

# Indian Academy of Pediatrics - An Organizational Overview



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# Indian Academy of Pediatrics

## 1.0 Background

The Indian Academy of Pediatrics is the sole representative professional body of Pediatricians in India. The Indian Academy of Pediatrics is registered as an Academy in 1963 at Mumbai (erstwhile Bombay) under Public Trust Act. It was formed after amalgamation of the Association of the Pediatricians of India and Indian Pediatric Academy at its joint conference held in 1963 at Hyderabad. It has more than 20300 members from all the states of country. It has more than 26 state branches, 303 Regional/District/City level branches and 1 foreign branch. It also has 18 Pediatric Sub-specialty chapters and 10 Interest Groups.

## 1.1 History

In India, the first department of pediatrics was established at J. J. Hospital, Mumbai in 1928. The first independent children's hospital named 'B. J. Wadia Hospital for Children' was started in Mumbai in 1929. During mid forties there were hardly 15 paediatricians in the country, concentrated mainly in Mumbai, Delhi, Chennai and Kolkata. However, by early 50s, pediatric wing was established at 7 more places in the country.

With the increase in the number of doctors specializing in "Pediatrics" two associations emerged for furtherance of the knowledge in the subject namely 'Association of Paediatricians of India' in 1950 in Mumbai started by Dr. George Coelho and another the 'Indian Pediatric Academy' in Kolkata by Dr. K. C. Chaudhary. These associations subsequently merged in 1963 and gave it the present form named "Indian Academy of Pediatrics" at Hyderabad with around 140 member pediatricians.

The Indian Academy of Pediatrics has grown over the years and now it has got more than 18,000 members. It also has 26 state branches, 282 Regional/District/City level branches and 1 foreign branch. It also has 18 Pediatric Sub-specialty chapters, 8 Interest Groups, 3 Cells.

The Academy incorporated erstwhile '*Indian Journal of Child Health*' and the '*Journal of the Indian Pediatric Society*' into '*Indian Pediatrics*' as official journal of Indian Academy of Pediatrics in January 1964, which started publishing at Kolkata.

## 1.2 Headquarter

The Central Office of the Indian Academy of Pediatrics is located at Kailas Darshan, Kennedy Bridge, Nana Chowk, Mumbai 400 007.

The office has reasonably good office space (1150 sq.ft.) with separate chambers/sitting space for the office bearers and other paid staff of the association.

An updated list of all the members of academy is maintained at national office (Headquarter) and a similar list of the members is maintained at the state/territorial/local branches of association.

## 2.0 Vision /Mission/Objectives

The Indian Academy of Pediatrics is committed to the improvement of the health and well being of the children. The mission statement reads as follows-

### Mission Statement

**The Indian Academy of Pediatrics dedicates its efforts and resources to the improvement of the health and well being of all children and strives for the achievement of the optimum growth, development and health in the physical, emotional, mental, social and spiritual realms of all children irrespective of the diversities of their backgrounds.**

The Academy primarily fulfills its mission through the following activities-

#### 1. Professional Education & Improvement

Provide and promote ethical and professional standards, education and training for improvement of the knowledge, attitude and skills of the members in pediatrics in its widest sense.

#### 2. Support for pediatricians

Remain the spoke medium of appropriate training of medical and related supportive professionals involved in child-care, thus making pediatricians the best equipped professionals for care of children

#### 3. Membership service

Provide services, benefits and recognition to assist and support the members for meeting the needs and challenges inherent in pursuing their missions.

#### 4. Education of parents and public

Facilitate education of parents, the public and policy makers on their role in the promotion of health and well being of children at home, in school and in other situations.

#### 5. Technical Assistance

Provide expertise and scientific inputs to individuals, organizations, institutions and government and its agencies in the area of child health by playing a proactive role in consultative committees/task forces/boards constituted by the government and/or its agencies in matters related to child health.

The objectives for which the academy was established are:

1. To serve as advocates for children and adolescents and help their families with reference to attainment of optimal, physical, mental, psychological and social health of children and adolescents.
2. To encourage and advance the knowledge study and practice of the science of pediatrics in all possible ways.
3. To promote scientific collaboration of its members and make rules regarding standards for their professional conduct.

### **3.0 Functions of the Academy**

Following are the key functions of academy -

1. Organizing, establishing, or controlling institutions for promoting directly or indirectly, practice, study and research in pediatrics in any of its aspects.
2. Establishing and maintaining libraries, reading rooms, laboratories and research centers for the promotion of its objects.
3. Providing facilities to students, scholars and institutions for the study of or research in pediatrics in any of its aspects by way of scholarships, fellowships, grants, endowments, etc.
4. Founding, maintaining or awarding, either itself or in cooperation with other bodies or persons fellowships, prizes certificates, diplomas of proficiency in the science of pediatrics and conduct such tests, examinations or other scrutiny as may be prescribed from time to time.
5. Printing and publishing 3 official journals of the academy, books periodicals or publications on pediatrics and allied subjects which the academy thinks desirable for the promotion of its objects.
6. Training up personnel for carrying out the objects of the academy and to incur necessary expenses for the purpose.
7. Organizing conferences, lectures, meetings, seminars, exhibitions for the promotion of its objects.
8. Organizing branches of the academy and appointing editors and correspondents, whether in India or elsewhere, for promoting all or any of the objects of the academy.
9. Considering and expressing its views on all questions affecting child health in India and studying, suggesting, criticizing, advising or taking part in the framing of laws affecting the science and practice of pediatrics.
10. Cooperating, affiliating with other bodies and also engaging in other forms of activities as may be decided upon by the academy from time to time for the purpose of carrying out all or any of the objects of the academy.
11. Appointing officers and other staff as may be found necessary or convenient for the conduct and management remuneration as may be prescribed from time to time.
12. Doing all such other things as may be necessary, incidental, conducive or convenient to the attainment of the above objects or any of them.

### **4.0 Membership**

#### **4.1 Type of Membership**

The membership of the Academy has four categories namely

1. Ordinary Members
2. Life Members
3. Associate Members
4. Associate Life Members
5. Students Members
6. Associate Foreign Members

An Indian resident holding a diploma/degree in pediatrics from an MCI / UGC recognized institution can be elected by the executive board as ordinary /life member of the academy. Registration of the pediatrics postgraduate degree with Medical Council of India / State Medical Council is advised.

Any person possessing MBBS or equivalent degree recognized by Medical Council of India/UGC/Government of India is elected by the executive board as associate/associate life member of academy. Those who are Indian residents are eligible to become associate / associate life member of academy.

