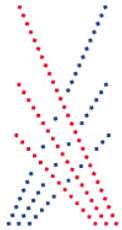

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SPECIALIST COMMISIONING IN THE NHS - FUTURE PROVISION OF ORAL SURGERY

Summary

This paper explores the future provision of a specialist commissioned NHS service. In this case oral surgery is considered, will this service be provided by community, private or acute hospital providers? The advancement of oral surgery has been on a backdrop of NHS cost improvement savings along with a demand calling for high quality care – Delivering Public Value. Given these environmental changes, this preliminary investigation canvasses opinion on where the future oral surgery service may be located. Findings from this case may be translated to other services and applicable at a national level. The paper provides views that may improve the value chain of stakeholders. For this, a qualitative methodology is chosen. The research employs a number of semi-structured interviews to canvass opinion and obtain primary data from key opinion leaders (KOL). The content of the interviews are analyzed and the individual themes are identified followed by a narrative discussion.

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FUTURE PROVISION OF ORAL SURGERY

INTRODUCTION

Recently the advancement of oral surgery has been on a backdrop of cost improvement savings across the NHS. There is a demand calling for high quality care at lower cost. Given these contextual changes, this paper investigates where the future oral surgery service may be located from a strategic perspective. Findings from such a NHS England specialist case may be translated to other service lines and be applicable at a national level. A qualitative methodology is chosen that employs a number of semi-structured interviews to canvass opinion and obtain primary data from key opinion leaders. The content of the interviews are analyzed and the individual themes are identified followed by a narrative discussion.

The surgical profession originated form barbers. In the 19th century the specialty of surgery had become established following the divergence between the Surgeons and Barbers. The Barber Surgeons were destined for the history books, Rutkow (2008). The evolution of this eventually led to dental surgeons followed by the medically and dentally qualified Oral and Maxillo Facial Surgeons. In the last decade there has been another divergence. The relatively new specialty of Oral Surgery (OS) established in 2007 by the General Dental Council was established with Oral and Maxillo-Facial Surgery (OMFS) still growing.

The dental specialty OS and the medical specialty of OMFS are both in a transforming landscape and both offer diverging provision of oral surgery. Recently, Oral Surgery's advancement has been on a background of cost improvement savings across the NHS. This is making the specialty of Oral Surgery an alternative provider to this long established OMFS specialty, MEE (2011). We defined this as *Specialty Divergence*. It appears that OS is being split off the OMFS specialty. This has resulted in the clouding of boundaries between the two specialties with regards to the delivery of OS. It is this Divergence and the necessary stakeholders that interplay between the two specialties that will determine the future provision of OS.

OS offers what appears to be the greater **public value** to the Commissioners of the service but in which arena, Primary or Secondary Care. Wherever it is sited the service should be cost-effective and efficiently implemented, OFT (2009).

This is a preliminary investigation given the time constraints. The developed thematic references on how the service may develop are expected to provide further recommendations on the care pathways and future research. Currently there is little consensus in the public domain. Findings from this case may be translated to other units and may be applicable at a national level. The applicability will be further explored in the discussion. The initial observations, in the groups of clinicians providing OS care, is that there appears to be a divergence

IMPORTANCE OF TOPIC/RESEARCH

The paper provides views that may increase public value in the delivery chain of all the stakeholders involved.

1. Outline of sector being researched

Introducing the rationale for this paper: With the emergence of the newly reconfigured specialty of OS, GDC (2005) a new stakeholder rises. The long established specialty of OMFS was the primary provider of OS up until this point in many units across the country. With the NHS changing rapidly, commissioning is shifting to primary care and with OMFS being primarily a hospital-based specialty in secondary care. The issue of who will provide this service is surfacing and other previously unrecognised stakeholders are coming forwards. Such as enhanced practitioners and dental corporate bodies also jostling for a piece of this sector.

