Stakeholder Engagement as a Regulatory Tool: A three-year strategy for improving strength and depth of the GDC’s stakeholder engagement

August 2017

Introduction

1. This paper will propose a model of engagement with the GDC’s stakeholders. It will form the backbone of stakeholder engagement activity for the GDC that will encompass patients, professionals (including students) and partners. Its aim is to ensure that the GDC is engaging effectively with stakeholders across these categories and across the four nations, to support the GDC in achieving its corporate objectives. Regular engagement will be supplemented with specific engagement programme for key projects, for example Shifting the balance and the Enhanced Continuing Professional Development.

2. Before proposing a model for engagement, this paper will assess where the GDC is now, describe the vision for where the GDC would like it to be, and also how it will get there. This will provide the structure of the stakeholder engagement strategy. The scope for this strategy is face to face engagement and not mass engagement, which will be covered by the digital and media strategies, the delivery of which will run concurrently with the delivery of the stakeholder engagement strategy. A patient strategy is also being developed which will draw upon the analysis of where the GDC is now outlined in this paper. However, further analysis which is required to deduce where the GDC would like to be with patients, and how it would like to get there, will be provided by the patient strategy—a document that will be signposted throughout this paper.

3. To capitalise on effective stakeholder engagement, the vision requires a corporate wide approach, with centralised support, led by resource based within the Strategy Directorate. This has not been the previous approach the GDC has taken and will require a change to ways of working, which has already commenced through devising resources such as the stakeholder engagement calendar and regular attendance of stakeholder meetings such as Local Dental Committees. These engagements and processes have brought about some progress, and have enabled the GDC to build a log of engagement for example. However, following the implementation of the strategy, engagement will require renewed focus.

4. This paper is structured as follows:
   - Background
   - Purpose of the stakeholder engagement strategy
   - Mapping the GDC’s external stakeholders

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1 The development of the media strategy is currently on hold until the appointment of the media manager takes place
• Where is the GDC now?
• Where the GDC wants to be?
• What the GDC needs to change, in order to get where it wants to be?
• Evaluation

Background

5. The GDC has set an ambition to change the model of dental regulation, as set out in *Shifting the balance*, which also requires changes in the way the GDC works. In order to fulfil these plans, there is a requirement for a more strategic approach to engage with stakeholders. High quality, proactive stakeholder engagement is a necessary enabler to the GDC’s strategic corporate objectives and in order for the GDC to achieve what it has set out to do in *4Ps and Shifting the balance*, it needs a programme of strong, proactive and in-depth stakeholder engagement that ensures not only good quality relationships, but also active workstreams with stakeholders, that are delivering benefits for patients.

6. A significant enabler to reforming dental regulation is the GDC’s approach to communications and engagement. As such, in January 2016, the Council signed off the communications and engagement strategy, which consists of three broad objectives:
   - Improved understanding of the external environment
   - Ensuring the tone of GDC communications reflects the GDC’s Value of fairness, transparency, responsiveness and respect
   - Engage effectively with external and internal audiences: patients, professionals, partners, staff and associates

7. The stakeholder engagement strategy will contribute towards achieving objective C, which commits to effectively engaging with all GDC’s audiences – patients, the profession, (including students) and partners. This proactive engagement will be supplemented with specific engagement programmes for key projects, such as the *Shifting the balance* and the *fitness to practise end to end review*.

Purpose of the stakeholder strategy

8. The purpose of this strategy is to set out how the GDC will use stakeholder engagement. Throughout the strategy’s lifespan it will concentrate on specific objectives of the following purposes and aims which will be:
   - to facilitate improved accountability between the GDC and patients the public and the profession;
• to provide levers to influence those who are in power to understand the GDC aims and objectives and push them in their own agendas to facilitate change;
• to provide a model of upstream regulation which also depends on engaging successfully with stakeholders and delivered through Shifting the balance plans
• to use stakeholder engagement as an effective regulatory tool to help the profession understand and conduct themselves in a way which is expected, not through fear of sanction but because of professional integrity and choice

By adhering to each of the above, the GDC will be in a stronger position which will enable it to build better relationships based on trust and respect and collaboration.

Once the strategy is approved, the next step will be to plan and set out areas of work which will allow for a structure of evaluation to be established and put into place.

