CCAB Certification Ltd

Guidance on best practice for CCABs – working within the Veterinary Surgeons Act (VSA)

We are aware that working as a clinical animal behaviourist, particularly a non-veterinarian clinical animal behaviourist can feel difficult in relation to the language we use around case handling and what is and is not permitted regarding adjunctive product use in cases.

CCAB Certification have created the following guidance to help both candidates and qualified CCABs in preparation for assessment and when working with referring vets and clients. The guidance has been presented to the Royal College of Veterinary Surgeons (RCVS) and British Small Animal Veterinary Association (BSAVA) for feedback, but please note that at this stage, this is CCAB Certification's interpretation of the relevant legislation.

If you have any questions, please don't hesitate to contact us.

In accordance with the RCVS Code of Professional Conduct for Veterinary Surgeons, section 19 'Treatment of animals by unqualified persons', it is essential that CCABs and prospective CCABs comply with the following:

19.2 Section 19 of the Act provides, subject to a number of exceptions, that only registered members of the Royal College of Veterinary Surgeons may practise veterinary surgery. 'Veterinary surgery' is defined within the Act as follows:

"'**veterinary surgery**" means the art and science of veterinary surgery and medicine and, without prejudice to the generality of the foregoing, shall be taken to include:

a. the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes;
b. the giving of advice based upon such diagnosis;
c. the medical or surgical treatment of animals; and
d. the performance of surgical operations on animals.'

In relation to 19.2a this means the non-veterinarian should not infer any internal medical state of an animal to either a member of the public or veterinary profession, but may describe objective observations of signs e.g. note a lameness but not attribute this to arthritis.

In relation to 19.2b this means the non-veterinarian should not give direct advice to either a member of the public or veterinary profession concern medical treatments (e.g. psychopharmacy), but may provide relevant resources published by others on these subjects if asked e.g. an open access article detailing drug use.

Thus, statements by non-veterinarians relating to established veterinary science are acceptable but statements applying such knowledge to a specific case are not. For example, to state that "drug X has been found to be useful in cases of noise phobia" is acceptable (so long as it can be substantiated by the clinical animal behaviourist by reference to relevant literature), but for a non-veterinarian to state that "drug X is recommended in this case because they have noise phobia" is not.

Recommendations relating to the use of complementary therapies that involve direct application to the animal with a view to bringing about physiological changes, such as dietary interventions to bring about changes in brain biochemistry, must also be made with caution and careful attention to the claims being made. These should not be described as "treatments" for specific conditions but may be considered an "aid in the management" of certain conditions. Again, the clinical animal behaviourist must be able to scientifically substantiate any claim they might make to this effect, whether that be at the level of a general type of product or a specific product recommendation.

If changing diet, whether that be by a veterinary behaviourist or a non-veterinary behaviourist, then this should always be done in consultation with the primary veterinarian who takes responsibility for the case.