The associate/associate life membership of academy also includes:

- Eligible Indian postgraduate student in pediatric duly certified by the concerned Head of Department of Pediatrics/Child Health.
- Eligible non-resident Indian.
- Eligible foreign national of Indian/non-Indian origin.

If any of the residential Indian citizen member moves out of India, all the correspondence, including journals and ballot papers to eligible voters, is sent only to the latest local Indian address as on records with central office unless they pay extra charges as applicable for the postage at any other address.

Any existing associate/associate life member who subsequently satisfies the criteria to be ordinary/life member respectively is elected as ordinary/life member respectively by the Executive Board later.

#### **4.2 Membership fee**

1. An entrance fees is charged, as decided by Executive Board from time to time, for all categories of new members on their application for membership including those ordinary/associate member who re-apply after a break in membership. However this will not apply to non-Indian members and to those whose membership is converted from one category to another in continuity.
2. Any Indian person who is otherwise eligible to be an ordinary/associate member and undertakes to pay the prevalent admission fees and prevalent membership fees as decided by executive board from time to time, and to abide by the rules and regulation of the Academy may be elected as an ordinary/associate member respectively by the Executive Board in the manner hereinafter prescribed.
3. Any Indian person who is eligible to be associate postgraduate member and who undertakes to pay prevalent admission fees and half the prevalent life membership fee may be elected as associate PG member by the Executive Board. Subsequently s/he will pay the balance 50 % of life membership fees prevalent at the time of his/her application within 4 years for changing his membership category to life or associate life as the case may be. The year for enrollment is taken as one full year for the purpose of computing 4 years of membership. If such a member fails to pay the balance within 4 years, the membership of such a member is automatically cease to exist and the initial fees paid by him is forfeited. The Academy may consider sending reminder to the defaulter but not as a rule.

4. Non-Indian person who is eligible to be associate member and undertake to pay the prevalent annual membership fee as decided by the Executive Board from time to time and to abide by the rules and regulations of the academy may be elected as associate member by the executive board in the manner hereinafter prescribed. This membership fees will not include the mail charges for the journals.
5. If husband and wife both are members of the academy, such members are eligible to become Couple Life/Associate Life Members of the academy by paying 80% of the prevalent life membership fee each. Such members receive only one communication including journals from Academy for both in common on either name include all statutory notices except the voting right which is enjoyed by either of them separately as per the eligibility.
6. An Indian member of academy after attaining the age of 70 years may be exempted of payment of annual subscription if s/he wishes so.
7. An Indian member of the academy after attaining the age of 65 years wishes to enroll himself as life or associate life member may do so on payment of 1/3rd of prevailing life/associate life membership fees in lump sum in addition to the prevalent entrance fee.
8. Currently Academy is charging membership fee as follows:

Life Membership Fee	– Rs. 10,000/- (inclusive of admission fee)
Annual Fee	- Rs. 1000/-
Student Fee	- Rs. 5,500/- (inclusive of admission fee)
Admission Fee	- Rs. 500/- (Paid once)

From the life membership fee of Rs. 10,000/-, State Branch and City Branch gets Rs. 500/- each as their share. Apart from this, the state and city branches also charge their respective fee as decided by their governing body and the consent of the Executive Board of National Body.

### **4.3 Privileges of Members**

A member of IAP is entitled to the following privileges:

1. Receiving the Journal of Indian Academy of Pediatrics either free of cost or at a subsidized rate fixed by the general body from time to time.
2. To receive other publication of the Academy either free of cost or a rate of fixed by the Executive Board from time to time.
3. To attend meetings and conferences arranged or organized by the Academy by paying the prescribed fees.
4. To use reading room and libraries maintained by the Academy and to consult and use the books and periodicals in the library at per the conditions prescribed by the regulations of Executive Board.
5. The rights and other privileges of life member are the same as those of an ordinary member.

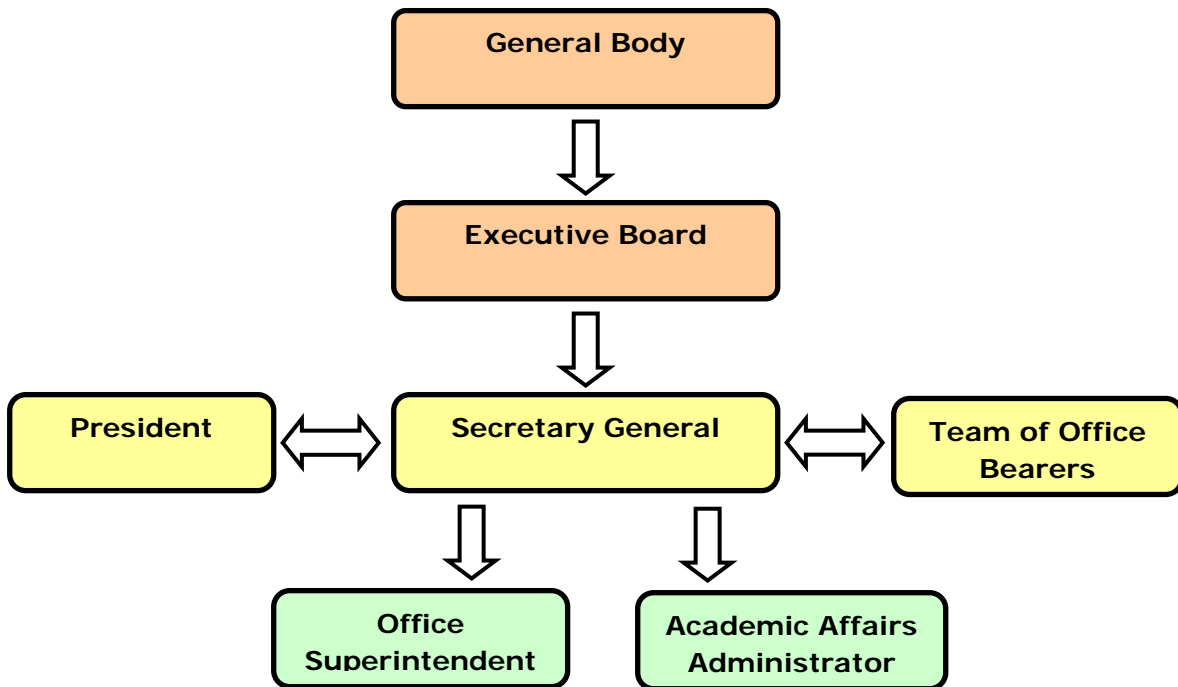


6. To enjoy such other privileges or benefits as may be determined by the Executive Board.
7. Any member going out of India is entitled to receive all the communication of the academy including the journals only at the latest local Indian address as on records of the central office.