The 'new specialty' of OS has established itself in one of London's top teaching hospitals, in addition to this individual specialists are also delivering a service in the High Street practices in a cost effective manner. With the more complex, head, neck, and routine exodontia surgery being carried out by OMFS. The OS specialists mainly carry out exodontia only, with the most commonly performed procedure being the removal of wisdom teeth. The stages that have led to the divergence of OS delivery are given in the time-line: Firstly, between the 1960s and 1990s the traditional specialty of OMFS was steadily growing in Consultant numbers. Secondly, the General Dental Council (GDC) created the high street specialty of Surgical Dentistry in 1998 and reconfigured to OS in approximately 2007. Traditional players like OMFS were facing a potential decreasing referral rate for the OS part. The OS specialty started to grow very slowly OMFS continued to grow proportionately during this time-period and did not affect the new specialty of OS. Finally, from 2007 onwards, OS was transforming into an established specialty.

However, interestingly, during this transformation, increased patient focus and value-chain management, there appears to be an increasing momentum of the drivers of divergence Porter (1979). OMFS would be expected to see a reduced growth unless they formed strong strategic alliances with commissioners. After all OMFS is a strong global brand. The transformation will see some players emerging as lead providers possibly in both primary and secondary care sectors. All on the backdrop of the changing NHS landscape, Coombes (2011). This will clearly make the players, new and traditional, nervous. The new era could see new entrants to the market such as the 'enhanced practitioners' or Dentists with special interests (DWSI). They could completely change the current 'status-quo' of the two main providers and pose a greater threat to the Specialty of OS than to OMFS. A New entrant with virtually no barriers to entry would increase competition to the existing business models.

With divergent providers paving the way for alternative routes of service, introduction of competition and market forces will be inevitable. A review of forward-looking strategies for such Providers in OS is therefore required. This should enable them to assess needs requirements to face the challenges ahead and to be conversant on the financial implications of cost-effective service delivery. Hence, this paper identifies the:

1. Driver for divergence strategy is the GDC
2. Drivers for strategic stakeholder alliances are the commissioners
3. Drivers for competition are all the stakeholders

A highly competitive environment for funding from the commissioner will need savvy business answers for the prospective providers.

2. The context for research and the issue

The gaps in knowledge that the report addresses are:

1. Manpower surveys of oral surgery stakeholders
2. Consequences of specialty divergence

This paper samples opinion of interfacing stakeholders that deliver health care within the backdrop of NHS reforms (DoH 2011). The research project will therefore be of interest to the commissioners, practitioners of OS as well as the wider business and academic community

The justification of the study arises from the issue of whom the commissioners see as the main provider for OS, as outlined by, Illingworth (2013). This is one of the single most important issues for the future direction of the specialty and which of the stakeholders will emerge to lead this. Furthermore the commissioner's aim is to obtain the highest quality of service at the least possible cost.

Following on from chapter one, chapter two, looks at the available literature. The key literature chosen helps to gain some insight as to where the specialty of OS is going. In chapter three, the methodology used to gain an insight into this is given. Chapter four presents the data and analysis. In Chapter five the conclusions are drawn from the research. The anticipated conclusion following the research is that OS may be heading towards an environment of multiple providers spanning both primary and secondary care sectors or possibly the end of the dental specialist list altogether and a shift back to the generalist practitioner.

KEY LITERATURE

To answer the research question of who will lead OS provision, an initial literature review and critical appraisal of relevant practitioner papers, academic and management theory is carried out. The academic and theoretical underpinnings will guide the research, data analysis and explanation of findings that follows. However, given the time constraints this research concentrates on the body of literature since the inception of the specialist lists.

The literature is analysed to determine who the stakeholders are. Furthermore, stakeholder theory is also applied to the findings from the semi-structured interviews. The literature review for this paper provides different views, pros and cons and underlying strategic theory that may underpin stakeholder thinking. The literature review is discussed below:

1. Oral Surgery Stakeholders

There is not much previous literature identifying stakeholders in OS. Relevant literatures highlighting the various stakeholder organizations are available form Medical Education England, Royal College of Surgeons, British Dental Journal and the General Dental Council during the last 5-10 years. The main findings and conclusions from these reports identify that there is no clear lead provider in OS at the present time. With the main providers being un-aligned.

