**Introduction to ASAB Accreditation**

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**Booklet 1: ASAB Accreditation**

**1. Certification**

**1.1 What is Certification?**

The [**Association for the Study of Animal Behaviour**](http://asab.nottingham.ac.uk/about/index.php) (ASAB) is the leading professional society in the United Kingdom for the study of animal behaviour. The Society recognizes that the general public and others seek professional advice about the behavioural problems of animals. Certification is the means by which ASAB demonstrates to the public and to other professions, such as veterinarians, that certain individuals meet the minimum standards of education, experience and ethics required of a professional clinical animal behaviourist.

Certification is offered for Clinical Animal Behaviourists working with the behaviour disorders of dogs, cats and other animals. Certification is of benefit to anyone who consults with the public or with other professionals about specific behavioural disorders of individual animals.

Certification is administered by the [**ASAB Accreditation Committee**](http://asab.nottingham.ac.uk/accred/committee.php), which includes representatives from the British Psychological Society, the Royal College of Veterinary Surgeons and the International Society for Applied Ethology as well as members appointed by ASAB Council.

Certification constitutes recognition by ASAB that, to the best of its knowledge, the clinician meets the educational, experiential and ethical standards required by the Society for professional clinical animal behaviourists.

**1.2 Why certification?**

Currently anyone can call themselves an "animal behaviourist". As clinical behaviour and behaviour services expand, concern exists that there are people practising and calling themselves "behaviourists" who have no proper qualifications.

In 1998 ASAB established a working party to investigate the need for a certification scheme for clinical animal behaviourists in the UK. This working party included representatives from the British Psychological Society, the Royal College of Veterinary Surgeons, the Association of Pet Behaviour Counsellors, the UK Registry of Canine Behaviourists, the International Society for Applied Ethology, and the Companion Animal Behaviour Therapy Study Group, and extensive consultations were held with many other interested bodies, including the Kennel Club and several organizations concerned with dog training. The working party concluded that a registration scheme would be in the best interests of the public, practitioners and other related professions.

**1.3 Who should be certificated?**

Certification should be beneficial to anyone who consults with the public or with other professionals about specific behavioural disorders of individual animals. Examples are persons working in a clinical animal behaviour setting (i.e., involving the treatment of animal behaviour problems), and those consulting with zoos, research institutions or governmental agencies about the behavioural disorders of captive or domestic animals. Certification by ASAB is unlikely to be appropriate for persons working primarily with animals in groups, for example those consulting on the welfare, housing or husbandry of agricultural or laboratory animals.

**2. History and formation of the Certification Scheme for Clinical Animal Behaviourists**

In 1998, ASAB set up a working party to examine the need for a professional framework for people working in applications of animal behaviour, along the lines of the Board of Professional Certification run by the Animal Behavior Society for the USA and Canada. The ASAB working party, focusing specifically on those treating behavioural disorders of companion animals ("pet behaviour counsellors"), recommended that a Certification scheme for the UK would be helpful to allow both pet-owners and professionals, such as veterinary surgeons, to select behaviourists with proper qualifications and skills. Its report is available below.

**2.1 Working Party on Certification of Clinical Animal Behaviourists**

Final Report September 2001

*i. Terms of reference*

At the Winter 1998 Council meeting, a small Working Party of ASAB Council members was established to investigate the need for a certification scheme for clinical animal behaviourists in the UK, similar to the Animal Behavior Society (ABS) Board of Professional Certification in the USA. Consultation with a wide range of related professional bodies and practitioners in early 1999 revealed extensive support for an independent certification scheme administered by a learned society. At the Spring 1999 Council meeting it was agreed that the Working Party should be enlarged to include representatives of other interested organisations, as follows: International Society for Applied Ethology (ISAE), Association of Pet Behaviour Counsellors (APBC), United

Kingdom Registry of Canine Behaviourists (UKRCB), British Psychological Society (BPS), Royal College of Veterinary Surgeons (RCVS), and the Companion Animal Behaviour Therapy Study Group, which is an affiliated group of the British Small Animal Veterinary Association (CABTSG).

The remit of the enlarged working party was to establish the basis for a certification scheme, taking into account the interests of relevant professional and trade organisations, and make recommendations as to how it might be administered.

