

Understanding Leadership and its Vital Role in the Growth of Interventional Radiology

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To the Editor

Leadership and management are similar but distinct entities, often misunderstood as being equivalent. Healthcare management is a process of reaching organisational healthcare goals through direction of staff under one's influence [1]. Managers are often senior staff placed in a position of authority by their role as successful clinicians. However, leadership is a different entity. Leadership is a process to motivate, inspire, and influence staff to achieve a common vision [2]. Leaders often challenge the status quo or take a risk if there is wider potential holistic gain [3]. Leadership is an inherent quality rather than one which is bestowed by a title and can be seen in clinicians from any level. Importantly, leadership can also be learnt.

In the context of interventional radiology (IR), leadership is an important quality to identify. As a young specialty, IR is still evolving from within wider governance of diagnostic radiology (DR). The specialty still has a lot to accomplish including better recognition from the public and appropriate clinical respect from peers [4]. More importantly, IR still needs to cement and refine its position within wider governance processes including government, hospital networks, and clinical pathways [4].

Many managers in radiology teams are DRs, as radiology is a vast and established specialty which still dwarfs IR. This poses a challenge to IR more broadly as the role of a manager is to perpetuate hospital goals and existing quality measures such as key performance indicators. Does the specialty of IR wish to consign itself to a list of relative value units designed by DRs? If IR is to achieve goals and address a range of future challenges [4], then senior IRs simply transitioning to a position as a 'radiology manager' is of little use on its own. Being a leader in IR has far greater importance and should be synergistic with management aspirations. Leaders must present new ideas, alternative business cases, quality control, and be at the forefront of original research [5]. As an example, the inspiration and groundwork to form a separate hospital department for IR and DR requires a leader to present and challenge the status quo. Original research in the field, led by IR, is paramount. Research and audit should focus on governance, cost-effectiveness, and quality. After all, this is the language that executive healthcare managers speak, and while leaders can challenge the norms, they must also understand the wider healthcare system and the interaction of other stakeholders.

It is important to identify and inspire leadership within IR at all stages of development. Where do we find such leaders? You might be a leader. Your student, your trainee, or your colleague might be a leader, or have leadership potential. Leaders are not senior IRs alone. If IR is to achieve its goals, then all IRs need to encourage these potential leaders to prosper in whatever manner is relevant to their aspirations. Leadership is one part of the enormous value that many IR societies provide to their IR members, such as the Cardiovascular and Interventional Society of Europe.

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This letter seeks to encourage IR leaders from all stages of development to continue to cultivate their novel ideas in research, as well as healthcare governance, and quality. Roadblocks will be encountered, but leaders should rebound from setbacks. Leadership skills can be refined by attending courses or workshops and are an iterative lifelong journey. If we understand the importance of leadership in IR and its relevance to wider radiology management, then the ultimate goals of IR can be achieved.

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