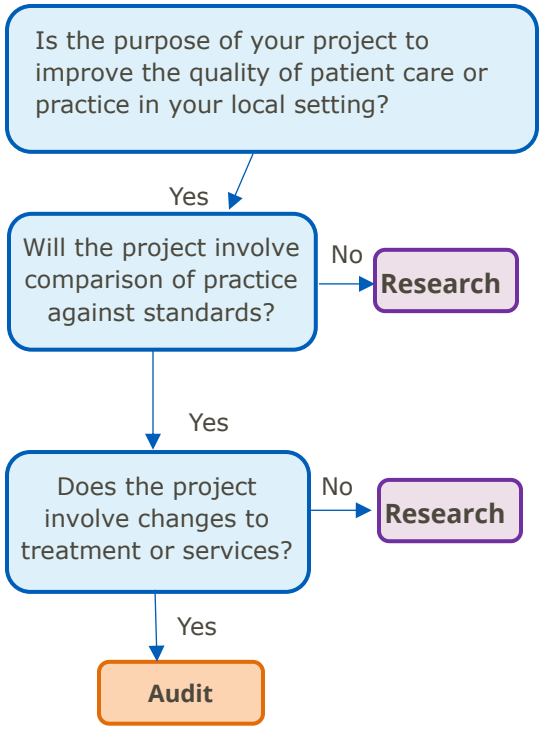
Grey Areas

Sometimes it is uncertain where research ends and clinical audit begins.
If there are no published guidelines or prior knowledge of best practice, a pre-audit investigation may be performed to measure baseline performance and set standards. However, if treatments are being compared or new treatments introduced, the project becomes research.

Is My Project Research or Clinical Audit?



Contact Us

For advice or support on any aspect of clinical audit at NHSBT, contact the Clinical Audit Team:

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https://nhsbloodandtransplant.sharepoint.com/sites/Clinical/SitePages/Clinical%20Audit.aspx

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Differences Between Clinical Audit & Research

This leaflet outlines the similarities and key differences between the two disciplines.
“Research is concerned with discovering the right thing to do: Audit is ensuring it is done right.”
(Smith, R. 1992, Audit & Research, BMJ, 305:905-6)

Research

Creates new knowledge and forms the basis of agreed guidelines and standards — what practice **should be**.

Clinical Audit

Looks at actual practice and compares it with guidelines.
Are we practising as we should? If not, why not?

Similarities Between Audit and Research

- Both answer questions about quality of care or service.
- Both involve sampling, data collection, and analysis of findings.

Remember: Stakeholders are the people or groups who can change practice and those whose work may be included in the audit.

Differences between Audit and Research

Clinical Audit	Research
-Creates knowledge of current clinical practice and highlights need for improvement.	-Attempts to create generalisable new knowledge regarding best practice.
-Measures current practice against a standard.	-Tests hypotheses that evaluate or compare interventions.
-Usually smaller scale over a shorter time period.	-Usually large scale over a long time period.
-Never involves patients receiving new treatments.	-May involve patients receiving a completely new treatment.
-Does not affect the normal treatment of patients.	-May involve patients being given different treatments.
-Does not necessarily need random representative sampling methods.	-Uses random representative sampling methods to ensure generalisability.
-Basic statistical analysis usually suffices.	-Extensive statistical analysis is usually required.
-Results are usually only relevant to the area evaluated.	-Results need to be generalisable to a wider population.
-Clear responsibility to act on findings through an action plan.	-No built-in mechanism to act on findings.
-Findings usually influence practice within the area evaluated.	-Findings can have a wide influence on clinical practice.
-Does not usually require ethical approval.	-Always requires ethics committee approval.

Adapted from: "Defining Research." NHS Health Research Authority (2017) http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf (accessed 07/10/2025)

Remember:

Without research we cannot know the most effective practice.
Without audit we cannot know if it is being practiced effectively!