In the UK OMFS is no longer listed in the GDC register it has been designated a medical specialty. However, it is mandatory, that a Doctor is also a registered dentist in order for inclusion in the Specialist List for OMFS held by the General Medical Council (GMC), article 8 (3)(b) of the European Specialist Medical Qualification Order 1995.

In contrast to New Zealand, the Dental Council retained the two separate scopes of practice -

OMFS and OS, Working party report (2012). Even so, it is not possible to robustly separate the delivery of OS and certain OMFS procedures without clearly defined care pathways. Many OMFS consultants perform procedures that fall within the scope of OS with 80% of referrals being for OS in some district general hospitals (DGH). The NHS Commissioning Board will initially commission OMFS. Later, as a medical specialty, it will then be transferred to Clinical Commissioning Groups to commission all medical services (Illingworth 2013).

It is anticipated that with this shift of OMFS into the medical specialty and the development of NHS dental commissioning, specialist in primary care based OS services will be free to grow and meet the demand from patients, Kendall (2009). This will further consolidate the growing alliance between the following stakeholders: managers, dental commissioners, general dental practitioners and oral surgeons. However, this research shows evidence of the differing views held by the stakeholders and is confirmed in the literature showing the pros and cons and the semi-structured interviews.

2. The rise of generalists

Oral surgery diverged from a previously distinct specialty of OMFS. Most of the current leaderships had received some training through this specialty. However, DWSI's come from the general dental practitioners (GDP) who may or not have had exposure to OMFS or more recently OS, MEE (2011). The main driver for this change was the regulatory body the GDC. Specialty divergence in this paper refers to the separation of one part of a larger specialty into an autonomous specialty that has defined competencies. There are no citations, to my knowledge, that has used this terminology before. I use it here, as it is the most appropriate short phrase describing the situation.

The process of specialty divergence involves the transition of human resources from one specialty to another. The parent specialty in this case is OMFS. Here experienced Oral surgeons were previously 'locked' into non-career grade posts without prospects of being recognised as specialists. The divergence into two separate specialties lead to initial blurring of the boundaries but redefining of specialty roles and scope of practice has since taken place in the new commissioning landscape, Kendall (2009). The focus is now superseded by developments within the group of general dental practitioners developing 'special interests' in Oral Surgery, which is introducing a new entrant into the field, MEE (2011). This fits with the observation of a reverse shift form single organ specialists, where a medical practitioner does only treats specific conditions to the generalist that treats many. This is what is clearly seen in the Medical field where Generalist doctors are returning to the fore. The whole question of the possible end of specialists lists is touched on in the discussion.

3. Strategy in oral surgery

It appears at first sight that the strategy for the specialty of Oral Surgery is not obvious. It may be one of evolution and transition from one political administration to the next. With cost saving pressures being the major driver of change. If strategy is supposed to create value, then in the climate of austerity, stakeholders need to work together and co-produce value, Norman (1993). However, Porter (2008) suggests that to **compete** in the same industry, the specialties must perform a wide array of discrete activities to gain and sustain competitive advantage. This would imply further divergence, which may create an innovative market and opportunities in field of OS delivery.

Given the main driver for change in the Future Provision of Oral Surgery was an external

force, the GDC's. Grant (2008) mentions that the major changes in external environment should be proportional to the specialties internal resources and capabilities. Therefore a strategy for effective use of these resources, to establish a solid foundation for long-term strategy and success is essential. Prahalad (2004), believe that this success lies in the co-creation of value; in this case it starts with the patient. Today's patient is better informed and more active in making personal choices. With regards to the strategy of the unexplored potential of the rising OS provider DWSI's, there needs to be cooperation between OS, for training, and Generalist for provision resources and capabilities.

