year, 1st July (1st session) and 1st January (2nd session)
31	Eligibility	MCI recognized MD/DNB/DCH/MRCPCH Pediatrics (Course duration is 6 months extra for DCH AND
32	Selection	ICP - Common Entrance Exam and allotment of seats in the counseling sessions.
33	Trainee Enrollment Fee	Rs. 25,000

34	Overseas-trained candidates	MCI permission is required. Subject to qualifying through the common entrance test and required to attend the counseling session for seat allotment.
35	Capitation fee / Security deposit / Fixed Deposit etc.	Not to be levied
36	Can the institute charge a Tuition fee?	As per Institute policy; fee cannot exceed National Board norms for candidates of the same seniority.
37	Stipend	As per Institute policy
38	Accommodation	Desirable but not mandatory
39	Leave	As per Institute policy
40	Periodic assessment of trainees	<ul style="list-style-type: none"> ● Mid term assesment of each candidate is mandatory. To be carried out by the IC chapter at the end of one year. Centralized ONLINE Theory (50 MCQs) conducted by the IC chapter and practical one laptop case at the local center conducted by the program director. ● Log Book to be maintained by the candidate and to show during the EXIT exam
41	Can a Trainee register simultaneously for any other training program in Pediatric Intensive Care (e.g. DNB)	NO
42	Can IDPCCM candidate continue as IFPCCM student? (Optional :only for July 2024 session candidates - IDPCCM OLD)	No candidate can register simultaneously for both IDPCCM and IFPCCM. However, IDPCCM candidates can continue as IFPCCM, subject to approval by both their Program Director and the Vice Chancellor. They will have to pass the IDPCCM exam before continuing. If they pass the IFPCCM exam, then they will be awarded only the IFPCCM Certificate - the IDPCCM certificate will be withdrawn.
43	ISCCM membership	Desirable, but not mandatory

44	IAP membership	MANDATORY	
45	IAP-PICC membership	MANDATORY	
46	ABSTRACT Presentation at the Annual National/Zonal /State Level Conference (PEDICRITICON /PEDICON) Publication requirement	<p><u>MANDATORY</u> : ORAL or POSTER presentation in Annual - National /Zonal/State level conference (PEDICRITICON /PEDICON) . <u>The topics should be Pediatric Critical Care related and NOT General Pediatrics</u></p> <p><u>DESIRABLE</u>: Publication can be in any form : case report, retrospective study/ prospective study/ quality audit.</p> <p>The details of the above academic work should be submitted to the central office during the exam. a format will be made regarding the format of submission of details.(should we assign some percentage of marks for the publication to encourage people to do publications)</p>	
47	Examination fee	Rs. 20,000	
	TEACHER ACCREDITATION		
48	Indian trained intensivists	Must successfully complete and pass the exit exam for IDPCCM/IFPCCM/ FNB or DNB Ped Crit Care / DM Ped Crit Care; Should have worked for 3 years in a PICU that satisfies Level 3 College criteria, from the start of training.	
49	Practicing Indian intensivists without formal training	Should have worked as an Intensivist for a minimum 5 years in a PICU that satisfies Level 3 College criteria. Candidate to submit names of two College Teachers as referees, who will be asked by the College to provide a reference.	
50	Foreign trained intensivists		
51	a. with exit exam OR formal certification	Those who have trained in Pediatric Intensive Care for at least three years and have qualified with certification OR exit examination shall be granted accreditation as teachers. Training can include PICU, Pediatric Cardiac ICU, Pediatric Neurocritical care and Pediatric Transport. <u>Neonatology training is not to be included.</u>	

52	b. with or without exit exam, but has worked as a Consultant	Those who have been appointed/ worked as Consultants in Pediatric Critical Care abroad can be granted accreditation as Teachers, after approval by the College Accreditation Committee
53	c. without formal certification/ exit exam	Should have worked for a minimum of three years in a Pediatric ICU at a level of Registrar or above. Two references (one reference from the place of work in the overseas hospital) should be sought and found suitable by the College Accreditation Committee
54	Equivalence exam	Anyone who has worked abroad in Ped. Intensive Care but does not fit into one of the three criteria given above will have to appear for an Equivalence Exam, which will be conducted periodically as required.

