



# APBC

ASSOCIATION OF PET  
BEHAVIOUR COUNSELLORS

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## Relationship Expectations: Referring Veterinary Practices and APBC Members

As per the APBC Code of Conduct, all APBC members work on veterinary referral when counselling on behaviour disorders. The information below is designed to help make this process smooth for veterinary surgeons, APBC members and clients.

### What Does Referral Involve?

The Royal College of Veterinary Surgeons has very clear guidance on referral procedures in the Code of Professional Conduct as quoted below.

- 1.1 Veterinary surgeons should facilitate a client's request for a referral.
- 1.2 A referral may be for a diagnosis, procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon.
- 1.3 Veterinary surgeons should recognise when a case or a treatment option is outside their area of competence and be prepared to refer it to a colleague whom they are satisfied is competent to carry out the investigations or treatment involved.

Full Members of the APBC are highly qualified and experienced behaviourists and should be recognised as appropriate individuals to receive behaviour referrals. Members adhere to a Code of Conduct and the APBC is the leading pet behavioural organisation in the UK.

### The Referral Procedure

The RCVS states:

- 1.6 The initial contact should be made by the referring veterinary surgeon, and the client should be asked to arrange the appointment.
  - 1.7 The referring veterinary surgeon should provide the referral veterinary surgeon with the case history. Any further information that may be requested should be supplied promptly.
- The RCVS code of practice does **not** cover the release of clinical records to non-veterinary colleagues. It is therefore vital that client consent is provided before any transfer of this confidential information.
  - In the case where a client contacts an APBC member directly the member should explain to the client the need for consent from their veterinary surgeon in accordance with professional practise standards. The APBC member or the client may contact the referring practice to arrange for this consent.
  - In cases of referral to an APBC member who is not a veterinary surgeon, the referring veterinary surgeon may decide whether or not the clinical records contain relevant information for the behaviour problem and therefore decide whether to gain client consent to release these records to the APBC member.

## What the APBC Member CAN DO for Behaviour Referral Cases

- Identify motivational-emotional basis underlying the behavioural problems.
- Design an appropriate behavioural modification programme and assist the client in the implementation of this programme.
- The APBC member should report back to the referring veterinary surgeon with details of their diagnosis and recommendations and, if applicable, update the vet at regular intervals about continued contact with the client.
- Set achievable targets for improvement in the behaviour problem with specific contingency plans regarding the course of action to be taken should these targets not be met. This should include a review of both the presenting features of the case as well as treatment compliance (and an investigation of any reasons for non-compliance) as well as the potential involvement of a veterinary behaviourist.

## What the APBC Member who is not a Veterinary Surgeon CANNOT DO for Behaviour Cases

- APBC members who are not veterinary surgeons may feel that a case would benefit from behaviour modifying medication. For example if the animal is not responding as expected to a behaviour modification programme or if at the time of an initial consultation the presentation is such that the animal's well-being is likely to be improved with a given type of medicinal support. This is more likely to occur in cases such as severe sound phobia, compulsive disorders, severe generalised anxiety or cognitive disorders.
- **Veterinary surgeons are legally responsible for prescribing of medication and this is deemed an act of veterinary surgery.** If a member feels that a case would benefit from adjunctive chemical intervention, then this consideration must be carefully managed with both the client and referring veterinary surgeon. APBC members who are not veterinary surgeons may not make direct or implicit recommendations to a client about the use of specific medication or other chemical adjuncts to behaviour modification. They may however, advise that medication might be of use, subject to certain conditions, which must be evaluated by their veterinary surgeon. The APBC member should advise the client that they will discuss medication with the referring vet. Full members may give a broad explanation to the client as to what any medication chosen by the vet would be aiming to achieve via generic advice about the behavioural effects of various medications and general warnings about potentially detrimental effects of their use which are well documented in the scientific literature. They should avoid perpetuating unsubstantiated personal opinion or anecdotes about medication in general or in relation to specific substance. Members should note the following:
  - The APBC member must make available to the referring vet their full client report so that the veterinary surgeon has sufficient knowledge of the presenting behaviour problem(s) and the recommendations of the behaviourist.
  - Prescribing medication remains the legal responsibility of the referring veterinary surgeon and APBC members who are not veterinary surgeons are not in a legal position to advise on types or dose rates of medication in a given case, except by reference to established scientific publication.
  - If the referring veterinary surgeon or the APBC member feels that a case is beyond the scope of their remit they should gain advice from or referral to a suitably qualified veterinary behaviourist (e.g. APBC member or CCAB who is a vet).
- In accordance with the expected level of professional practise exhibited by APBC members, the potential use of both licensed and unlicensed complementary products with active chemical ingredients such as herbal preparations, nutritional supplements or aromatherapy, should also be discussed with the referring vet as these have potential medical interactions. The use of unsubstantiated complementary products, licensed or not, may delay the implementation of the most effective treatment to which the animal is entitled.
- It is generally recommended that diet should not be manipulated without discussion with the referring vet. It is crucial that members remain within the remit of the behaviour referral process. If the APBC member feels that a change in nutrition may be beneficial in treating the animal's presented behaviour disorder this must be discussed with the referring vet in case of any potential medical implications, for example nutrient intolerances, allergies or diabetes mellitus or potential interactions with behaviour modifying drugs.
- APBC members should act in the best interests of both client and their pet and so should not refrain from considering the potential value of medication, simply because they are not a veterinary surgeon.