*ii. Background*

The profession of "pet behaviour counsellor", or "companion animal behaviour therapist", and similar titles, first appeared in the UK in the late 1970s. Although the treatment of animal disease is normally carried out by veterinary surgeons, the first practitioners in the UK were mainly not vets, and had backgrounds in comparative psychology and/or dog training. The first professional organisation, the APBC, was founded in 1989; a minority of its members are vets. UKRCB, which includes both "behaviour counsellors" and dog trainers in its membership, was founded in 1991. Veterinary surgeons and veterinary nurses interested in behaviour are catered for by CABTSG, which also admits non-vets as associate members.

Although the APBC in particular has exacting requirements for membership, both APBC and UKRCB are essentially trade associations that exist to promote the interests of their members. CABTSG primarily provides a forum for dissemination of information; its parent body, BSAVA, is the trade association for veterinary surgeons dealing with pet animals. None of these bodies are therefore in an ideal position to run a certification scheme that would be independent of the personal interests of practitioners. In many other professions, the certification of practitioners is run by a different body to that representing the profession itself, to minimise conflicts of interest (*e.g.* the General Medical Council and the British Medical Association for human medicine, RCVS and BSAVA/BVA for veterinary medicine; however, the BPS fulfils both roles for psychologists). An independent certification scheme for animal behaviourists is therefore desirable, to establish and maintain standards of professional qualification and conduct, although the trade associations will undoubtedly continue to play a valuable role in supporting these aims.

Over the past decade, schemes claiming to provide training in "behaviour counselling" and related areas have proliferated in the UK. Many of these are correspondence courses or short courses run over a small number of weekends, offering certificates upon completion, many of which have no academic validation. It is estimated that several thousand people have taken such courses, and while their "qualifications" are not regarded as adequate for membership of, for example, the APBC, many of those who take such courses set themselves up as independent practitioners. The support for the ASAB Working Party from the more responsible elements of the profession was largely driven by a desire to establish unequivocal standards of education and training.

It was also clear that the relationship between the professions of "behaviour counsellor" and veterinary surgeon is in need of some clarification. In some parts of the world, notably France and some States within the USA, legislation regulating the veterinary profession has been interpreted to include mental disorders: taken to extremes, this would outlaw the practice of behavioural therapy by non-vets. At present, very few veterinarians have specialist qualifications in behaviour; the American College of Veterinary Behaviorists had only about 20 members in 1999, and there is no formal specialism in veterinary behaviour in the UK; attempts are being made to establish a European College for veterinary behaviourists. Currently, animal behaviour forms a very small part of the undergraduate veterinary curriculum in the UK, and few vets have in depth knowledge of behaviour. There is therefore scope in the UK for a profession of

non-veterinary behaviourists, who would work closely with veterinary surgeons, particularly because only vets can currently prescribe psychoactive drugs. The veterinary representatives on the Working Party have indicated that the veterinary profession in the UK would welcome a standard for behaviourists to whom they could refer with confidence. Until the veterinary profession adopts its own specialisation in behaviour, it is likely that some vets would wish to attain the same certification, so that it would be beneficial if any scheme that was devised could be open to both vets and non-vets, while recognising that it is the non-vets for whom professional standards do not currently exist. 2.5 Such a scheme has been run by the Animal Behavior Society for over a decade; although it has comparatively limited membership, it includes both vets and non-vets. Further information can be found at <http://www.animalbehavior.org/Applied/>

A small number of BPS members (Chartered Psychologists) practice as "pet behaviour counsellors", but the majority of pet behaviourists currently in practice do not have qualifications in psychology recognised by the BPS. The BPS Guidelines for members working with animals are largely concerned with the use of animals in psychological research, and refer only in passing to "psychologists...asked to advise on therapy for animals whose behaviour is disordered or inconvenient". Prior to the establishment of the ASAB Working Party, there does not appear to have been any formal dialogue between BPS and RCVS as to how the interface between their respective professions might be managed.