By improving the strength and depth of stakeholder engagement, the GDC can translate these relationships into workstreams that make meaningful improvements to benefit patients.

9. To do this, this strategy will cover:

• Developing a shared understanding of the current strength and depth of GDC’s existing stakeholder relationships
• Achieve agreement on the GDC’s model for proactive stakeholder engagement
• Agree prioritisation criteria for addressing current gaps in GDC’s stakeholder relationships
• Enable an implementation plan for stakeholder engagement to be developed and delivered, that fulfils the objectives set out in this strategy

10. This strategy has followed a programme of internal consultation which are included Policy and Research Board and Council Workshops. It has also been sanctioned by the Executive Management Team.

Mapping the GDC’s external stakeholders

11. The GDC has several external stakeholders which range across several disciplines. These are divided into three categories which range across England, Scotland, Wales and Northern Ireland.
12. **Partners:** The GDC will be far more effective if it engages in a meaningful way with stakeholders across the wider system of dental regulation, as these stakeholders hold important power levers that can affect regulation and the dental sector. This includes the government, peers, health professional regulators, systems regulators and the NHS in each nation of the UK among others.

- **Strategic:** This group of stakeholders include governments across the four nations, systems regulations such as Care Quality Commission (CQC), Health Improvement Scotland (HIS), Health Inspectorate Wales (HIW) and Regulation and Quality Improvement Authority (RQIA), defence unions, and the ombudsman

- **Education:** This group of stakeholders includes workforce planning – Health Education England (HEE), NHS Education Scotland (NES), NHS Wales and Northern Ireland Medical and Dental Training Authority (NIMDTA), Committee of Postgraduates Dental Deans and Directors (COPDEND), Royal Colleges, Directors Group and the Dental Schools Council.

13. **Professionals:** The GDC’s ability to meet its statutory function, achieve the objectives set out in the corporate strategy and improve its performance is maximised by collaborating with dental professionals.

- **Dentists:** As well as dentists themselves, this group of stakeholders includes professional associations that represent dentists, such as the BDA and Local Dental Committees.

- **Dental Care Professionals:** As well as dental care professionals themselves, this group of stakeholders includes professional groups, such as the British Association of Dental Nurses, Society British Dental Nurses, British Society Dental Hygiene and Therapy, British Orthodontic Society, Dental Technician Association and British Association of Clinical Technology

14. **Patients:** The public and patients are key stakeholders for the GDC. The statutory duty for the GDC is to protect and maintain the health and safety wellbeing of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of those professional. The definition of a patient, the consumer and the public is not delineated and an individual can sit in one, two or all three of the groups. The GDC definitions are as follows:

- A patient is someone seeking/receiving dental treatment (where treatment is something they need and may or may not pay for)
- A consumer is someone seeking/receiving dental services (where a service is something they want and they will pay for)
- A member of the public is someone who funds dentistry in their role as a taxpayer and represents ‘the public’ when the GDC is talking about things like ‘the public interest’


- **Direct access to patients and the public:** This group of stakeholders is made up of patient panel members which represent a cross section of society and are currently known to the GDC as a cohort of people who respond to the patient survey.
15. As part of the *Patients, Professionals, Partners, Performance (4Ps)* corporate strategy (2016-2019) each of the above categories have been identified as significant groups who all have a vested interest in our objective of ensuring patient safety and public protection within dental regulation.

**The proposal:**

16. In order to develop improvements to the GDC’s stakeholder engagement, a full analysis of the current position is required. To achieve this, three areas need to be considered:

- *Where the GDC is now?*
- *Where the GDC wants to be?*
- *What the GDC needs to change, in order to get where it wants to be?*
Where is the GDC now?

17. An assessment of the GDC’s stakeholder relationships across the four nations has been undertaken. This involved holding discussions with individuals in certain areas of the business, such as the members of the Strategy, Registration and Fitness to Practise directorates.

18. Further exploration took place within workshops with the Policy and Research Board and the Council on the state of stakeholder relationships.

19. The picture that emerged was mixed. Using heat maps, each stakeholder group received a rating. This analysis differentiates between strength and depth - strength being unknown/bad/good, and depth based on whether things have moved into an active workstream.