4. Stakeholder Alliances

Stakeholder alliance is when two or more specialty stakeholders work towards a joint goal. Neville & Menguc (2006) consider the synergies from these alliances where the sum-total value is greater then the individual contributions. This could be so if the providers of OS were co-operative. This is not apparent at the present time. However stakeholder alliances between a single provider and commissioner may isolate other providers in the same sector. This could then lead to the exit of that competitor from the market place if it were no longer being funded. Conversely, if providers formed *Stakeholder Alliances,* that would benefit all. Lindstädt (2010) suggests that Game Theory framework could help analyse stakeholder's interactions in OS provision to develop competitive strategies. But it's only helpful to make informed decisions based on a range of actions and not a single answer that solves all of the issues. Groups of specialists could then also combine resources and capabilities to develop both economies *of* scale and scope, Grant (2008). The benefits of stakeholder alliances in this case would be sharing of costs, risks, and resources.

FUTURE METHODOLOGY AND EXPECTED CONTRIBUTION

The objective of this paper is to understand who will be the provider of oral surgery services and in which sector: in the community or acute hospital settings.

For an insight into this, the approach adopted to guide the investigation will use the *qualitative methodology*. This inductive form of research is best suited to the subjective case study model, Bryman (2007). The case in this research paper is a single OS unit, albeit one of the largest in the UK. Selected subjects were interviewed and provide their own practical industry knowledge and experience as stakeholders in the provision of OS. The method also allows the recording of perceived values and there fore is the best approach to investigate this subject that is not clearly defined in current literature.

In contrast the *quantitative methodology* is usually mathematically or statistical derived tests of theory. It is a deductive form of objective research and is not used in this paper. However, if numerical data is generated a combination of both methodologies may be appropriate.

1. Research design

The aim in this research was to obtain an overview of the specialty issues and themes. Given this, a range of individuals were chosen that were sufficiently separate, by the roles they have, in order to provide a sample of the wider stakeholder body. The analysis focuses on a specific specialty problem, the provision of oral surgery service, and concentrates on the people who have first hand industry knowledge of the specialty.

The research employs a number of semi-structured interviews to canvass opinion and obtain primary data from key opinion leaders (KOL) (Locock 2001). It is suitable for exploratory research where the respondent's answers could give an idea of where the service is heading Saunders & Lewis (2012). The KOL, at high/strategic levels, are chosen because they are the instruments or face of change.

The KOL interviewees, in this paper are a lead/head of strategy OS, a divisional Manager, a General Medical Practitioner, a OMFS surgeon Table 1. The interviewees were sent an information sheet of the study, consent form and questions prior to the interview. The interviews were on average 25 minutes long and comprise 12 questions. For the convenience of transcription the interviews were recorded.

2. Justification for research

This research method facilitates canvassing opinion from a range of stakeholders and enables identification and interpretation of the views and thinking from the data generated from semi-structure interviews and literature review, related to the case of an OS provider. The methodology allows a focused investigation of the Specialty of OS where no consensus is evident. In fact differing views from stakeholders may be evident, Yin, (1994). The approach also lends itself well to the concepts of qualitative analysis as there is much primary data already available to answer the how and why, Myers, 2009. The approach provides a clear research tool with broad applicability (High) it can also fulfill the criteria of reliability (low), validity (High). A quantitative methodology was excluded as a principal method, as it would probably be a repetition of what has already been reported, in addition to not answering the how and why questions. However it would serve as a follow-up method if numerical data were generated through the principal methodology Morgan(1998)

RESULTS

Data is collected from numerous sources that are widely dispersed but readily available if looked for. In this case a literature review of reports and journals was carried out and supplemented by semi-structured interviews.