### 5.0 Organizational structure and functioning

The organizational structure and functioning of Indian Academy of Pediatrics (IAP) is 3 tier i.e. (1) national level, (2) state or territorial level and (3) district/city level. The following illustration shows the organizational structure of association at national level.

#### ORGANIZATIONAL STRUCTURE AT NATIONAL LEVEL



At national level, General Body is the highest decision making body. This is followed by Executive Board, who is the main executive body. The office bearers of Academy viz. President, Honorary General secretary and others follow in the administration hierarchy.

The Office Superintendent is responsible for day-to-day functioning of Central Office. S/he supervises all the activities under the guidance of General Secretary. A team comprising of 7 staff persons supports the Office Superintendent for carrying out all the activities. A list of all the staff persons and the organizational structure at Central Office is enclosed [See Appendix – 3 and 4].

## 5.1 Office Bearers

The Academy has following Office Bearers:

1. President-One
2. President Elect-One
3. Immediate Past President-One
4. Vice President-One
5. Secretary General-One
6. Treasurer-One
7. Joint Secretary (Organizing Secretary of Pedicon)-One
8. Editor in Chief-Indian Pediatrics
9. Editor in Chief - Indian Journal of Practical Pediatrics

The term of President, President Elect, the Immediate Past President, Vice President and the Joint Secretary is for 1 year. However the term of the Secretary General and the Treasurer are for 2 years and Editor-in-Chief are for 3 years. The President cannot seek re-election to the Executive Board or as office bearer of society after finishing his/her term.

The ordinary/life member contesting for the post of President Elect should be a member of IAP for 10 years consecutively and should have served on the Executive Board of IAP or as office bearer for a period of minimum 2 years.

A member contesting for the post of Secretary General should have been a member of IAP for 7 complete years consecutively as on or before 1<sup>st</sup> January to be eligible to contest for the ensuing election. S/he should have served on the Executive Board for 2 complete years before contesting for the post of secretary General.

## 5.2 Executive Board

The management of the affairs of the academy is vested in a body called "**Executive Board**". The Executive Board consists of elected/nominated executive members from amongst the ordinary/life members of Academy.

All the office bearers of IAP are also members of Executive Board. The President Elect, the Secretary General and Treasurer are elected by all the ordinary/life members of IAP from amongst themselves through postal ballot. The Vice President is elected by the members of Executive Board from amongst themselves at their first meeting.

The Secretary General and the Treasurer have to be resident of Greater Mumbai; Editor-in Chief of Indian Pediatrics has to be resident of Delhi and Editor-in-Chief of Indian Journal of Practical Pediatrics has to be a resident of Chennai. Similarly, the Joint Secretary has to be resident of a place where the next PEDICON is to be held.

The required Executive Board members from states are elected by the fellow, ordinary and life members of the respective states. They elect the state wise executive members from each state. The number of state wise executive members depends on the strength of eligible voters from concerned states and on that basis

the central office reviews the composition of executive board and presents it to the next Executive Board for ratification and implementation every two years.

One member is co-opted from defense services by Executive Board on recommendations from amongst the IAP members in defense services. S/he will not have any voting right in the decision of Executive Board.

The current strength of Executive Board of IAP is 51.

### **5.3 Chapters and Branches**

The members of the Academy may group themselves into State branch/district branches/City branches for the furtherance of the objects of the Academy. The state wise branch is called as State Chapters.

The Academy recognizes branches formed on a state level as 'State Branch' for the purpose of coordination and giving grants for academic activities. However, in a district with 15 or more ordinary and/or life members may form a district branch and cities/towns with 5 or more ordinary and/or life members can form a city branch on the recommendations of the state branch and/or with the consent of the Executive Board.

Each branch is free to govern itself in a manner as it thinks fit. For this purpose, it can form rules and regulations of its own which are in line with the rules and regulations of the Academy. Such rules & regulations and modifications are subjected to ratification by the Executive Board.

The minimum number of ordinary and/or life members in an area for the formation of a state/district branch is fifteen, and for city branch - five, except in rare cases. These rules can be waived by the Executive Board where there is lack of required members in a particular area.

Members residing or practicing or employed in an area as per latest addresses given to the central office where branch exists may be attached to the said branch. However, he can become associate member of any other branch.

Each branch submits an interim report to the Central Office by date given by the central office for its activities together with a statement of accounts. The copies of the same are also sent to the respective state chapter.

All district/city branches of the academy functions under directives of the State Branches and Central Office. The Executive Board of the Academy recognizes district/city branch on recommendation of the state branch or central office.

Each branch of IAP has to display logo and the registration number of Academy on the letterhead. Pattern of office bearers will be similar to that of Central office. Only life/ordinary members of academy are eligible to be office bearers/executive member of branch or to take part or to vote in election of branch. Members of IAP branches should be members of Central IAP and vice versa.

### **5.3.1 Foreign Branches**

A group of 15 members from a country forms a branch and it is known as Branch of IAP from the country/city. Here word Branch of IAP will mean to include all four i.e. State Branches, district branches, city branch and foreign country branch. They will follow all the rules and regulations of IAP. Branch is considered formed after being recognized by the Executive Board of IAP.

### **5.3.2 Functioning of Branches/Chapters**

All branches of the academy must ensure that the members of the academy represent on state/district level, governmental/semi-governmental/non-governmental agencies/organizations/voluntary health agencies and on such other forums and make known Academy's policies and view on child health and family welfare.

All branches of Academy must organize frequent clinical meeting, conferences, workshops, seminars, symposia, CME program, refresher courses, lecture series, exhibitions, pediatric quiz program, update, community survey program, parent-teachers-medical professionals program and other programs on various aspects of child health, socio-economic conditions or any such programs which are relevant under particular situation in the ordinary course. However, the Executive Board may regulate programs if it deems necessary.

Academy promotes its Chapters/Branches to publish health education material, books and periodicals of their own.

District/City branches are required to complete a list of Sub-Centers, PHCs, Upgraded PHCs, Community Health Centers, District Hospital, Charitable Hospitals, Private Hospitals & Nursing Homes; and update it time to time. District/City branches guide and advise these centers on recent advances in medical care and equipment.

State Chapters and District/City Branches take up the issues relating to inadequate staffing & medical care, non-availability and irrational use of essential drugs with the appropriate authority. All branches maintain records of all their activities in a standard format provided by Central Office and furnish it along with Annual Report.