20. The ratings were graded as follows:

- **Green**: A good relationship with active workstreams
- **Amber**: A good relationship without active workstreams or mixed relationships
- **Red**: Poor relationships with no active workstreams
- **Grey**: The status of relationship unknown
- **Blue**: The organisation is not present in the country

21. After consultations were complete, the following heat map assessments emerged:
<table>
<thead>
<tr>
<th>Partners Strategic</th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>Northern Ireland</th>
<th>UK wide organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Department of Health and Ministers</td>
<td>Scottish Government Health and Social Care Directorate and ministers</td>
<td>Government Department of Health and Social Services and ministers</td>
<td>Government Department of Health and ministers</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Politicians MPs and peers</td>
<td>Politicians MSPs</td>
<td>Politicians MAs</td>
<td>Politicians MLAs</td>
<td></td>
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<tr>
<td>Chief Dental Officer</td>
<td>Chief Dental Officer</td>
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<td>System regulator</td>
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<td>CQC</td>
<td>HIS</td>
<td>HIW</td>
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<td>Health System</td>
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<td>NHS system</td>
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<tr>
<td>NHS England</td>
<td>NHS Scotland</td>
<td>NHS Wales</td>
<td>HSCB</td>
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<tr>
<td>Other health regulators</td>
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<td>Other health regulators</td>
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<tr>
<td>Dental system</td>
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<td>Corporates BDIA ADAM</td>
<td>Corporates BDIA ADAM</td>
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<tr>
<td>Ombudsman Parliamentary and Health Service Ombudsman</td>
<td>Ombudsman Scottish Public Services Ombudsman</td>
<td>Ombudsman Public Services Ombudsman for Wales</td>
<td>Ombudsman Northern Ireland Ombudsman</td>
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<tr>
<td>Professional Standards Authority</td>
<td>Professional Standards Authority</td>
<td>Professional Standards Authority</td>
<td>Professional Standards Authority</td>
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<tr>
<td>Dental devices regulator</td>
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<td>Defence bodies DPL DDU</td>
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<td>Defence bodies DPL DDU</td>
<td>Defence bodies DPL DDU</td>
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</table>
22. As a whole, the relationship between strategic partners in England and Scotland is relatively good. There are clearly valuable relationships which are working quite well and can be perceived as good. So, for example, the relationship with the majority of the Chief Dental Officers and the Professional Standards Authority is graded as green or yellow. Engagement is there and foundation to strengthen it is evident. Further, workstreams that are working successfully include the Regulation of Dental Service Programme Board (RDSPB) and NHS Concerns. However, our relationship with politicians is more tenuous, perhaps because of the relatively low prioritisation of dental and regulation issues compared to other parliamentary priorities.

23. The assessment in Wales and Northern Ireland includes more red and grey – meaning that the relationships are less strong and deep. In both countries, there is quite a level of uncertainty around the state of some of the relationships and these are represented in the grey categorisation. Further, the red indicators, reveal that the relationships in these areas are unhealthy, and need additional attention to bring them to a place of productivity in terms of relationship and workstreams.
### Partners – Education

<table>
<thead>
<tr>
<th>Partners (education)</th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>Northern Ireland</th>
<th>UK wide organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce planning</td>
<td>HEE</td>
<td>Workforce planning</td>
<td>Workforce planning NHS Wales</td>
<td>Workforce planning NIMDTA</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>COPDEND</td>
<td>NES</td>
<td>COPDEND</td>
<td>COPDEND</td>
<td>COPDEND</td>
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<tr>
<td></td>
<td>Deaneries</td>
<td>NES</td>
<td>Wales deanery</td>
<td>NIMDTA</td>
<td></td>
</tr>
<tr>
<td>Colleges and faculties</td>
<td>Colleges RCSEng, RCP&amp;Glas</td>
<td>Colleges RCSEng, RCP&amp;Glas</td>
<td>Colleges RCSEng, RCP&amp;Glas</td>
<td>Colleges RCSEng, RCP&amp;Glas</td>
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<td></td>
<td>Directors Group (Hyg&amp;The)</td>
<td>Directors Group (Hyg&amp;The)</td>
<td>Directors Group (Hyg&amp;The)</td>
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<tr>
<td>Dental Schools’ Council</td>
<td>Dental Schools’ Council</td>
<td>Dental Schools’ Council</td>
<td>Dental Schools’ Council</td>
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<td>Yes</td>
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</tbody>
</table>

24. The GDC’s relationship with educational partners is far more consistent in each identified country and they are reasonably strong. For example, the GDC has representation on the Directors Group and a regular spot at the COPDEND professional group’s table. However, although amber is highly present, this does show that there is a lack of workstreams and an opportunity to develop relationships into tangible workstreams.