Following the semi-structured interviews a thematic analysis of the collected data was carried out. Fig.1. Thematic analysis is the identification of patterns emerging from the stakeholders and a widely used qualitative analytic method, that is useful in research beyond psychology Braun (2006). The analysis is of live issues within the sector of oral surgery delivery that is undergoing a transformative process. The aim is to offer a pragmatic insight of how the key stakeholders can benefit in the process of divergence and identify future provision of OS.

	Name (KOL	Interviewee Position
1	Anon (AN)	Lead of OS, London Teaching Hospital
2	Mr (IJ)	Divisional General Manager London Teaching Hospital
3	Dr (SM)	General Practitioner & OMFS trained (Referrer)
4	Dr (RH)	Director of OMFS London Teaching Hospital
5	Dr (RB)	Clinical Director, London Teaching Hospital

Table 1. Stakeholders interviewed and source for data presentation

The interviews aimed to canvas the views from a representative sample of subjects with consent. Five senior professionals, who were currently leading and managing the delivery of

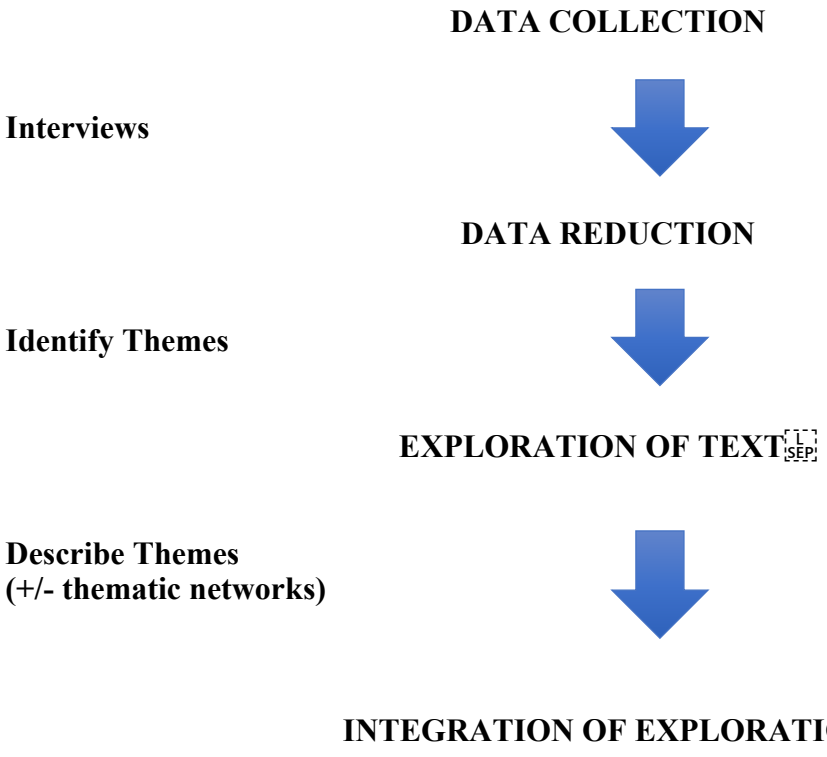
the specialty, were selected Table 1. They were all sent copies of the consent form, explanatory letter and the list of questions, prior to the interview. The data collected from these KOL was by way of 12 interview research questions. The interviews were digitally recorded and professionally transcribed,

The interview questions were around key themes of stakeholders, market share, diverging providers, changes in referral patterns, and looking to the future of OS.

1. Data analysis

The findings of the face to face interviews and transcripts are reviewed. The content of the interviews are anaylised and the individual themes identified followed by a narrative for further evaluation. Attride-Stirling (2001) presents a step-by-step guide and suggests that thematic analyses, Fig.1, can be aided by thematic networks, that is, web-like diagrams. These may be a useful adjunct to the traditional process and summarise the key themes of the interview transcriptions across subjects and not individuals. In this paper emerging themes have been categorized under: Stakeholder alliance, market share, and diverging providers.