	General points regarding Teacher accreditation (applicable to all applicants)		
55	Qualifications	Basic PG qualification should be in Pediatrics and recognized by the MCI	
56	Work pattern	Primary teacher must be full time	
57	Time spent in critical care	Devote at least 50% of time to care of Critically Ill patients	
58	Can person apply for Teacher accreditation independent of Unit accreditation	Yes	
59	Fees	Nil	
60	Appeals regarding Teachership	IAP-Intensive Care Chapter College Council and Vice Chancellor	
	UNIT REACCREDITATION		
61	Period of Accreditation	Initial accreditation of a NEW UNIT is for 5 years. Program Director must then submit a Reaccreditation Form and a physical inspection will be conducted. Subsequent accreditation will be for 5 years.	
62	Reaccreditation fees	Rs. 25,000 to be paid to Chapter. The applying Unit/Hospital also has to bear the Travel and local hospitality expenses for the Inspector(s). Rs. 5,000 honorarium will be paid by the Chapter to each Inspector.	
63	Fellows enrollment criteria	Atleast 1 trainee should have been recruited in the previous 2 years	
64	Fellows pass criteria	At least 50% of Fellows who appeared for exam during the 5 years from the initial accreditation / last reaccreditation must have passed. Any Unit that is derecognized can reapply after a gap of 1 year - this will be treated as a Fresh application.	

65	What happens to existing Fellows if a Unit loses accreditation?	Existing Fellows will be allowed to complete their period of training and appear for the exam. However, the unit cannot accept any new trainees until it is successful. accredited again
	INCREASE IN NUMBER OF ALLOTTED SEATS	
66	Increase in the number of allotted IFPCCM (New-2025) seats (if eligible) is generally done at the time of Reaccreditation. If a Unit wishes to apply for increasing the number of allocated seats before the next scheduled Reaccreditation process, it can be considered, subject to the following rules:	
67	1. The training programme IDPCCM (Old) OR IFPCCM (New-2025) should have been in existence for at least TWO years	
68	2. The request to increase seats should be made at least TWO years after the initial accreditation, or most recent reaccreditation	
69	3. At least 2 Fellows should have appeared for the Exam in the previous 2 years, and at least 50% of those who appeared should have passed	
70	4. The increase in allocated seats will be subject to the existing rules regarding allowable seats, based on the number of Teachers, annual admissions, invasively ventilated patients, and other applicable criteria	
	WHAT HAPPENS IF TEACHERS LEAVE A UNIT	
71	What happens when one or more Teachers leave a Unit, and no suitable replacements are appointed	1. The Unit should inform the College whenever an existing Teacher leaves the Institute, or a new Teacher is appointed. This responsibility lies with the Fellowship Program Director of the Unit. If one or more Teachers leave, then the existing Fellows will be allowed to complete their training in the same Institute provided that at least one accredited Teacher is available

72		2. If the existing number of teachers reduces, the number of allocated seats will be reduced, based on the existing rules governing the number of Teachers required. This will come into effect from the start of the next session of intake.
73		3. If all Teachers leave the Unit, then the Fellows will have to be transferred to another suitable accredited program and complete the remaining period of their training. The responsibility of doing this should be with the Fellowship Program Director and the College will facilitate such transfer of the trainee and will allow the trainee to join the accepting Unit as a supernumerary candidate.

APPENDIX I to Accreditation Criteria 21-02-2024

Amended November 2024

Fellowship seat allotment criteria:

Number of Full Time Accredited Teachers	Minimum yearly PICU admissions	Min. IMV patients / year	Min. line /year	Art. /year	Min. CVL /yr	Seats per session	Max no fellow permissible at any point in time
1 (+ 1 part time Consultant)	200	50	25		25	2	2
2	200	50	25		25	2	2
3	300	100	40		40	3	3
4	400	150	50		50	4	4

Note: min number of procedures is rounded off to ratio of 12 procedures per fellow per year.

For centers who are accredited, PROCEDURE FOR FILLING VACANT SEATS

- If a particular Fellow does not join, or discontinues within 3 months of joining, the vacancy can be filled by another candidate in the next earliest session, subject to the rules stated in section “b” below.
- All seats for a particular intake session have to be filled within ~~(45 days)~~ of the start of the session. Subsequently, these seats will be carried over to the next session within the same Academic year. The Academic Year will run from Jan 1st to June 30 next year/ or July 1st to Dec 31st next year.
- Seats for the Jan session that are unfilled by 14Feb will get carried over to the July session, and if not filled in July session by Aug 14th will be carried over to the Jan session.
- The maximum number of fellows at any point in time will need to be strictly adhered to in order to maintain the quality of the programme.

For eg: For centers who are accredited for 2 seats....

Option 1: If 2 seats were taken for JAN SESSION 2025, then next intake of fellows should be in next July session in 2026, after 18 months. If however all seats are not taken in January, then option of taking the remaining candidate in JULY session of same year or JAN. session of next year is permissible.

Option 2: If overlap of fellows are desired. Then 1 seat to be filled in Jan. and another in July or next year Jan. session.

For centers allotted odd number as maximum number of seats: the center has the flexibility to decide on whether they would divide the number as 1 in JANUARY session and 2 in JULY session or 2 in JANUARY session and 1 in JULY session. As long as the maximum no of fellows at any point in time requirement is met.

Centers need to intimate seats discontinued with an official email detailing the name of candidate/ session joined/ discontinued when and specific reasons for discontinuing if any. **The information should be emailed to ICP with CC to IAP-Intensive Care chapter Academic Council**