

### 3.5 Professionals and the context for their use of evidence



Professionals include doctors, engineers, police officers, social workers and teachers, among others. What typically unites members of some professions is that they have acquired formal qualifications through specialized training, have been admitted and are subject to discipline by a regulatory body, provide objective counsel and service in the interest of their client and the public, and have been given some degree of monopoly rights to do so. Membership in other professions may be much less formalized. Countries differ significantly in which categories of workers are considered professionals. Here we provide context for how professionals make decisions using questions likely to elicit factors that could support (or discourage) their use of evidence.

Questions	Prompts
What types of decisions do they make?	<ul style="list-style-type: none"> <li>• Provide counsel or service</li> </ul>
Where and how are decisions made?	<ul style="list-style-type: none"> <li>• Can decide whether and how to take action independently – on impulse, often as part of a learned, non-conscious process, or after reflection, as part of a deliberative, conscious process that can include finding and using evidence<sup>(1)</sup> – versus in a workplace with policies and procedures set by others</li> </ul>
What factors may influence decision-making?	<ul style="list-style-type: none"> <li>• Need the capability, opportunity and motivation to make a professional decision or to work with individual clients to make shared decisions</li> <li>• Some profession-specific frameworks exist, such as the evidence-based medicine ‘triangle’ of clinical context (patient’s condition and clinician’s expertise), patient values and preferences, and evidence</li> </ul>
What ‘structures’ may provide a way in for evidence (and for institutionalizing evidence support)?	<ul style="list-style-type: none"> <li>• Workplace units providing decision support, knowledge management, research and development (R&amp;D), budgeting and planning, marketing, monitoring, auditing, and risk management</li> <li>• External workplace support from evidence-support initiatives (e.g., Education Endowment Foundation for teachers)</li> <li>• External workplace support from management-consulting firms, financial-services sector (e.g., financing) and financial authorities (e.g., externality pricing), and global technical-standard setters</li> </ul>
What ‘processes’ may provide a way in for evidence?	<ul style="list-style-type: none"> <li>• Code of professional conduct</li> <li>• Continuing professional development</li> <li>• Maintenance of licensure (e.g., minimum amount continuing professional development in a defined period; periodic peer and practice assessment)</li> <li>• Other regulatory requirements</li> <li>• Practice-based research opportunities</li> <li>• Workplace processes such as budgeting, planning and monitoring as well as policies, procedures, handbooks and other tools to support workflows (see <a href="#">section 3.4</a> for the full list)</li> </ul>

Well over 1,000 evidence syntheses address the effectiveness of strategies to support the use of evidence by health professionals, especially physicians, and many of these syntheses are of high quality. Overviews of such syntheses exist, including one focused on low- and middle-income countries.<sup>(25)</sup> Some evidence syntheses address the factors that influence the use of evidence by other professionals, such as teachers and school principals.<sup>(26)</sup>

More operationally, select governments have invested in evidence syntheses, guidelines and toolkits to support evidence use by professionals. For example, the UK government has invested in a set of What Works Centres, such as the ones hosted by the College of Policing and the Education Endowment Foundation that support police officers and teachers, respectively.