Fig.1 Process of thematic analyses after Attride-Stirling (2001)



CONCLUSIONS

In determining the answer to the central question of this paper about the future provision of oral surgery. This research has made an attempt to explore the themes that have emerged from the initial very sparse literature review and the semi-structured interviews. One of the

key factors in choosing the qualitative research method of interview was the fact that there was little written on the question being researched. As a preliminary study it was considered the method of choice to canvass opinion from KOL's. Once the representative sample of KOL stakeholders were identified and interviewed clear themes emerged. Two were chosen for deeper review and to answer the question. These were: Diverging providers and Stakeholder alliances.
With regards to stakeholder alliance: The KOL stakeholder may need to constantly re-evaluate Stakeholder alliances, to maintain value. Others see that value may emerge from networks in multi-levels of OS care provision across all of the stakeholder domains. This means the some stakeholders (DWSI's) will need to acquire additional competencies to add value to their tasks.

With regards to specialty divergence: This will promote innovation, as there could be more cooperation between providers in primary and secondary care due to training requirements and on-going governance and quality assurance. Which fulfils Rob Bentley's vision to have a managed network of all stakeholders as part of one team across both sectors. Therefore, it is concluded that the Stakeholder divergence is a good thing.

With regards to the question:The future provision of oral surgery is clearly diverging towards the primary care sector. Here the patient will be treated, nearer to there own homes, in centres aligned with local GDP/poly clinics; Furthermore in the times ahead, OS will still be available in the secondary care sector for General anaesthetic, trauma and medically complex management with OMFS involved in admissions of these complex patients.

EXPECTED CONTRIBUTION TO THEORISTS AND PRACTITIONERS.

1. Implications of the research for managers

The implication of this research for managers is to equip them with a greater understanding in the provision of oral surgery services. Furthermore, it will provide an insight into who may gain a competitive advantage and where to allocate resources.
The issue of transitioning will also require organisational change management and re-design. Training will have to be implemented to implement and develop this innovation to provide a higher quality of service for the right patient at the right place at the right time at lower cost.

2. Implications for scholars

The qualitative methodology is a useful tool in the obtaining opinion and thematic references from unpicking the responses to interview questions.

3. Limitations of the research

Even thought research was not level 1 type of evidence it was valid and applicable to the context of the question. The sample number was small an located with in one organisation.

4. Questions and/or issues for further research

Based the above on critical observation, this research recommendations further research be considered to avoid interviewer bias. A suggestion to investigate from a quantitative point of view with A larger sample and possible a multi centre study would be recommended.
A manpower survey should also be commissioned to correctly identify future training needs.

REFERENCES

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative research*, *1*(3), 385-405.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Bryman, A., & Bell, E. (2007). *Business research methods*. Oxford university press.

Coombes, R. (2011). Health and Social Care Bill. *BMJ*, *342*.

Department for Health (DoH) (2011), Health and Social Care Bill

European Specialist Medical Qualification Order (ESMQO) (1995) Article 8 (3)(b)

Figge, F., Hahn, T., Schaltegger, S., & Wagner, M. (2002). The sustainability balanced scorecard–linking sustainability management to business strategy. *Business strategy and the Environment*, *11*(5), 269-284.

Hamel, G. (1991). Competition for competence and interpartner learning within international strategic alliances. *Strategic management journal*, *12*(S1), 83-103.

Illingworth, Sam. (2013) Securing excellence in commissioning NHS dental services, NHS Commissioning Board, First published: February.

Lindstädt, H., & Müller, J. (2010). Making game theory work for managers. *McKinsey Quarterly, published by McKinsey & Company*.

MEE (2011), Review of Oral Surgery Services and Training, Dental Programme Board, Medical Education England.

Neville, B. A., & Menguc, B. (2006). Stakeholder multiplicity: Toward an understanding of the interactions between stakeholders. *Journal of Business Ethics*, *66*(4), 377-391.