*iii. Consultations with other organisations*

Several organisations were consulted on the basis that some of their members refer to themselves as "behaviourists". A formal consultation meeting was held on May 3rd 2000, with representatives of the Kennel Club, the Association of Pet Dog Trainers, the Canine & Feline Behaviour Association, the British Institute of Professional Dog Trainers, and the Federation of Dog Trainers and Canine Behaviourists. A draft of the Definition of a Clinical Animal Behaviourist (see Appendix) was discussed, in order to indicate the differences between this proposed profession, and dog trainers.

The APDT, the BIPDT and the FDTCB broadly welcomed the proposals. The CFBA, which appears to be a small organisation with approximately five members, declined to take any further part in the consultations. The British Equine Veterinary Association and the Equine Behaviour Forum did not respond to the invitation for consultation, and it was decided at the July 2000 meeting of the Working Party to restrict the terms of reference to the clinical behaviour of small companion animals, while leaving open the possibility of including those treating horses, at some later date. Further consultation took place with the Kennel Club, which launched its own Accreditation Scheme for Instructors in Dog Training and Canine Behaviour in March 2001. An earlier draft of this scheme had appeared to cover only dog training and the instruction of dog trainers; the Working Party expressed disquiet at the addition of the term "Canine Behaviour" to the title, as it appeared to encourage overlap with its own proposals, but following further correspondence with the KC the Working Party, with some reservations, accepted that the two schemes could exist side-by-side.

*iv. Documents produced*

The majority of the business conducted by the Working Party was the drafting of three documents, which propose a set of standards which the new professional body might adopt. The Working Party decided that these should be made explicit from the outset, because of the widely varying definitions and standards of education and experience among those currently calling themselves "behaviour counsellors" or "behaviourists" (see 2.3 above).

It was considered essential that these standards should be acceptable to the several existing professional bodies that have an interest in this area (see ii. above). The issue on which opinions varied most widely was the relationship between the Clinical Animal Behaviourist and the veterinary profession, in particular the extent of, and mechanisms for, liaison over individual cases. For example, members of the APBC currently take cases only on referral from the client's veterinary surgeon, whereas the BPS Code of Practice allows Chartered Psychologists to work independently.

Concurrently with the working party, the RCVS has been examining proposals for changes to the law, which would allow "trained persons other than veterinary surgeons to make their contribution in areas where at the moment it is unlawful for them to do so" (RCVS "Delegation of Acts of Veterinary Surgery" June 2000). The RCVS Code of Practice currently states that "Behavioural treatment does not involve an act of veterinary surgery unless medication is used", *i.e.* non-vet animal behaviourists in the UK are currently working within the law with respect to treatment. Diagnosis of behavioural disease falls within the Veterinary Surgeon's Act, although since there is no clear definition of what constitutes disease in this context, the Working Party was unable to resolve this issue; the extent to which behaviour counsellors and canine behaviourists in the UK currently involve vets in "diagnosis" varies widely, and RCVS has not, as far as we are aware, made any formal representation to behaviourists who *de facto* make their own diagnoses.

In addition, there are areas where two-way communication between behaviourist and vet during treatment could be essential for protecting the welfare of the animal, such as (a) a behavioural disorder which requires treatment with psychoactive medication, which can only be prescribed by a veterinary surgeon, (b) the use of non-prescription (*e.g.* herbal) medication by the behaviourist, which might interact with other medication prescribed by the vet, or be inappropriate in certain pre-existing medical conditions; (c) the diagnosis of pathologies which present with predominantly behavioural signs, which a behaviourist might attempt to treat by behaviour modification.

The wording of the "Definition" (Appendix A) is therefore a compromise between the veterinary perspective, focussed primarily on the welfare of the animal, and a professional perspective, permitting the behaviourist to act on an equal footing to other professions. Concern was expressed that, since professional certification would need to be attractive to practitioners to command the necessary depth of support, it should not impose any more constraints in relation to veterinary referral than, for example, the Kennel Club Accreditation Scheme. It was accepted that further modification and/or amplification may be necessary when the principles expressed in the Definition are incorporated into a Code of Practice for behaviourists.

*v. Recommendations*

Although the existing professional bodies have striven to establish adequate standards, the proliferation of self-styled "behaviourists" makes it difficult for pet owners to select a competent specialist to deal with their animals' behavioural disorders. To a lesser extent, this is also true for many veterinary surgeons who wish to decide who best to refer their clients to for behavioural treatment. We **recommend** that a code of practice for behaviourists, and a set of standards for education and training, would, if widely adopted, address these concerns.