There will be meeting between office bearer of IAP with Chairpersons and Secretaries of various branches of IAP at the Annual Conference.

All Chapters/Branches also submit a work plan for a period of 1 year to Central Office. Any change or modification in the program is intimated to the Central Office atleast 15 days in advance.

The state branch of the Academy shall be required to submit evaluation report on the performance of district/city branch under the concerned state branches on a prescribed form within 3 months of closing of financial year of the state branches.

The branch is de-recognized if it acts against the objectives of academy or bring discredit to academy. After being given a chance to the concerned branch, a recommendation to de-recognize the branch is made by Executive Board, which is ratified at the subsequent annual general body meetings of the academy.

The Academy awards President's Shield/Awards to state branch and local branch for meritorious services as per guidelines given by Executive Board from time to time.

In matters not provided by these rules, the rules and regulations of the Indian Academy of Pediatrics are applicable to the working of the branches. In case of any dispute relating to the working of the branches it is brought to the notice of the state branch/central office and the decision of the Executive Board of the Academy in such disputes is final and binding on all the branches.

#### **5.4 Infrastructure**

The Central Office of Academy is located at Kailas Darshan, Kennedy Bridge, Near Nana Chowk, Mumbai. The total floor area of the Central Office is around 2000 square feet which is a sufficient space for office and a conference hall. It is well furnished with equipments like computers, fax, photocopying machine, phones etc. There is strength of 10 staff members at Central Office.

#### **5.5 Reporting & feedback mechanism**

District/City branches send the cumulative information regarding the activities they undertake to Central Office through their State/Territorial Branches annually or six monthly. Apart from this each branch submits an interim report to the Central Office by date given by the central office for its activities together with their membership list. These achievements and activities of states/local branches are communicated to all other members through IAP newsletter "Academy Today".

#### **5.6 Financial management**

The main source of income for academy is through (1) interest on corpus (2) annual membership fee, (3) savings from conferences and CMEs and (4) 10% administrative fee levied on projects and programs conducted by Central IAP office as part of annual IAP Action Plans. On the other hand the major expenses are on (1) publication of journal, (2) establishment expenses such as salary of staff, postage, printing and (3) conduct of various IAP administrative meetings (office bearers' meetings and meetings of various sub-committees of IAP) etc.

All branches are allowed to raise funds by way of subscription, advertisements, and registration fee for program and by any such means permissible under ethical code, decision of executive board and the law of country for their activities.

The wings of Central IAP, i.e., the Indian Pediatrics Journal, the IJPP journal, the two IAP Publication houses, and the IAP NRP FGM office utilize the PAN of Central IAP and their audited accounts are amalgamated with the audited accounts of Central IAP for presentation to the Charity Commissioner and the Income Tax authority. However,

all affiliates of IAP, i.e. the branches, chapters, groups, and cells of IAP register themselves as societies with the local authority and manage their own accounts after acquiring their own PAN. The audited accounts of IAP affiliates are not amalgamated with the accounts of Central IAP

## **5.7 Sub-specialty Chapters/Sub-committees/Working Groups**

### **5.7.1 IAP Sub-specialty Chapters**

IAP has following sub-specialty Chapters for carrying out specific tasks. The Chairpersons of these standing committees are elected by the Central Council from among the council members with the power to co-opt members. The term of the office of each member of the standing committee including the chairperson is for 2 years. These committees meet atleast once in a year.

All IAP sub-specialty chapters are the part and parcel of the Indian Academy of Pediatrics and not a separate entity. Chapters are known as "Indian Academy of Pediatrics-Sub-specialty Chapter on (name of the sub-specialty to be indicated)"

Each IAP sub-specialty Chapter has following office bearers.

1. Chairperson
2. Secretary
3. Treasurer
4. Five Executive members from amongst life and/or ordinary members of the concerned chapter.

All IAP sub-specialty chapters are allowed to raise funds buy way of subscription, advertisements, registration fee for programs and by any such means permissible under ethical code for their activities.

All IAP sub-specialty chapters hold their 90 minutes Symposia every year during National Conference of IAP. Some chapters hold their separate Annual Convention in addition to 90 minutes session during National Conference of IAP.

All IAP sub-specialty chapters are required to project "Indian Academy of Pediatrics" as the parent organization in all its publications and stationery and publish names of office bearers in all their publication. The Chapter has to restrict their academic activities to their respective specialty only. IAP sub-specialty chapters are encouraged to start fellowship program in their specialty, after obtaining approval from IAP executive board.

A Joint meeting of office bearers of IAP with the chairpersons and secretaries of all IAP sub-specialty chapters is held during the National Conference of the IAP. On all matters of dispute, decision of the Executive Board of IAP is final and binding.

Members of sub-specialty chapters must be members of Central IAP.

Following is a list of sub-specialty chapters of academy:

- ◆ Allergy and Applied Immunology Chapter
- ◆ Adolescent Pediatrics Chapter
- ◆ Community Pediatrics Chapter
- ◆ Cardiology Chapter
- ◆ Computer & Medical Informatics Chapter
- ◆ Pediatric & Adolescent Endocrinology Chapter
- ◆ Gastroenterology Chapter
- ◆ Genetics Chapter
- ◆ Growth & Development Chapter
- ◆ Hematology-Oncology Chapter
- ◆ Infant & Young Child Feeding Chapter
- ◆ Infectious Diseases Chapter
- ◆ Intensive Care Chapter
- ◆ Neonatology Chapter
- ◆ Nephrology Chapter
- ◆ Neurology Chapter
- ◆ Nutrition Chapter
- ◆ Respiratory Chapter

### **5.7.2 IAP Interest Groups**

- ◆ IAP Environment and Child Health Group
- ◆ IAP Pediatric Rheumatology Group
- ◆ IAP Childhood Disability Group
- ◆ IAP Child Abuse, Neglect & Child Labor Group
- ◆ IAP Disaster Management Group
- ◆ IAP Medico-Legal Group
- ◆ IAP Pediatric Dermatology Group
- ◆ IAP Pediatric Organ Transplantation Group
- ◆ IAP Pediatric Emergency Medicine & Acute Care Group
- ◆ IAP Research in Child Health Group
- ◆ IAP PALS Group

### **5.7.3 IAP Cells**

- ◆ IAP HOD Cell

### **5.7.4 IAP Sub-Committees/Task Forces / Courses / Collaboration**

The tenure & terms of reference of each sub-committee/task force is clearly defined. Usually the term of office is for a period of 2 years. The convenor of sub-committee or task force is appointed by Executive Board. The Executive Board has a power to co-opt members on sub-committee/task force. Every sub-committee submits its report to the secretariat every 6 months.