Normann, R., & Ramirez, R. (1993). From value chain to value constellation: designing interactive strategy. *Harvard business review*, *71*(4), 65-77.

Office of Fair Trading (2009), Government in Markets: Why competition matters – a guide for policy makers

Porter, M. E. (2008). The five competitive forces that shape strategy. *If you read nothing else on strategy, read thesebest-selling articles.*, 25.

Prahalad, C. K., & Hamel, G. (1990). The core competence of the corporation. *Boston (MA)*.

Prahalad, C. K., & Ramaswamy, V. (2004). The future of competition. *Harvard Business School Press, Boston, MA*.

Porter, Michael (1979), How Competitive Forces Shape Strategy

U.S. Dental surgical intervention srvcs (2013)- Oral & maxillofacial surgery sold through

Offices of dentists-Product & Services Report. Barnes Reports, March 15, 96 Pages

Rutkow, I. M. (2008). Origins of Modern Surgery. In *Surgery* (pp. 3-19).
Springer New York.

Working party report (2012), Follow-up Consultation Document, Specialty of Oral Surgery in New Zealand Dental Council Released 7 September

Buck D and Dixon A (2013). Improving the allocation of health resources in England. London: King's Fund

References on Oral Surgery stakeholders

Department for Health (DoH) (2011), Health and Social Care Bill

Illingworth, Sam. (2013) Securing excellence in commissioning NHS dental services, NHS Commissioning Board, First published: February.

Kendall, Nick. (2009): "Improving access to oral surgery services in primary care." Primary Dental Care 16.4 137-142.

MEE (2011), Review of Oral Surgery Services and Training, Dental Programme Board, Medical Education England.

Working party report (2012), Follow-up Consultation Document, Specialty of Oral Surgery in New Zealand Dental Council Released 7 September

Related References

Assessing the impact of public sector procurement on competition, Volume 1: main report September 2004. Prepared for the Office of Fair Trading

Commissioning and competition in the public sector, March 2011, OFT1314

Choice and Competition in Public Services, A guide for policy makers, A report prepared for the OFT by Frontier Economics, March 2010

Illingworth, Sam. Securing excellence in commissioning NHS dental services, NHS Commissioning Board, First published: February 2013 Prepared by: NHS England 2011

Office of Fair Trading (2009), Government in Markets: Why competition matters – a guide for policy makers

Office of Government Commerce (OGC) (2005), Smaller Supplier-Better Value?

Office of Government Commerce (OGC) (2008), Small and Medium Sized Enterprises

Porter, Michael (1979), How Competitive Forces Shape Strategy
U.S. Dental surgical intervention srvcs (2013)- Oral & maxillofacial surgery sold through Offices of dentists-Product & Services Report. Barnes Reports, March 15, 96 Pages

References on stakeholder analysis

Brugha, Ruairi, and Zsuzsa Varvasovszky (2000),"Stakeholder analysis: a review." Health policy and planning 15.3 239-246.

Lindenberg M, Crosby B. 1981. Managing development: the political dimension. Hartford, CT: Kumarian Press.

Stakeholder Analysis (2008) - NHS Institute for Innovation and Improvement. Accessed 11/08/201313:42. http://www.institute.nhs.uk

Related References

Hailemariam, Getachew, et al. (2013). "Stakeholders Analysis of Ethiopian Telemedicine Projects, the case of Black Lion Hospital, Addis Ababa, Ethiopia."

Howe, Cathy. (2013). "Quality improvement in health care: Is it mustard or ketchup?." Journal of health services research & policy.

Lim, Soo Ling, et al. (2013) "Using Web 2.0 for stakeholder analysis: StakeSource and its application in ten industrial projects." Managing requirements knowledge. Springer Berlin Heidelberg,. 221-242

Mitchell, Ronald K., and Boyd Cohen. "Stakeholder theory and the entrepreneurial firm." Journal of small business strategy 17.1 (2006): 1-15.