25. There is a pressing to need to establish and understand the relationship with NIMDTA, as at present the existence or quality of the relationship in this area is unknown.
One of the most significant stakeholder groups for the GDC is the professions, which is made up of dentists and dental care professionals. Clearly there is a direct relationship between the registrant and the regulator, but this has been affected adversely in recent years. This has been particularly evident in the relationships with some of the professional associations. However, over the last year there has been a push to move these relationships into a better position and senior management across the business have made concerted efforts to strengthen the relationships with dentists and Dental Care Professionals by regularly attending and speaking at professional associations meetings and industry events, as well as arranging face-to-face meetings with key contacts within the associations on a regular basis.

Most notably there is an absence of green in these stakeholder relationships, primarily due to the lack of active workstreams, and in Wales and Northern Ireland, an overwhelming presence of grey for dentists and DCPs. There is an obvious lack of involvement in these areas and an immediate need to work out the state of the relationships in these countries.
### Patients

<table>
<thead>
<tr>
<th>Patients</th>
<th>England</th>
<th>Scotland</th>
<th>Wales</th>
<th>Northern Ireland</th>
<th>UK wide organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient groups</td>
<td>Patient groups</td>
<td>Patient groups Public and Patient Involvement and Experience in NHS Wales</td>
<td>Patient groups</td>
<td>Patient and Client Council</td>
<td>No</td>
</tr>
<tr>
<td>HealthWatch England</td>
<td>Patient advice and support service (PASS)</td>
<td>NCPAS Patient Opinion</td>
<td></td>
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<tr>
<td>Coalitions Oral Health Foundation National Voices</td>
<td>Coalitions Oral Health Foundation</td>
<td>Coalitions Oral Health Foundation</td>
<td>Coalitions Oral Health Foundation</td>
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<tr>
<td>Patient representatives</td>
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<tr>
<td>Patient Association</td>
<td>Scottish Health Council</td>
<td>Community Health Council</td>
<td>Patient Client Council</td>
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<tr>
<td>Consumer groups Witch Advice</td>
<td>Consumer groups Witch Advice</td>
<td>Consumer groups Witch Advice</td>
<td>Consumer groups Witch Advice</td>
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<td>Yes</td>
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<tr>
<td>Citizens Advice</td>
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</table>

28. Patient engagement across the four nations is weak and the GDC has had little or no involvement with patient groups. The most significant work which has taken place is the work with HealthWatch England which looked at NHS accessibility. All other organisations are to be explored further for relationship building opportunities and workstreams. Currently, the patient strategy is being developed to obtain better ways to obtaining patient’s views and engagement, so that the relationships that the GDC builds with them has strength and depth.

**In summary:**

29. **England:** In England, there are some established relationships and there are good relationships with stakeholders in the strategic partner section such as the Chief Dental Officer, system regulator and defence unions. However, some of the relationships aren’t strong enough, nor is the GDC exploiting them sufficiently by translating them into active workstreams.
30. Additional effort is required under partners – education where the landscape is completely covered in amber, which on one level is encouraging because there are no unhealthy relations. However, these relationships do need to be translated into workstreams to not only strengthen the relationships but also to actively promote workstreams.

31. The most pressing of areas falls in the patient section where there has only been one established workstream with HealthWatch. Although there are amber areas – this is mainly based on known people at these establishments. The unknown relations with Patient Association clearly has room for improvement.

32. **Scotland:** In Scotland there are well embedded relationships but they are yet to be moved on, so that these relationships form the basis of active work streams. The advantage for Scotland is that all relationships are either green or amber – so essentially in a relatively healthy state. However, there are two occurrences of grey –Which? and Citizens Advice which will need to be targeted.

33. **Wales:** In Wales, there are limited strategic relationships and there is a significant amount of grey area across each of the stakeholder groups (partners/profession and patients). These are of particular concern because there is a large proportion of unknowns in areas such as the professional associations and patients, suggesting that the GDC is missing particular opportunities with influential groups.