The President and General secretary of IAP are ex-officio members of sub-committee. Every sub-committee/task force submits its recommendations for consideration and ratification before the Executive Board of IAP. Following is the list of sub-committees and task forces of IAP:

#### **IAP Sub-Committees / Task Forces / Courses / Collaboration**

- I. IAP Website Committee
- II. IAP Finance Committee

- III. IAP Constitution Amendment Committee
- IV. IAP Committee On Immunization
- V. National Task Force on Asthma & other Allergic Disorders in Children
- VI. IAP Task Force on Prevention of Tobacco in Children & Adolescents
- VII. RCPCH-IAP Collaboration
- VIII. IAP Media Cell
- IX. National Task Force for Prevention of Obesity

## **6.0 National Conference - PEDICON**

Academy organizes a National Conference (now called PEDICON) every year. It is the biggest academic activity of IAP held in different parts of the country.

The first National Conference was held in Pune in 1964. Since then it is regularly held every year. The last PEDICON was held at Gurgaon. The organizing committee of Annual Conference has to deposit 30% of all the savings of conference to Central Office and 10% to State Chapter. The bid for the conference can be made by IAP branch in a prescribe application form. The conference is generally held for 3 days. Pre-conference workshops and CME are held preceding the conference. The Executive Board meeting is held concurrently with the CME program. The President dinner is hosted a day prior to the Executive Board meeting. The Annual General Body meeting of IAP is held on the 1<sup>st</sup> Day of the conference in the evening. Several administrative meetings are held during the conference period. The science program of the conference are:

- Late Dr. Shantilal C. Seth Oration (non-concurrent)
- Two Plenary Sessions (non-concurrent). One of the plenary session is on the theme of the conference.
- Award papers session (concurrent)
- Symposia of IAP Sub-specialty Chapters / Groups
- Dialogue sessions (non-concurrent)
- Free & Poster papers presentation
- Guest Lectures
- IAP Undergraduate Quiz & IAP Postgraduate Quiz

## **7.0 Publications**

IAP has several publications both periodicals and books.

### **7.1 Periodicals**

#### **7.1.1 Indian Pediatrics (IP)**



Indian Pediatrics, an indexed Journal is published monthly from IAP's Journal Office at Revenue Estate, Masjid Moth, Gautam Nagar, New Delhi. Approximately 19,450 copies are published and are sent to all the subscribers and members of IAP.

### **7.1.2 Indian Journal of Practical Pediatrics (IJPP)**

Quarterly journal published from Chennai is basically meant for the practicing pediatricians. This is subscription journal and those interested have to subscribe for the journal directly.

### **7.1.3 Academy Today**

Quarterly in-house bulletin published from Mumbai. Academy Today is considered as official mouth piece of the IAP. The bulletin has all important announcements and memoranda of academy. Similarly it has also reports of all the activities of chapters and branches.

## **7.2 Books**

The academy has published several books, monographs and Parents' Guide. Following is the list of some recent publications:

- A. IAP Textbook of Pediatrics, 4<sup>th</sup> Edition
- B. Current Concepts in Pediatrics
- C. IAP Guidebook on Immunization
- D. Rationale Pediatric Practice
- E. Immunity, Immunization and Infectious Diseases
- F. Pediatrics Drug Formulary
- G. Immunization – A manual for pediatricians
- H. The Underprivileged Child
- I. IAP Manual of Procedures
- J. Current Pediatrics
- K. New Development in Pediatrics Research Vol. 1, 2, & 3
- L. Perspectives in Pediatrics
- M. Better Pediatrics Education
- N. Social Pediatrics
- O. The Child in India
- P. Drug Therapy in Pediatrics
- Q. Drug Formulary CD-ROM
- R. IAP Specialty Series Pediatric Intensive Care
- S. IAP Specialty Series on Pediatric Cardiology
- T. IAP Specialty Series Pediatric Gastroenterology
- U. IAP Specialty Series on Pediatric Rational Antimicrobial Practice in Pediatrics
- V. IAP Specialty Series on Pediatric Hematology & Oncology
- W. IAP Specialty Series on Pediatric Infectious Diseases
- X. IAP Specialty Series on Pediatric HIV
- Y. IAP Specialty Series on Pediatric Nephrology
- Z. Childhood Disability – A Pediatrician's Perspective
- AA. IAP Special Series Pediatric Quiz
- BB. Principles of Thesis Writing, 3<sup>rd</sup> edition
- CC. IAP Color Atlas of Pediatrics

- DD. Textbook of Pediatric Radiology
- EE. PICU Protocols
- FF. Textbook of Pediatric Endocrinology

### **7.2.1 Parent's Guide**

- A. Vaccine Preventable Diseases in Children
- B. Immunization in Children
- C. Asthma in Children
- D. Successful Breastfeeding
- E. Home Treatment in Diarrhea
- F. Accident Prevention in Children
- G. Prevention of Poisoning in Children
- H. Bronchial Asthma in Children
- I. Care of Newborn Baby
- J. Nephrotic Syndrome in Children
- K. The Child with Heart Disease
- L. 1-2-3 of Baby Care
- M. Conception to Birth

### **7.2.2 IAP Textbook of Pediatrics**

The need for a full fledged textbook on pediatrics in Indian context was felt for long time. The Indian Academy of Pediatrics thought it fit to shoulder the responsibility of bringing out such a need based textbook in Pediatrics for undergraduate medical students and came out with IAP Textbook of Pediatrics.

The book has received tremendous response from Pediatricians and medical students. 5th edition of the book is ready of release at Pedicon 2013. The textbook generates good revenue for the academy.

### **7.2.3 IAP Drug Formulary CD-ROM**

IAP Office Bearers of various sub-specialty chapters along with Dr Jeelson Unni of CMIC of IAP developed an updated version of a Pediatric Drug Formulary for all IAP members. The formulary is given a unique user ID to LOG ON to the website from where annual updates can be obtained.

The IAP Pediatric Drug Formulary 2012 – 3<sup>rd</sup> hard copy edition of the formulary was published in January 2012. The IAP Drug Formulary web update 2012(1) edition 26 (the 25<sup>th</sup> web update) was made available for download in March 2012.

