

### **Training programs of clinical imaging in developing world**

Clinical imaging modalities like anatomical, functional and hybrid have been playing a pivotal role in the diagnosis and management of diseases. Success of developed countries in controlling and addressing various diseases and improved longevity is fueled by pertinent information gained from radiological and molecular imaging right from research to clinical arenas. Seminal reason for this success is that these countries have recognized human health as one of major priorities and allocated significant chunk of their gross national product (GNP) to address it. They have invested sincerely to build cutting edge technology based infrastructure and designed well organized, extensive teaching and training programs in clinical imaging. These programs are the major source of trained or skilled professionals both clinician and technologists to exploit expensive infrastructure in an efficient and productive manner. However, state of affairs in the developing countries is dismal as unfortunately health is not the major priority due to other co-existing issues. There is an undeniable scarcity of good imaging facilities in public and private sector healthcare facilities and lack of good teaching programs too. Few of public sector hospitals are equipped with state of the art imaging facilities which could cater only few hundreds to thousands of metropolises out of tens of millions. The existence of deprived mass has been an impetus to private sector to invest in health care facilities with cutting edge imaging facilities and with “unchecked” revenue generation in return from so-called health industry. It is important to mention that structured and well organized teaching programs were set-up in many public and few private hospitals. However, over last few years, some large private medical institutions had also opened their doors for teaching and education. The prime incentive behind this whim was availability of low paid medical staff to run their facilities and also an improved prestige among their competitors. However, the quality of their teaching and training programs has a big question mark due to negligence on part of supervising bodies in most of the developing countries.

In last few years we have observed a trend that teaching radiologists and consultants from public or university hospitals are emigrating to private practices where remunerations are much better with good infrastructure as well. Therefore, they tend to have a more relaxed medical practice but most of the time away from scholastic activities. Unfortunately, less experienced radiologists remain in the academic institutions and they are usually in charge of postgraduate radiology and molecular imaging education programs. Another alarming trend observed in the developing countries is brain drain phenomenon in which fresh graduates from training programs opt for other countries. Basic incentives for this brain drain wave are monetary benefits, better infrastructure in those countries and higher odds of getting permanent residence in developed countries like US, Canada, Australia and Europe.

We are cognizant of the fact that solution for this perplexed condition is not simple and requires serious and sincere efforts from all stake holders, primarily the government. The fundamental requirement is allocation and proper utilization of enough budgets for establishing good healthcare facilities in large metropolis with structured post-graduate training programs. Trainers must be offered good financial packages for their clinical and scholastic responsibilities. Academic council of every teaching institute must supervise the progress and sanctity of training programs in collaboration with professional colleges like college of physician and surgeons. To address brain drain phenomenon, trainees should be bound to serve country's healthcare system which has invested taxpayer's money for establishing the infrastructure and assuring the sustainable training programs which has produced them.

**Conflict of Interest:** None

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