Pan, Yu-Chun, Yinshan Tang, and Stephen Gulliver. "Mutual dependency grid for stakeholder mapping: a component-based approach to supply chain participant analysis." (2013): 72-81.

Wilson, Douglas Clyde Kongshøj. "Module 6: Stakeholder Analysis." Human-Wildlife Conflicts in Europe. Springer Berlin Heidelberg, 2013. 271-280.

Literature review of stakeholder management
Eden, Colin, and Fran Ackermann. (2013) Making strategy: The journey of strategic management. Sage,.

Fassin, Yves. (2012) "Stakeholder management, reciprocity and stakeholder responsibility." Journal of business ethics :109.1 83-96.

Fooks, Gary, et al. (2013) "The limits of corporate social responsibility: Techniques of neutralization, stakeholder management and political CSR." Journal of business ethics 112.2: 283-299.

Freeman, R., and John McVea (2001) "A stakeholder approach to strategic management."

Geunchan Lim, Hyunchul Ahn, Heeseok Lee, (2005) Formulating strategies for stakeholder management: a case-based reasoning approach, Expert Systems with
Applications, Volume 28, Issue 4, May, Pages 831-840

Griffith, Jon. "A Cautionary Note on Stakeholder Theory and Social Enterprise." Philosophy

of Management 8.3 (2013): 75-79.

Preble J.F (2005), Toward a comprehensive model of stakeholder management, Bus. Soc. Rev,110 pp. 407–431

Stoney, Christopher, and Diana Winstanley. "Stakeholding: confusion or utopia? Mapping the conceptual terrain." Journal of Management Studies 38.5 (2001): 603-626.

Malvey, Donna, Myron D. Fottler, and Donna J. Slovensky (2002):. "Evaluating stakeholder management performance using a stakeholder report card: The next step in theory and practice." Health Care Management Review 27.2 66-79.

Verbeke, Alain, and Vincent Tung. (2013): "The future of stakeholder management theory: a temporal perspective." Journal of business ethics 112.3 529-543.

Walley, Paul (2013) "Stakeholder management: the sociodynamic approach." International Journal of Managing Projects in Business 6.3 4-4.

Related References

De Brucker, Klaas, Cathy Macharis, and Alain Verbeke. (2013) "Multi-criteria analysis and the resolution of sustainable development dilemmas: A stakeholder management approach." European Journal of Operational Research 224.1:122-131.

Lam, Jasmine Siu Lee, Adolf KY Ng, and Xiaowen Fu. (2013). "Stakeholder management for establishing sustainable regional port governance." Research in Transportation Business & Management

References on Research Methodology

Donmoyer, Robert. "GENERALIZABI LITY AND THE SINGLE-CASE STUDY." Case Study Method: Key Issues, Key Texts (2000): 45.

Louise Locock, Sue Dopson, David Chambers, John Gabbay. Understanding the role of opinion leaders in improving clinical effectiveness. Social Science & Medicine, Volume 53, Issue 6, September 2001, Pages 745-757

Mathison S, Why Triangulate? Educational Researcher, March 1988 vol.17 no2 13-17

Michael D. Myers 2009 Qualitative Research in Business and Management 2013 Sage First edition published Case Selection

Morgan, David L. "Practical strategies for combining qualitative and quantitative methods: Applications to health research." Qualitative health research 8.3 (1998): 362-376.

Saunders & Lewis, 2012, Saunders, M., Lewis, P. & Thornhill, A. (2012). Research methods for business students. (6th ed.). Harlow, England: FT Prentice Hall.

Yin R, 1994, Case Study Research: Design and Methods (Applied Social Research Methods) SAGE Publications, Inc; 2nd Revised edition edition,10 May

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Page 2 onwards: Body of paper

- If submitting a developmental paper, please include some comments on how you plan to develop the paper prior to discussion/presentation at the conference.
- For a symposium/workshop proposal please indicate likely format/ design, plus ideal length, room configuration and audience size.