## **8.0 Projects and activities of public health importance**

The members are offered voluntary self assessment by way of CME credit system. The Academy also conducts courses such as "Pediatrics Advance Life Support (PALS) and the Instructor course. Basic Life Support initiative (BLS) for high quality and effective resuscitation. IAP MISSION UDAY for achieving MDG 4 –Diarrhea and Pneumonia management, Measles and Rubella Elimination, Enhancing Routine Immunization, Malnutrition and Anemia Management, Management Protocols of Common Pediatric Diseases.

### **8.1 Health of Tribal Children: Research & Documentation**

To improve the health status of Tribal children, academy members from Tripura, Gujarat, Andhra Pradesh, Madhya Pradesh and Chhattisgarh have organized tribal camps and research projects. In this context, the first National Conference of Tribal Child Health was also organized at Raipur in September 2004. Apart from this, a document on *“Present Status of Tribal Children in India”* under the aegis of IAP was released during annual conference of pediatrics at Kolkata.

### **8.2 *Abhi Nahin to Kabhi Nahin* (It’s Now or Never!) – A final push to Polio**

IAP is a partner agency in Government of India’s “Final Push to Polio” Program along with WHO, UNICEF and Rotary International with the target to achieve zero polio status under the leadership of Dr Jacob John and Dr Naveen Thacker. Several district and state level workshops are conducted in this regard. IAP advocates the introduction of Injectable Polio Vaccine in the immunization schedule to give the final push to Polio. India has been taken off the WHO list of Polio endemic Nations.

### **8.3 Pediatric HIV/AIDS Project**

Academy participated in setting up a National Task Force on Pediatrics HIV/AIDS. In 2001, it held a meeting of task force and conducted a national level workshop for designing a training curriculum on Pediatric HIV/AIDS for different stakeholders.

Academy has successfully field-tested and finalized the training module with NACO and UNICEF assistance. It has also conducted 5 zonal and 8 state level workshops including all high prevalence states in 2002 – 2003. Academy is sending a complimentary copy of the module to all its members which contain all the standard guidelines of management of pediatric HIV patient.

### **8.4 Child Friendly School Initiative**

Indore Branch of IAP launched this program with State Women’s Commission of Madhya Pradesh in 2003. Academy suggested 10 points for accreditation of an institution as ‘child friendly’ in order to promote truly conducive schools, curriculum and environment for advancement of child, adolescent and adult health.

### **8.5 Training of Nursing Staff on Basic MCH Care**

Academy formed a National Task Force to train/update the nursing staff working in private hospitals/nursing homes, who often are not qualified enough to deliver effective basic MCH care. A training curriculum was designed, pre-tested and modified. IAP subsequently conducted 120 training workshops through its branches across the country and trained approximately 5000 nurses.

### **8.6 Research Methodology Training Program**

Academy started a training program on research methods in collaboration with IndiaCLEN. Various centers chosen were for conducting workshops viz. Chennai,

Delhi, Lucknow, Nagpur, Trivandrum and Vellore. This activity was also under the Presidential Action Plan 2004.

### **8.7 Family Life & Life Skill Education**

Adolescent Health was the IAP theme of the year 2004. In the same context, academy organized a national level training Program at Trivandrum in January 2004, which was followed by 5 regional level workshops on “Family Life & Life Skill Education” at Cochin, Gwalior, Kolkata, Mumbai and Delhi.

### **8.8 Workshop on Safe Injection Practices**

IAP organized National/State/Regional Level workshops on Safe Injection Practices in collaboration with BD Syringes Pvt. Ltd. A new book and training module is designed in 2012 for trainings of health professionals in the Private and Government sectors

### **8.9 Subspecialty Fellowship Training Program**

The *Diplomate of National Board* at New Delhi has accepted in principle the proposal of the Indian Academy of Pediatrics to institute “Subspecialty Fellowship Training Program” from the year 2005. The methodology is already being worked out for this. The pediatric subspecialties chosen are Neonatology, Hematology-Oncology and Intensive Care, Gastroenterology, Neurology and Infectious Diseases.

### **8.10 Celebration of weeks and days**

Academy celebrates the following days/weeks throughout the country through its branches and chapters

1. ORS Week & ORS Day
2. World Breastfeeding Week
3. Teenage Day
4. IAP Child & Adolescent Health Care Week
5. Global Hand Washing Day

### **8.11 NRP First Golden Minute Project**

NRP First Golden Minute Project launched in 2009 is running successfully. This is vital program, under the aegis of which, IAP will endeavor in the next five years, to see that every delivery in the country will be attended by at least one person trained in NRP. This will go a long way in bringing down the high Neonatal Mortality Rate (NMR) and thus, the Infant Mortality Rate (IMR) of our country.

IAP NRP FGM project which was supported by AAP, LDSC, GOI and several state governments, the IAP trained close to 25,000 health care providers and health care workers in basic NRP (NSSK). The Administrative Office of IAP NRP Project established at Gandhidham in Kutch district is wonderfully coordinating Basic NRP courses all over the country, through a very interactive NRP website. In February 2012, IAP signed a historic MoU of cooperation and coordination with NNF, and together now, the two organizations will conduct NRP courses in the country.

Advanced (complete) NRP courses, based on NRP 2010 guidelines of AAP, modified for Indian settings, will be rolled out through selected specialist centers in the near future.

## **9.0 Future plans**

- Standardization of Office Practice
- Pediatric Database
- Safe Injection Practices
- Children of Urban Poor and Migratory Population
- Child Survival Partnership
- Best Parenting and Child Health Skill
- Breath Free for Quality Life
- Reinforcement of Quality Immunization
- Updated IAP Policy Document
- New Edition of Blue Book
- Preparation of Management Protocol of Common Diseases
- Extension of Partnership with other Professional Organizations
- How Do I Manage Module
- How Do I Investigate Module
- Office Preparedness in Pediatric Emergencies
- Difficult Adolescent in Office Practice
- Seizure & Movement Disorders in Office Practice
- Problem Anemia in Office Practice
- Training in Practical Skills
- Asthma Training Module
- Allergic Rhinitis & Co-morbidities Training Module
- Respiratory Tract Infections – Group Education Module
- Problem Solving In Pediatric Infectious Diseases
- Science Of Vaccinology
- ASK IAP
- Comprehensive Diarrhea Management Program
- Infectious Disease Surveillance (IDSurv)
- Immunize India

### **9.1 Training on Standardization of Office Practices**

Academy is introducing standardization of diagnosis and management in offices of private practitioners and outdoors of hospitals. Practicing pediatricians often face clinical situations, where they have to take quick decision for which they are not adequately trained and often impracticable to refer textbooks for help. Academy has designed a training module of protocol based rapid action tools called “Standardization of Office Practice” to deal with these common clinical situations. The Academy has identified the Master Trainers and completed their training during last Annual Conference in January 2005. Now master trainers are conducting training at State and District/City level.