We **recommend** that a professional body for Clinical Animal Behaviourists should be established in the UK. This could be:

(a) administered by ASAB, *c.f.* the Board of Professional Certification maintained by ABS.

(b) administered by another learned society, such as ISAE.

(c) be an independent body.

Formal links should be maintained with any of the bodies represented on the working party which wished to continue to be involved.

We **recommend** that a Steering Committee for the certification body should be established, its precise composition depending on which of the three options a) - c) was adopted. This Committee would form the basis for the governing body of the new organisation, with the initial responsibility of drawing up a code of practice, a Constitution if appropriate, and criteria for initial registrations as Certified Behaviourists.

It is hoped that once established, the professional body for Animal Behaviourists could be incorporated within the new legal framework proposed for the veterinary profession in the UK, so that RCVS could advise veterinary surgeons to preferentially refer clients to its members for behavioural consultation. We **recommend** that dialogue should be maintained with RCVS with the aim of ensuring this.

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**Appendix A**

**Certified Companion Animal Behaviourist: a proposed definition:**

A Certified Companion Animal Behaviourist (CCAB) has expertise in dealing with companion

animals that have developed behaviour incompatible with domestic circumstances.

A. This behaviour may have resulted in one or more of the following:

1. A decrease in the quality of life of the owner, the animal and/or other animals or people within the household

2. Threat or potential threat to human or animal safety

3. Nuisance or perceived nuisance to members of the public

B. This behaviour may be a reflection of one or more of the following:

1. Abnormalities in the development of behaviour

2. Owner misperception of behaviour or inappropriate interaction from the owners

3. Inappropriate species-typical or learned behaviour, or problems arising from inadequate or inappropriate training earlier in life, recognising that instances where a deficiency of prophylactic procedures such as house training and obedience training is the sole cause of the problem are the primary province of animal trainers and training instructors

4. Systemic or central medical problems. These are the province of the veterinary surgeon, but the CCAB is able to provide complementary expertise in cases which also involve elements outlined in 1-3

C. The role of the CCAB includes the following:

1. Determining the cause of the behaviour problem

2. Liaison with veterinary surgeons to ensure that any medical causes of the behaviour problem are addressed

3. Referral, if appropriate, to other specialists, including veterinary surgeons, Chartered Psychologists, or animal trainers. Participating in a case team where appropriate.

4. Counselling and empowering owners to implement behavioural therapy

5. Providing ongoing support and follow-up

D. Treatment will take due consideration of the welfare of the animal as well as the concerns of the owner. Consultation with other professionals, particularly veterinary surgeons, will be undertaken to ensure that these considerations are met.

E. The approach will be case by case, based on current scientific principles within the fields of: Learning theory, physiology, with an understanding of psychopharmacology, ethology, behavioural ontogeny, animal welfare science, human psychology, and law relating to companion animals.

F. Certified individuals will be insured and accountable. They will have completed approved training so that they have an understanding of the principles applicable to all relevant vertebrate species, but will be required to indicate on the register those species in which they have acquired particular expertise. They will be required to keep up to date with developments in their field through an approved scheme of continuing education.

**2.2 Provision of Supervised Experience Workshop 2004**

The ASAB Accreditation Committee held a workshop on the provision of supervised experience for the trainee clinical animal behaviourist on 1st July 2004 at the British Veterinary Association, London, UK. The aim of the workshop was to consider the situation presently existing in the UK with respect to the provision of supervised experience for trainee clinical animal behaviourists, to share information on current practice and opportunities in the provision of supervised experience, and to make recommendations that will enable individuals wishing to pursue a career in the treatment of behavioural disorders in animals to more easily obtain the range and quality of supervised experience they need to operate as a competent professional. A copy of the report on the workshop is below

**Working party report**:-

**Association for the Study of Animal Behaviour: Accreditation Committee**

**Workshop on the provision of supervised experience for the trainee clinical animal behaviourist**

**1st July 2004, British Veterinary Association, London**

**Background:**

The workshop reported on in these proceedings, was held at the British Veterinary

Association, London on 1st July 2004. It was organized by the Association for the Study of Animal Behaviour accreditation committee. A total of 24 invited delegates attended, representing academic institutions, trade bodies and practitioners and others involved or interested in the provision of supervised experience to those wishing to become clinical animal behaviourists.