34. **Northern Ireland:** The GDC has its weakest and least developed relationships with Northern Ireland. There are a number of relationships which are categorised as red. These feature in the strategic partners under Government, systems regulators and Health systems – key areas in policy making.

35. As with the situation in Wales, there is more effort needed in relationships with the professional associations and patients as they are dominated by grey categorisation.

**Where does the GDC want to be?**

36. Having carried out the above analysis it is clearer where the gaps are in the GDC’s stakeholder engagement across each stakeholder group across the four nations.

37. To address the gaps in stakeholder engagement A four-pillar model of engagement has been agreed by the Council to facilitate planning and management of stakeholder engagement. Although the model is being used to carry forward the first of the GDC’s strategic plans for stakeholder engagement, it is a model which will continue to exist beyond this initial strategic document as a mainstay of stakeholder engagement.

38. The model organises the approach into four ‘pillars’ as demonstrated in the following diagram
39. The four pillars reflect:

- **Engaging presence**: NB, after feedback from the Council, the name of the first pillar was changed from ‘listening presence’ to ‘engaging presence’ to reflect the more active approach the GDC will take in this area. This approach will plan the face-to-face interaction and engagement with the professional groups, partners and patients. This includes the GDC’s presence at conferences, stakeholder meetings such as professional association’s annual conferences and networking opportunities with stakeholder groups.

  This area of work will primarily involve senior management (executive directors and the chief executive) as well as the Chair, and at times Council members, representing the GDC at events.
Success in this area would be for senior spokespersons to engage with dental professionals and some other stakeholders and patient groups en masse to ensure they are aware of key updates and developments and have an opportunity to feedback to the GDC. This would primarily be through their inclusion on agendas and panels at industry events, such as The Dentistry Show and Dental Showcase.

- **Strategic**: This approach will involve engaging with stakeholders who have power levers to influence and facilitate the change that the GDC wants to see. Regular prescheduled one-to-one meetings would be the main source of activity in this area of engagement.

  The Chair and Chief Executive of the GDC, and some senior members of staff will take this forward.

  **Success in this area would be to produce and deliver a proactive programme of regular meetings between the GDC and strategic partners**

- **Project**: This stakeholder engagement will involve corporate programmes and priorities having effective stakeholder engagement plans being delivered to support the realisation of corporate priorities. Engagement is likely to be delivered across different teams, but planning being supported by the centralised function.

  **Success in this area would be for programme and project related engagement to have planning centrally supported being delivered appropriately across the GDC, with centralised visibility, following the principles set out in the engagement strategy**

- **Operational**: The activities in this pillar will recognise the many functions of the GDC which require stakeholder relationships to fulfil their roles properly.

  This area of stakeholder management will involve improved centralised management and coordination so that the GDC can maximise the engagement opportunity by utilising intelligence and minimise risk of mixed or confused messages being given by different parts of the organisation to the same or different stakeholders.

  **Success in this area would be developing improved corporate stakeholder management tools such as stakeholder database and calendar that are uniformly used across the GDC and stock corporate slides for spokespersons to use when speaking at engagement events**

**What the GDC needs to change to get to where it wants to be?**

40. Visualising the current strength and depth of the GDC’s stakeholder relationships in heatmaps has helped the GDC to identify the stakeholder engagement areas for improvement. On this basis, the Council workshop, held in March, also identified priority areas for action to import the strength and depth of the GDC’s stakeholder engagement. These were:

- No grey in the heat maps
- Resources appropriately spread across four nations
- Resources appropriately spread across dentists, DCPs and students
- Improved patient, consumer and public engagement
- Prioritise strategic relationships in order to:
  i. Realising the vision and delivering the commitments set out in Shifting the balance
- Adequately engage with government’s reform agenda
- Improve centralised planning, coordination and visibility

41. The table below sets out the priority areas and suggests the overall approach for how they will be addressed. The tactics that are being proposed fall into one of the four pillars, explained above (engaging presence, strategic, operational or projects).