### **9.2 Development of Pediatric Database & Surveillance Network**

Academy is developing a community based database of pediatric conditions and surveillance system with the help of its members and branches, who are present all

over the country for the those diseases about which no authentic community based data or surveillance system is available.

### **9.3 Child Survival Project**

To work towards achievement of the goals set by the Government of India in its 10<sup>th</sup> five year plan pertaining to neonatal health (Reduction of IMR to 30/1000 live births by the end of the year 2007 & reduction of NMR to 20/1000 live births by the end of the year 2007) and to improve the quality of neonatal and childhood survival through several methods, including developmental surveillance, Indian Academy has launched its Child Survival Program in collaboration with National Neonatal Forum (NNF).

Under the project the main areas of thrust are (a) advocacy and (b) training in neonatal care and optimal Infant feeding practices through jointly organized conferences, CMEs, Symposia, and Updates. Apart from these, two major areas of work have been planned – (a) observation of National Newborn week and (2) World Breastfeeding Week by all individual state and city branches of IAP and NNF.

#### **9.3.1 Activities under Child Survival Project**

The following activities are planned under the project:

- Conducting countrywide workshops/updates in areas of Neonatal Advanced Life Support and Pediatric Advanced Life support, Neonatal ventilation, NICU monitoring, and Infant and young child feeding practices. NNF and IAP would certify these activities jointly.
- Laying a special emphasis on developmental assessment of infants through preparation of a developmental assessment module and encouraging the establishment of developmental assessment departments in institutes and private facilities.
- Coordinating with the departments of pediatrics and neonatology in medical colleges, seeking their involvement for the fulfillment of objectives outlined above.
- Promoting rational drug therapy in neonatology, which will be manifested by the creation of a neonatal drug formulary, which would be a part of the Pediatric drug formulary being evolved by IAP.
- Collaborating with NGOs and professional bodies like FOGSI, IMA, BPNI for furtherance and wider outreach of programs for neonatal and child health.
- Highlighting the common programs to be undertaken through the official publications of the both organizations to all members.
- Conducting sensitization and advocacy workshops for adolescents in schools and colleges on neonatal care and infant-feeding.
- Conducting Optimal Infant & Young Child-feeding and Neonatal Care Workshops for the community.
- Collaborating with agencies like NACO, UNICEF, and others in the area of Pediatric HIV and Prevention of Mother to Child Transmission (PMTCT).

- Widening/Scaling up the scope of already existing programs of celebrations of (a) World Breastfeeding week and (2) Newborn Week through state and city branches of NNF and IAP with active involvement of institutes and private practitioners.
- Undertaking operational research jointly in areas of priority.

## **10.0 Networking with other organizations**

Academy is a partner with different national and International Organization like NNF, UNICEF, WHO, UNFPA, PATH and MOHFW – GOI etc. for taking up new projects and activities.

### **10.1 IAP and NNF - Areas of Partnership**

The Indian Academy of Pediatrics and the National Neonatology Forum of India have been working in the field of Child health and Newborn Care in India for last many decades in various ways.

The goals and concerns of the two organizations have been largely common i.e. improving child survival with special emphasis on neonatal survival. A great number of life members of the two organizations are also common. However, the status and quality of neonatal and child health remains unsatisfactory in India, and therefore the two organizations resolve to consolidate their on going partnership by looking at newer objectives and methods to improve the existing status of neonatal and child health in India.

## **11.0 Affiliations / Collaboration with other organizations**

Indian Academy of Pediatrics is affiliated with

1. International Pediatric Association (IPA)
2. International Society of Tropical Pediatrics (ISTP)
3. American Academy of Pediatrics (AAP)
4. Asian Pacific Pediatric Association (APPA)
5. Asian Society for Pediatric Infectious Disease (ASPID)
6. Pediatric Association of SAARC (PAS)
7. The Royal College of Pediatrics and Child Health (RCPCH), UK

### **11.1 International Pediatrics Association (IPA)**

International Pediatric Association was constituted in 1908. Indian Academy of Pediatrics is one of the members of IPA. The council of National delegates meets in the official meeting organized by IPA once in 3 years at the International Pediatrics Congress. Looking to the activities of IPA, the central office of IAP regularly sends reports about its progress, & activities to IPA.

## **12.0 Contact Information**

Honorary General Secretary – Indian Academy of Pediatrics  
Kailas Darshan, Near Kennedy Bridge  
Nana Chowk, Mumbai – 400 007, Maharashtra

Phone: 022-23887906 / 23887922 / 23889565

Fax: 022 – 23851713

Email: centraloffice@iapindia.org

Website: www.iapindia.org

### **13.0 Major references**

1. Memorandum of Association and Rules and Regulations, Indian Academy of Pediatrics , Kailas Darshan Kennedy Bridge, Mumbai 400 007
2. Academy Today; January – March 2004
3. Academy Today; April - June 2004
4. Academy Today; July - September 2004
5. Academy Today; October – December 2004
6. Annual Report – January 2004 to December 2004 & Statement of Accounts for the year ending 2003-2004 & Budget 2005-06; Indian Academy of Pediatrics compiled by Dr Bharat R. Agarwal, Dr Deepak Ugra, Dr Tanmay Amladi
7. As per the discussion with Dr Raju C. Shah (President), Dr Nitin K. Shah (President Elect), Dr Bharat R. Agarwal (General Secretary), Dr Deepak Ugra (Treasurer), Dr Tanmay Amladi (Academic Affairs Administrator)

### **14.0 Appendix**

1. State-wise details of membership of IAP as on October 30, 2012
2. Administrative Staff at IAP Central Office
3. Administrative set up at IAP Central Office
4. IAP Yesterday, Today & Tomorrow