The ASAB accreditation committee was set up in 2002 by the Association for the Study of Animal Behaviour and charged with establishing and administering a scheme for the certification of clinical animal behaviourists in the UK. Certification is dependent upon the applicant meeting prescribed standards of academic knowledge and practical experience in the treatment of behavioural disorders in animals. A working party report on the need for the certification of clinical animal behaviourists can be found on the ASAB website (www.asab.org.uk). The existing standards for academic knowledge and practical experience are detailed in Appendix I; current standards can be found by visiting the ASAB website.

**Aim:**

The aim of the workshop was to consider the situation presently existing in the UK with respect to the provision of supervised experience, to share information on current practice and opportunities in the provision of supervised experience, and to make recommendations that will enable individuals wishing to pursue a career in the treatment of behavioural disorders in animals to more easily obtain the range and quality of supervised experience they need to operate as competent professionals.

The meeting opened with a presentation on the background to the ASAB certification

scheme, a detailing of it’s standards, and an outline of the problems currently existing in the provision of supervised experience, as they appeared to the accreditation committee.

Two parallel breakout groups, comprising delegates from the academic institutions and those representing trade bodies and practitioners, were then asked to consider the following questions:

1) What problems are faced by individuals/practitioners/academic institutions

looking to undertake or provide supervised experience?

2) How can these identified problems be addressed?

The thoughts of the individual break-out groups were fed back to the consolidated group. A discussion of the key issues raised then took place.

**Finding solutions to the problem of supervised experience**

Stephen Wickens, Secretary, ASAB accreditation committee, UFAW, The Old School, Brewhouse Hill, Wheathampstead, Herts AL4 8AN.

At present, within the UK, any individual wishing to gain the practical experience and

expertise necessary to deal effectively with behavioural disorders in animals faces a

problem. Whilst courses exist which aim to provide some, or all, of the background

academic knowledge expected of anyone presenting themselves as a professional and effective clinical animal behaviourist, the same is not true for the practical, client based, skills. Opportunities to gain structured practical supervision in these problem-solving skills are very limited. Feedback indicates that, for most, the supervision offered is only at the level of observing clinics and asking limited questions of clients.

As outlined in its accreditation scheme, the ASAB accreditation committee has a specific interest in addressing this shortfall, as certification under this scheme is dependent, in part, on an applicant demonstrating they have undergone a process of supervised experience. Irrespective of this, it is important for the whole developing field of clinical animal behaviour that a more structured framework of supervision is put in place; that allows individuals across the country to gain access to the training in the practical problem-solving skills they need. If this does not occur, then individuals will continue to learn on the job, and make mistakes that may be detrimental to their clients and the welfare of their animal ‘patients’. It is the hope of the accreditation committee that this workshop will help start the process.

**What are the problems currently faced in the provision of supervised experience?**

Each of the parties that may be involved in the delivery of supervised experience – the trainee, supervising practitioner and academic institution - have different concerns regarding the process.

**Trainee**

For trainees, the chief concerns relate to the lack of structure and opportunities to gain one-to-one supervision. Within the UK, there is presently no centralized database listing individuals who are willing, and able, to supervise. Trainees therefore have to accept the opportunities that are presented to them, and this can cause them to be concerned about the present, and future, value of the supervised experience they are being offered. When they are able to gain supervision, they have additional concerns relating to the type of supervision given. Most of the supervision offered consists of trainees sitting in on consultations, with limited opportunities to ask questions of the client. Only in exceptional cases will trainees be given the opportunity to conduct a consultation from start to finish. Unless the clinic has been carefully structured for their benefit, most trainees have difficulty in gaining experience of a good cross section of disorders. Finally, there is variation in the cost of gaining supervised experience; some practitioners charge for supervision, whilst others don’t.

**Supervising practitioner**

Whilst the provision of adequate supervision is important for the long term future of

clinical animal behaviour in the UK, in the short term it is not high on the agenda for

many practitioners. Their major concern is the economic viability of their businesses. For them, providing supervision is a peripheral activity, to be undertaken if circumstances permit. Indeed, there are practitioners who view the provision of supervision as little more than the training of future competitors.