<table>
<thead>
<tr>
<th>Priority rating</th>
<th>Aim</th>
<th>Approach</th>
<th>Tactic against four pillars of stakeholder engagement</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| (Joint one)     | No grey on the heat map:                | To approach the stakeholders with the highest numbers of grey areas and put in a tactical plan to establish and strengthen them. At present, Wales and Northern Ireland are the priority nations | Engaging presence—Dedicated conferences held in Northern Ireland and Wales tend to be aimed at UK delegates rather than Irish or Welsh professionals. However Northern Ireland is quite a popular location for dental conferences to be held for example the British Society of Hygiene and Therapy had its annual conference in 2016 there and the Faculty of General Dental Practitioners conference is being held there December 2017. Strategic – Proposals will be developed for a more cross organisational approach to providing improved focus and oversight of delivery of engagement across each of the nations of the UK. Projects – ensure that the external stakeholder group that is established to support the implementation of Shifting the balance appropriately reflects representation | Phase one
<p>|                 | Gain a thorough understanding of the level of engagement in each of the areas | Convert grey areas into amber as the first step to establishing and strengthening the relationship between each stakeholder and the GDC. | | To commence in Q4 2017, once the stakeholder engagement strategy has been signed off. Activity will be ongoing through the delivery of this strategy. Activity will be reviewed annually to ensure appropriate progress has been made. As an initial target, by the end of year one, GDC aims to transfer 25% of the aim is to convert grey areas into amber. However, it will not be possible to set a target in the initial stage because further work planning is required to establish |</p>
<table>
<thead>
<tr>
<th>Priority rating</th>
<th>Aim</th>
<th>Approach</th>
<th>Tactic against four pillars of stakeholder engagement</th>
<th>Timescale</th>
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</thead>
<tbody>
<tr>
<td>(Joint one)</td>
<td>Resources appropriately spread to improve strength and depth of engagement in the four nations</td>
<td>Establish cross-organisational teams for each of the nations, with senior leadership, to support the development and oversee the delivery of engagement plans aimed at improving the strength and depth of stakeholder relationships. Hold one Council meeting a year in Scotland, Wales and Northern Ireland on a rolling programme. Around the Council meeting, plan and deliver both strategic and engaging presence engagement opportunities.</td>
<td>Operational – Provide corporate tools that support stakeholder engagement to ensure they meet the needs of improving strengths and depth of stakeholder engagement across the four nations. Engaging presence – Use the opportunity of an annual Council meeting which will rotate through each of the devolved nations to plan and deliver a day of engagement with dental professionals and professional associations that are based in the nations. The theme of the engagement will depend on organisational priorities. Capturing the outputs and outcomes from current engagement activity will need to be established and the executive will assess how best to approach this. Strategic – As above, use the annual Council meeting in each of the devolved nations to plan and deliver engagement opportunities with strategic partners based in the devolved nations. We have committed to the thinking around holding the first pilot meeting in Scotland. This is a decision which will need to be made by the Council. Projects - Ensure stakeholder engagement to support corporate programmes and projects appropriately address engagement with stakeholder groups in the devolved nations.</td>
<td>what would be a reasonable target to set. (It would be unrealistic to try and achieve all green and there is an acceptance that achieving a mix of amber and green is good.</td>
</tr>
</tbody>
</table>