**APPENDIX- 1****State-wise details of membership of IAP as on 8<sup>th</sup> October 2012**

<b><i>IAP Membership Strength as of 8th October 2012</i></b>										
<b><i>STATE &amp; UNION TERRITORIES</i></b>	<b><i>F</i></b>	<b><i>LIFE</i></b>	<b><i>ORD</i></b>	<b><i>TOTAL</i></b>	<b><i>HF</i></b>	<b><i>AF</i></b>	<b><i>AL</i></b>	<b><i>A</i></b>	<b><i>STUD</i></b>	<b><i>TOTAL</i></b>
<i>ANDAMAN / NICOBAR /</i>		<i>1</i>		<i>1</i>			<i>1</i>			<i>2</i>
<i>ANDHRA PRADESH</i>	<i>21</i>	<i>1252</i>	<i>32</i>	<i>1305</i>			<i>125</i>	<i>6</i>	<i>55</i>	<i>1491</i>
<i>ARUNACHAL PRADESH</i>		<i>8</i>		<i>8</i>			<i>2</i>			<i>10</i>
<i>ASSAM</i>	<i>1</i>	<i>221</i>	<i>2</i>	<i>224</i>			<i>32</i>	<i>1</i>	<i>4</i>	<i>261</i>
<i>BIHAR</i>	<i>13</i>	<i>342</i>	<i>9</i>	<i>364</i>			<i>89</i>	<i>2</i>	<i>6</i>	<i>461</i>
<i>CHANDIGARH (UT)</i>	<i>8</i>	<i>89</i>	<i>2</i>	<i>99</i>			<i>21</i>	<i>1</i>	<i>5</i>	<i>126</i>
<i>CHATTISHGARH</i>	<i>3</i>	<i>203</i>	<i>1</i>	<i>207</i>			<i>15</i>		<i>6</i>	<i>228</i>
<i>DADRA-NAGAR-HAVELI (UT)</i>		<i>5</i>		<i>5</i>					<i>1</i>	<i>6</i>
<i>DELHI</i>	<i>56</i>	<i>967</i>	<i>16</i>	<i>1039</i>	<i>6</i>		<i>140</i>	<i>5</i>	<i>54</i>	<i>1244</i>
<i>DAMAN-DIU (UT)</i>										<i>0</i>
<i>GOA</i>		<i>93</i>	<i>2</i>	<i>95</i>			<i>14</i>		<i>1</i>	<i>110</i>
<i>GUJARAT</i>	<i>12</i>	<i>1055</i>	<i>9</i>	<i>1076</i>			<i>47</i>	<i>1</i>	<i>22</i>	<i>1146</i>
<i>HARYANA</i>	<i>8</i>	<i>446</i>	<i>3</i>	<i>457</i>			<i>53</i>	<i>2</i>	<i>11</i>	<i>523</i>
<i>HIMACHAL PRADESH</i>	<i>1</i>	<i>49</i>		<i>50</i>			<i>17</i>		<i>1</i>	<i>68</i>
<i>JAMMU &amp; KASHMIR</i>	<i>4</i>	<i>69</i>	<i>1</i>	<i>74</i>			<i>19</i>		<i>5</i>	<i>98</i>
<i>JHARKHAND</i>	<i>5</i>	<i>176</i>	<i>3</i>	<i>184</i>			<i>46</i>	<i>2</i>	<i>25</i>	<i>257</i>
<i>KARNATAKA</i>	<i>25</i>	<i>1372</i>	<i>24</i>	<i>1421</i>			<i>150</i>	<i>5</i>	<i>93</i>	<i>1669</i>
<i>KERALA</i>	<i>19</i>	<i>1362</i>	<i>38</i>	<i>1419</i>			<i>122</i>	<i>15</i>	<i>66</i>	<i>1622</i>
<i>MADHYA PRADESH</i>	<i>18</i>	<i>685</i>	<i>48</i>	<i>751</i>	<i>1</i>		<i>76</i>	<i>1</i>	<i>31</i>	<i>860</i>

<i>MAHARASHTRA</i>	37	2492	63	<b>2592</b>	1		257	10	89	<b>2949</b>
<i>MANIPUR</i>	2	28		<b>30</b>			1		1	<b>32</b>
<i>MEGHALAYA</i>		26		<b>26</b>			2		2	<b>30</b>
<i>MIZORAM</i>		6		<b>6</b>			7			<b>13</b>
<i>NAGALAND</i>		8		<b>8</b>			1		1	<b>10</b>
<i>ORISSA</i>	7	314	9	<b>330</b>			22	1	88	<b>441</b>
<i>PONDICHERY (UT)</i>	2	37	2	<b>41</b>			5		3	<b>49</b>
<i>PUNJAB</i>	10	372	6	<b>388</b>			65	1	6	<b>460</b>
<i>RAJASTHAN</i>	9	711	10	<b>730</b>			83	3	29	<b>845</b>
<i>SIKKIM</i>		5		<b>5</b>			4		1	<b>10</b>
<i>TAMIL NADU</i>	27	1639	44	<b>1710</b>			188	15	163	<b>2076</b>
<i>TRIPURA</i>	2	29	1	<b>32</b>			3			<b>35</b>
<i>UTTAR PRADESH</i>	29	1277	10	<b>1316</b>	1		319	3	53	<b>1692</b>
<i>UTTARAKHAND</i>	1	127	5	<b>133</b>			20		2	<b>155</b>
<i>WEST BENGAL</i>	18	974	33	<b>1025</b>	1	1	160	6	27	<b>1220</b>
<i>ARMY POST OFFICE</i>		2	1	<b>3</b>			3		1	<b>7</b>
<i>FOREIGN</i>		83		<b>83</b>	21	8	8			<b>120</b>
<b>TOTAL</b>	<b>338</b>	<b>16525</b>	<b>374</b>	<b>17237</b>	<b>31</b>	<b>9</b>	<b>2117</b>	<b>80</b>	<b>852</b>	<b>20326</b>

**Abbreviations used:**

F – Fellows

HF - Honorary Fellows

L – Life Members

Ord. - Ordinary Members

AF - Associate Foreign

AL - Associated Life Members

A - Associated Members

Stu. - Student Members

**APPENDIX- 3**

**Administrative Staff at IAP Central Office**

1. Academic Affair Administrator (Part time) - Dr. Bakul Parekh
2. Office Superintendent - Mr. Joseph Gonsalves
3. Project Manager - Dr. Meghana Raut
4. Account Assistant - Mr. Cyprian D'Souza
5. Account Assistant - Mr. S. K. MD. Hasan A. Ali
6. Upper Divisional Clerk - Mr. Ajay Surve
7. Lower Divisional Clerk (1) - Mr. Sanjay Madav
8. Lower Divisional Clerk (2) - Mr. Sandeep Waingankar
9. Stenographer - Mr. Kiran Mahadik
10. Office Assistant (1) - Mr. Eknath Shinde
11. Office Assistant (2) - Mr. Ravi Madav

ADMINISTRATIVE SET-UP OF CENTRAL OFFICE OF IAP