Providing supervision to trainees is costly, both in terms of time and money. Providing detailed feedback and guidance to trainees is a time consuming activity, especially so for those supervisors who are willing to let trainees run consultations, and yet if the supervised experience is to have any value such feedback must be given. Time may also be spent in structuring clinics to provide trainees with a cross section of cases. In addition, because of the time-factor, supervision also has financial costs. Fewer clients can be seen when supervision is being undertaken, and this financial loss has to be absorbed. This loss is offset by some practitioners through charging for supervision. There are additional costs implications of providing supervision, such as the need for suitable insurance. Another concern to supervising practitioners relates to the possible impact the trainee may have on their relationship with clients. Clients pay to have the behavioural disorder of their animal resolved; they therefore want to have their case dealt with by an experienced practitioner. Some clients may object to a trainee sitting in, or taking a case, others may object to paying the same fee for cases seen by trainees as those by the practitioner, even though the cost to the supervisor may be more. Personal reputation is also important to practitioners, as it is built up slowly through success and word of mouth.

Understandably many practitioners have concerns about the impact

trainees may have on this, and may be reluctant to supervise for this reason. Finally, there is a lack of support for most supervisors; they tend to operate in isolation, and have received little or no formal training on supervision. Not unexpectedly, the standard of supervision provided by practitioners is thought to be variable.

**Academic institutions**

For academic institutions, their concerns relate to their ability to meet the demands and expectations of existing and future students. Many students are attracted to courses in animal science and behaviour because they have an interest in working in the field of animal behaviour disorders. They may expect to be able to pursue academic courses that will give them not only the background academic knowledge they need, but also sufficient practical experience to be able to operate as competent clinical animal behaviourists. At present, beyond the occasional sitting in on clinics, this is not generally happening. The other problem that faces academic institutions is the identification and employment of clinical animal behaviourists who have both the necessary knowledge and skills to provide supervision and are available at the times they are needed. Some institutions have solved this by recruiting practitioners full-time, to both lecture and to run clinics to which the students can contribute. For most, this option is restrictively expensive.

**Is there a solution to the problem of supervised experience?**

Whilst it is not the function of the ASAB accreditation committee to prescribe how this

shortfall in the provision of supervised experience is addressed, we do feel that the

academic institutions might play a greater role in the provision of supervised experience, through partnerships with recognized and suitably qualified clinical animal behaviourists, such as those certified under the ASAB accreditation scheme.

Such a partnership could draw on the respective skills and strengths of each:

• Academic institutions have extensive experience in the setting up of new courses,

in the recruitment and support of students and in the setting up of formal

assessment programmes. They have the quality-assurance procedures needed to

ensure standards and can offer national recognized qualifications.

• Clinical animal behaviourists, certified under the ASAB accreditation scheme,

possess the necessary knowledge and skills to provide supervised experience, and

have had these independently validated. They have also signed up to a Code of

Conduct. They already have a reputation and client base.

A partnership would allow practitioners the opportunity to offer clinics to clients in an

academic environment, where an element of training and instruction would be expected and accepted. The academic institution can also offer support with the administrative elements of supervision, and a range of facilities. Academic institutions gain by being able to offer new courses that build on existing ones, allowing progression for existing students, and attracting new students and new avenues of income.

**Breakout session:**

**1. practitioners and trade bodies**

**2. academic institutions**

Issues to be discussed:

• What problems are faced by individuals/practitioners/academic institutions

looking to undertake or provide supervised experience?

• How can these identified problems be addressed?

**Breakout group – practitioners and trade bodies**

Rapporteur: Stephen Wickens

*Issues raised:*

**Need for change:** There was a general recognition of the problems identified as applying to practitioners and agreement that there is a need to improve the structure for providing supervision to those wishing to become clinical animal behaviourists, particularly at the level of taking case histories and providing advice. Most practitioners reported they had supervised few, if any, to this stage. Of those who have, most have done so within the framework provided by an academic institution.

