

# ISOT TRANSPLANT INFECTIOUS DISEASE FELLOWSHIP PROGRAM

*ISOT Transplant Infectious Disease Fellowship aims to create a national cadre of clinicians with focused expertise in preventing, diagnosing, and managing infections in transplant recipients, thereby improving patient outcomes and strengthening transplant programs across India.*

## Program Timeline:

### Phase 1: Accreditation of Centers

**Opens:** 9th April 2026  
**Closes:** 20th April 2026

### Phase 2: Candidate Selection

**Opens:** 1st May 2026  
**Closes:** 20th May 2026

### Phase 3: Matching & Program Start

**Matching Period:** 21<sup>st</sup> May 2026 – 30th May 2026  
**Mentorship Duration:** 6 months

## 1. Fellowship Program

### Accreditation of Centers: Criteria and Requirements

#### Eligible Centers

- Only **Indian transplant centers registered with ISOT** and performing **solid organ transplantation (Kidney ± Liver ± Heart ± Lung)** are eligible.
- The fellowship is **single-center based**, with accreditation **reviewed every five years**.
- Centers must have an **active transplant program with long-term follow-up services**.

#### Application Process

- Centers must submit an **official application form** signed by:
  - Program Director (Transplant Infectious Disease Lead / Transplant Physician / Nephrologist / Hepatologist / Microbiologist / ID Physician)
  - Hospital CEO / Medical Superintendent / Director Medical Services
- The application confirms institutional accountability regarding:

- Case volume
- Infection surveillance systems
- Diagnostic microbiology infrastructure
- Availability of a multidisciplinary transplant team

## Training Infrastructure

Accredited centers must demonstrate:

- Active **solid organ transplant activity** (minimum indicative volume):
  - $\geq 40$  kidney transplants/year **OR**
  - $\geq 15$  liver transplants/year **OR**
  - Combined multi-organ transplant volume deemed adequate by ISOT
- A functional **Hospital Infection Control Committee (HICC)**
- Access to:
  - Microbiology laboratory (culture, susceptibility, fungal diagnostics)
  - Virology (CMV, EBV, BK virus PCR)
  - Radiology (CT, MRI, PET where applicable)
- Exposure to:
  - OPD, ICU, wards, transplant clinics
  - Infection control rounds and antimicrobial stewardship meetings

## Faculty Requirements

- At least **one Lead Faculty (Program Director)** with:
  - Minimum **5 years of experience** in transplant-related infectious disease care
  - ISOT membership (mandatory)
- At least **one additional teaching faculty** involved in:
  - Transplant medicine / critical care / microbiology / infectious disease
- Multidisciplinary faculty access:
  - Transplant physicians/surgeons
  - Microbiologists
  - Clinical pharmacologists
  - Infection control nurses

## Renewal Guidelines

- An **ISOT Fellowship Accreditation Committee** (President, Secretary, TID module lead, regional members) will:
  - Review case volume
  - Review fellow feedback
  - Assess academic output
- Formal review **every two years** for quality assurance.

## Fellow Intake

- **Maximum 2 fellows per center per cycle**

- In centers with limited exposure to specific infections (e.g., fungal, pediatric, DDLT):
  - **Short-term rotation to another accredited Indian center** may be mandated.

## Fellowship Duration & Funding

### 6-Month Fellowship

- Intensive exposure
- Suitable for trained ID physicians / nephrologists / intensivists
- No external posting mandatory (optional)

## 2. Candidate Selection

### Eligibility and Application Process

#### Candidate Requirements

Applicants must hold:

- A **recognized medical degree**
- Valid **medical registration in India** (NMC)
- One of the following:
  - MD/DNB in Medicine with 5 years of experience in transplantation
  - MD/DNB in Infectious Diseases
  - DM/ MCh/DNB Nephrology / Hepatology / Urology / Critical Care
  - Equivalent experience as senior resident or faculty involved in transplant care

#### Training Exposure

Fellows rotate through:

- Transplant OPD
- Transplant ICU
- Inpatient wards
- Infection control services
- Antimicrobial stewardship programs

#### Mandatory Rotations (6 Month Program)

Rotation	Minimum Duration
Transplant ICU	2 weeks
Clinical Microbiology	2 weeks
Transplant Hepatology / Nephrology	2 weeks
Antimicrobial Stewardship & HICC	1 weeks
Radiology & Image-guided procedures	1 weeks
External posting (Indian / International)	1 weeks

## Academic Requirements

- Participation in:
  - Journal clubs
  - Case discussions
  - MDT meetings
- Maintenance of **ISOT standardized e-logbook**
- Minimum:
  - One audit / research project
  - One conference presentation or manuscript submission (preferred)

## 3. Curriculum

The curriculum focuses on **infection prevention, diagnosis, and management across the transplant continuum.**

### Core Domains

- Transplant Immunology (infection risk perspective)
- Epidemiology of infections in solid organ transplantation
- Donor-derived infections
- Early (0–30 days), intermediate, and late post-transplant infections
- Bacterial, viral, fungal, parasitic infections
- CMV, BK virus, EBV, TB, NTM, invasive fungal infections
- Antimicrobial pharmacology in transplant recipients
- Infection control and outbreak management
- Vaccination strategies in transplant candidates and recipients
- Ethics and stewardship in antimicrobial use

### Training Resources

- **ISOT e-logbook**
- Online lecture series
- Recommended textbooks and guidelines

## 4. Exit Examination

### Exam Structure

Conducted at the end of training (interim appraisal at 3 months).

### Objective Theory Examination

- Online MCQ paper based on ISOT syllabus
- Question bank curated by **ISOT TID Panel**

### Clinical / Viva Examination

- One-day assessment at ISOT-designated center
- Case-based discussions
- Interpretation of microbiology, imaging, and clinical scenarios

### **Logbook Assessment**

- Mandatory submission of **attested e-logbook**
- Includes:
  - Cases managed
  - Stewardship activities
  - Academic participation

### **Examiner Selection**

- ISOT members with:
  - $\geq 5$  years transplant experience
  - Demonstrated expertise in transplant infections
- Examiner rotation:
  - Two-year cycle initially
  - Annual rotation subsequently

### **Re-Attempts**

- Maximum **three attempts** allowed to clear the exit examination

## **5. Monitoring and Feedback**

### **Fellow Assessment**

- Quarterly performance reviews
- Logbook validation
- Structured feedback with improvement plans

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Thanks, and regards,

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