Phase one
To commence in Q4 2017, once the stakeholder engagement strategy has been signed off Activity will be ongoing through the delivery of this strategy Activity will be reviewed annually to ensure appropriate progress has been made. By the end of year one, GDC aims to host the first Council meeting in a devolved nation and associated stakeholder engagement and establish cross-organisational national stakeholder engagement project teams and each team to be activity managing an activity plan.
<table>
<thead>
<tr>
<th>Priority rating</th>
<th>Aim</th>
<th>Approach</th>
<th>Tactic against four pillars of stakeholder engagement</th>
<th>Timescale</th>
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<tbody>
<tr>
<td><strong>(Joint two)</strong></td>
<td><strong>Resources appropriately spread in improve strength and depth of engagement among dentists, DCPs and students</strong>&lt;br&gt;Seek out opportunities to develop a more collaborative approach to working with all the professional groups and students</td>
<td>To plan and deliver appropriate, tailored engagement campaigns for each of these professional groups and students to ensure they are appropriately engaged in the GDC’s work and that the GDC understands their particular needs&lt;br&gt;Due to the particular needs of students as an audience, a separate student strategy has been produced. This will be reviewed in light of the stakeholder engagement strategy</td>
<td><strong>Strategic</strong> – Develop and deliver a proactive rolling programme of engagement with strategic partners that represent dental professionals, which includes continuing to build on the success of the Dental Professional Forum&lt;br&gt;<strong>Engaging presence</strong> – Establish a ‘jobbing professionals’ forum’, which brings together grassroots dental professionals to directly engage with the GDC, ensuring they are appropriately engaged in the GDC’s work and that the GDC understands their particular needs&lt;br&gt;<strong>Engaging presence</strong> – Develop and deliver and programme of direct engagement with students, ensuring at least every student studying dentistry and a critical mass of DCP students has the opportunity to meet a representative from the GDC, initially focusing on final year students who are closer to registering as a dental professional&lt;br&gt;<strong>Engaging presence</strong> – Establish a ‘dental students’ forum,’ which brings together dental students to directly engage with the GDC, ensuring they are appropriately engaged in the GDC’s work and that the GDC understands their particular needs</td>
<td><strong>Phase two</strong>&lt;br&gt;To commence in Q2 2018, once the extra resource has been recruited.&lt;br&gt;Activity will be ongoing through the delivery of this strategy&lt;br&gt;Activity will be reviewed annually to ensure appropriate progress has been made. By the end of year one, the GDC aims to establish a rolling programme of engagement with strategic partners that represent dental partners and develop and deliver programme of direct engagement with students, building on the work that has already been done under the student engagement strategy.</td>
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<td><strong>(Joint two)</strong></td>
<td><strong>Improved patient, consumer and public engagement</strong>&lt;br&gt;To improve the strength and depth of engagement with</td>
<td>Due to the particular needs of patients as an audience the GDC is developing a separate but integrated patient engagement strategy (to include consumer and</td>
<td><strong>Tactics</strong> for improving the strength and depth of engagement with patients, consumers and the public and the groups that represent them will be developed under the patient engagement strategy&lt;br&gt;<strong>Projects</strong> – stakeholder engagement to support corporate programmes and projects will appropriately</td>
<td><strong>Phase two</strong>&lt;br&gt;Timescales will be established in the patient engagement strategy, but is likely to commence once the strategy is approved and planned for 2018.</td>
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<td><strong>Prioritise strategic relationships needed to:</strong>&lt;br&gt;- Realising the vision and delivering the commitments set out in Shifting the balance&lt;br&gt;- Adequately engage with government’s reform agenda&lt;br&gt;- Improve centralised planning, coordination and visibility</td>
<td>Effective stakeholder engagement is required to successfully implement Shifting the balance. Ensure that the StB programme has appropriate external stakeholder engage to realise the vision set out in StB.</td>
<td>Strategic – To successfully influence the government’s regulatory reform plans, the GDC is currently engaging with the Department of Health regarding how best to influence regulatory reform, in the context of the UK’s withdrawal from the EU. This approach is based around thematic section 60s. PRB and the Council will be engaged in this work separately&lt;br&gt;Projects – To support the successful delivery of the commitments set out in Shifting the balance, the GDC will establish a ‘working group’ of interested stakeholders to support the delivery of change that is required across the sector. PRB and the Council will be updated on this shortly&lt;br&gt;Operational - Work that has already been done to support centralised planning, coordination and visibility of stakeholder engagement will be further developed. This involves developing the stakeholder database and stakeholder calendars so they are richer and better corporate resources. This also involves improving how</td>
<td>This work is already being delivered, and delivery has been taking place while the stakeholder engagement strategy has been developed in 2017. However, this work will continue to be embedded in 2018 and will be reviewed at the end of the first year of delivery of the strategy</td>
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- feedback from stakeholder engagements are shared and stored and used as meaningful corporate intelligence

**Evaluation**

42. This is a three-year strategy and progress will be reviewed at the end of each year.

43. Milestones for progress that is to be reached at the end of year one have been set out above and is summarised below:

- By the end of year one, GDC aims to transfer grey areas into amber. Specific measures of success are still to be decided based on future work planning and target setting. This will be measured by a similar exercise the was conducted at the beginning of 2017, where there was a cross organisational approach to measuring the strength and depth of the GDC’s stakeholder relationships, as reflected in heat maps.

- GDC to host the first Council meeting in a devolved nation, and associated stakeholder engagement.
- Establish cross-organisational national stakeholder engagement project teams
- Establish a rolling programme of engagement with strategic partners that represent dental partners and develop and deliver programme of direct engagement with students, building on the work that has already been done under the student engagement strategy.