**Partnership:** There was broad support for a move towards a greater centralization of

training in academic institutions. Practitioners welcomed, in principle, the support and

platform these would provide. A number of practitioners felt that it would make it easier for them to offer supervision, as it would overcome the identified problems associated with client expectations of what they should get out of a consultation.

**Assessment:** The practitioners viewed supervised experience as an incremental learning process, with trainees moving from pure observation to the taking of a more active role in the consultation, dependent upon an on-going assessment of capabilities. This knowledge, assessment and recognition of each trainee’s abilities was thought to be a vital part of the supervising process; progression certainly should not be a given, rather individuals have to adequately demonstrate that they should progress. It was felt that the supervisor agreeing to a trainee’s move from one level to another should supervise that individual’s first case at the next level, as they are best placed to judge how the trainee copes. There was a general feeling that it would be wise for anyone seeking to take on a trainee from someone else to undertake a brief review of that individual’s skills themselves before allowing them to take charge of any consultation.

**Learning experience:** The nature of the supervised experience was discussed. At the early stages of gaining experience, the practitioners felt that it was acceptable for large groups to observe consultations. Some institutions use videos of consultations to aid group discussions of cases, others allow groups of students to watch ‘live’ consultations via cctv links, and discuss the consultation with the group afterwards. At the advanced levels, which feature more active trainee participation, there was a general feeling that it was impossible to effectively supervise more than three people at one time. There was agreement that during any supervision it was essential for the supervisor to be present to provide support and feedback. Simply showing a large group a video was not sufficient in itself, an element of feedback and a questioning/assessment of learning is an integral element of the supervision process. The learning experience available to a trainee was perceived as differing depending on whether it occurs in a clinic setting or a home environment. At present, the majority of academic institutions involved in delivering training do so in a clinic environment; conversely practitioners commonly interview clients in their home environment. The clinic environment was felt to be more conducive to larger group observations, whereas one on one supervision in the home environment was felt to offer the trainee a better, more intensive, learning experience.

**Payment for training.** There was a recognition that supervised training is not a cheap process, and it is unrealistic to continue to provide it to trainees for free. It was accepted that trainees should expect to have to pay to receive the training they need. This will cause problems to trainees, and many are likely to need to seek external funding to support their training, especially at level 3. It was hoped that centering training in academic institution would make any search for funding easier, as charities/funding bodies are more likely to support training in such institutions than to give funds directly to individuals. This need to charge students fees is likely to reduce the number who can progress to level 3.

**Training of supervisors:** Most practitioners looking to supervise indicated that they felt they would benefit from training in supervision and assessment, to ensure quality and consistency. Many academic institutions already provide training in these skills to their staff, as part of their induction procedures. The ASAB accreditation committee sees clear benefit in ASAB certified clinical animal behaviourists (CCAB) attending such courses. It also identified an opportunity for ASAB, or the trade bodies, to organize a training day(s) to ensure that existing CCAB’s, and others interesting in supervising, are operating at a consistent standard.

**Charging structure for clinics:** A question was raised as to whether there should be any differentiation in the fees asked for clinics, depending on whether they were involved in providing supervision or not. It was felt that clients may be more accepting of training clinics if they were cheaper. Two problems were raised by this notion; reduced fees may give an impression of a reduced standard of service and cheaper, subsidised, training clinics would compete for business with existing practitioners in an area, who may themselves be contributing their skills to the subsidised clinics. In addition, there may be little financial logic in offering cheaper training clinics, as they are commonly more

expensive to run than standard clinics. Specialist clinics in veterinary institutions face a similar problem, and do not differentiate. They are there to provide the best possible standards of care, irrespective of their role in training, and therefore charge the going rate. They overcome any reluctance in clients to pay full rates by highlighting their position as centres of excellence, in which consultations are likely to be longer than usual and the level of feedback, because of the teaching element, greater.

**Species specialism:** For anyone to claim a specialty in any species, it was agreed that it is advisable for that individual to have undergone some supervision at level 3 on the species, i.e. they must have taken full case histories and provided advice under supervision.

**Breakout group - academic institutions**

Rapporteur: John Bradshaw

*Issues raised:*

**Demand:** The academic institutions recognised that, potentially, there are a large number of existing students and other individuals who would sign up to courses providing supervision in the field of behavioural disorders.

