

# Interfaces and receptor model: Using research in policy-making

## A summary of

Hanney, S. (2004). Personal interaction with researchers or detached synthesis of the evidence: Modelling the health policy paradox. *Evaluation and Research in Education*, 18(1-2), 72-82. doi: 10.1080/09500790408668309



National Collaborating Centre  
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## Categories:

Method, Knowledge exchange, KT theories, Policy development

## Date posted:

July 14, 2011

## Date updated:

September 12, 2017

## Method

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## Relevance For Public Health

This method may be applied to a broad range of health fields, including public health. The authors applied the interfaces and receptor model to analyze aspects of the National Institutes of Health and Clinical Effectiveness (NICE). NICE was established in 2005 by the National Health Service (NHS) in the UK to produce clinical health technology and public health guidance. NICE commissions systematic reviews and bases its appraisals on an evidence-based approach. The "receptor body" (policy-makers) established mechanisms to systematically appraise evidence, without much personal interaction. This is an example of where an explicitly evidence-based approach has been institutionalized.

## Description

Personal interaction between health [policy-makers and researchers](#) is widely accepted as the key to enhancing research use. However, there are also increasing demands that policies be based on syntheses of evidence.

A paradox may arise when researcher and policy-maker interactions result in greater use of a partial selection of evidence that is not consistent with a systematic approach. The interfaces and receptor model, developed for a World Health Organization project, explores these issues, including the influence of different research and policy-making cultures and the interaction between them. The interfaces and receptor model is being adopted more frequently when examining the use of research because it helps to analyze the various issues in the relationship between policy-makers and researchers and considers the following factors:

1. **Culture:** Researchers and policy-makers sometimes differ in their values, languages, reward systems and social and professional affiliations; as a result, they could face challenges interacting constructively.
2. **Time-Scale:** Researchers and policy-makers have different time-scales that may conflict.
3. **Permeability:** While policy-makers need to encourage researchers to examine their needs, at the same time researchers need to retain a degree of autonomy over areas such as research methods.

This journal article contains the following sections:

1. Introduction
2. Personal Interaction between Researchers and Policy Makers
3. The Synthesis of Evidence
4. Policy Makers' Use of Health Research: A Spectrum of Issues and a Paradox
5. The "Interfaces and Receptor" Model: The Role of Interfaces
6. The "Interfaces and Receptor" Model: The Role of Receptors
7. What Can the "Interfaces and Receptor" Model Offer?
8. Applying the "Interfaces and Receptor" Model to Analyze Examples of Research Utilization in Policy-making
  - Evaluative project on heart transplants: Instant impact

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These summaries are written by the [NCCMT](#) to condense and to provide an overview of the resources listed in the [Registry of Methods and Tools](#) and to give suggestions for their use in a public health context. For more information on individual methods and tools included in the review, please consult the authors/developers of the original resources.

- Project on the careers of women doctors
- Research centre influence on addiction policy through its relationship with receptors
- The National Institute for Clinical Excellence (NICE)

## 9. Conclusions

### Implementing the Tool

#### Who is Involved?

Researchers and policy-makers could review this method to help analyze research use and contribute to evidence-based policies.

#### Steps for Using Tool

This section describes the interfaces and receptors model and summarizes what the model offers.

#### The Role of Interfaces

A systems approach is increasingly being adopted when examining health research and when there are multiple interfaces between policy making and the health research system. Three examples of these interfaces are:

##### 1. Priority setting/needs assessment interface

- Priority setting probably works best when there are opportunities for policy-makers to express their demands and for researchers to define what is researchable in an iterative process.

##### 2. Research commissioning

- Involves the process of picking specific projects and commissioning research teams.
- If researchers are not willing to work on an agenda they disagree with, they may not be fully engaged.

##### 3. Dissemination/knowledge transfer interface

- Various mechanisms to enhance permeability include policy briefs and the use of research or knowledge brokers who take research findings and transfer them to policy-makers.

#### The Role of Policy-Makers as Receptors

- The concept of policy-makers as receptors fits within a "ladder utilization" model that has a stepped approach to research use.
- The process begins with transmission of research findings. In higher levels of the ladder, the receptivity of users becomes more important than the interaction between researchers and users.
- Success in the receptor role is linked to training, organizational culture and priority-setting mechanisms that respond to the needs of policy-makers.
- Receptors are not homogenous. They may have different research experience, and types of decisions vary depending on the role of the receptor (e.g., clinical vs. legislative policies).

#### What Can the Interfaces and Receptor Model offer? (p. 78)

- "Provides a holistic approach to analysing the potential paradox between personal interaction and synthesis of the evidence."
- Knowledge brokers have a key role in working at the interfaces and pulling together evidence from a variety of resources.
- This model is especially relevant for user-driven research.

### Evaluation and Measurement Characteristics

#### Evaluation

Information not available

#### Validity

Not applicable

#### Reliability

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Not applicable

## Methodological Rating



Not applicable

## Tool Development

### Developers

Steve Hanney

### Method of Development

This method was based on the paper, "The utilisation of health research in policy-making: Concepts, examples and methods of assessment," developed by Hanney et al. (2003) for the World Health Organization (WHO) to analyse health research use. This paper was developed as part of the WHO's Health Research Systems Analysis (HRSA) Initiative.

### Release Date

2003

### Contact Person

Steve Hanney  
Health Economics Research Group  
Brunel University  
Middlesex, UK UB8 3PH  
Email: stephen.hanney@brunel.ac.uk

## Resources

<b>Title of Primary Resource</b>	Personal interaction with researchers or detached synthesis of the evidence: Modelling the health policy paradox.
<b>File Attachment</b>	None
<b>Web-link</b>	<a href="http://www.informaworld.com/smpp/content~db=all~content=a907082383~frm=titlelink">http://www.informaworld.com/smpp/content~db=all~content=a907082383~frm=titlelink</a>
<b>Reference</b>	Hanney, S. (2004). Personal interaction with researchers or detached synthesis of the evidence: Modelling the health policy paradox. <i>Evaluation and Research in Education</i> , 18(1-2), 72-82. doi: 10.1080/09500790408668309
<b>Type of Material</b>	Journal article
<b>Format</b>	Periodical
<b>Cost to Access</b>	Journal article purchase
<b>Language</b>	English
<b>Conditions for Use</b>	Copyright © 2004 S. Hanney

<b>Title of Supplementary Resource</b>	The utilisation of health research in policy-making: Concepts, examples and methods of assessment
<b>File Attachment</b>	None
<b>Web-link</b>	<a href="http://www.health-policy-systems.com/content/1/1/2/abstract/">http://www.health-policy-systems.com/content/1/1/2/abstract/</a>
<b>Reference</b>	Hanney, S., Gonzalez-Block, M., Buxton, M., Kogan, M. (2003). The utilisation of health research in policy-making: Concepts, examples and methods of assessment. <i>Health Research Policy and Systems</i> , 1(2). doi:10.1186/1478-4505-1-2
<b>Type of Material</b>	Journal Article
<b>Format</b>	Periodical
<b>Cost to Access</b>	None.
<b>Language</b>	English
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