**Selection:** There was concern as to who would select students for supervised experience, and what criteria would be used, given that demand for places on these courses would most likely outstrip supply?

**Assessment of learning:** To allow unambiguous and fair selection of students, and

assessment of their progression, it was agreed that more defined learning outcomes are needed for each of the three supervised experience levels outlined in the ASAB

accreditation standards. These would allow institutions to better judge how, or whether, they can participate in providing supervised experience. Different institutions indicated that they already have schemes, which they use to assess performance eg during work placements, that may provide suitable models for adaptation.

**Fees**: Academic institutions would need to charge students, to recoup costs associated with running courses providing supervised experience. It was pointed out that these costs may be greater for academic institutions than for individual practitioners providing supervision, because of the institution’s higher overheads.

**Provision of supervisors:** At present, there are only a handful of clinical animal

behaviourists certified under the ASAB accreditation scheme. Given this, the question was raised as to whether it is practicable for ASAB to require that each student must be supervised by three CCABs? It was clarified that (a) others could supervise, in particular recognised veterinary specialists, and (b) the scheme was in its early stages and it was expected that the number of CCABs would increase substantially, to the point where it should be possible to establish geographically-focused teams of three or more.

**Recognition of scheme:** ASAB should take steps to ensure that CCAB becomes the recognised qualification in this field, e.g. by involvement in the drafting of the new VSA.

**Training of supervisors:** Many CCABs might require training in supervision and

assessment.

**Group discussion of issues raised.**

There was a wide-ranging discussion of the issues raised by the individual breakout

groups. The main areas of concern centered around some academic institutions’ desire for greater clarification on the assessment of trainees.

**Assessment:** There was a discussion of the processes by which a trainee might move on from one level to another. Concerns were raised by some of the academic institutions as to whether acceptance of progression from one level to another was conditional only on the trainee observing or contributing to a set number of cases, or whether progression needed to be the product of a more active process of assessment? If progression is the product of an active process of agreed assessment, it was asked, who would make this decision? It was pointed out that, as was identified by the practitioners in their breakout session, any decision on progression must depend on an assessment of competency from a supervising practitioner. It was also accepted that there was a need for the ASAB Accreditation committee to more clearly define learning/performance outcomes for each of the three levels of supervised experience. These would provide institutions and practitioners with a set of standards against which to judge a trainee’s ability and progress.

It was suggested that the learning outcomes should clearly address whether

supervised experience can be gained in parallel to academic knowledge, or whether it is necessary for a trainee to complete their academic training before they moved on to gaining supervised experience. At present, under the ASAB scheme, the expectation has been that level 1, and an element of level 2, supervision can be gained alongside academic knowledge but that a trainee should have fulfilled the majority of the academic standards set by ASAB before they seek to progress on to level 3.

**Supervision:** Whilst both academic institutions and practitioners recognized there was a need for supervisors to receive training in supervision and assessment, some academic institutions were concerned as to who would validate that the supervision being provided was to a standard, and that these standards were compatible between supervisors. The question was raised as to whether there would be a system for accrediting supervisors, or some requirement for training? The accreditation committee indicated it would consider this question, but pointed out that it was normally the responsibility of employers to ascertain whether an employee had the necessary skills to carry out their job.

**Recommendations**

The following recommendations and themes emerged from the workshop:

• **Fees:** Trainees seeking supervised experience should expect to pay a fee in future

that is sufficient to recover costs associated with training. It is likely that

individuals wishing to gain supervision at the highest level may have to seek

support through bursaries or scholarships, which may be offered by academic

institutions, charities or other interested bodies.

• **Assessment of learning:** The ASAB accreditation committee need to draft clear

learning/performance outcomes for the three levels of supervised experience

identified in its certification scheme, to allow the unambiguous assessment of all

individuals undergoing supervision, irrespective of background or previous

training. These outcomes will provide an unambiguous standard against which

academic institutions, practitioners and trainees can judge performance and will

encourage greater consistency in training. Progression between these levels must

be the result of an agreed process between the trainee, supervisor and academic

institution.

• **Greater dialogue:** Practitioners and academic institutions keen to participate in

delivering supervised experience need to engage in greater dialogue to develop

courses and to better meet the needs of trainees. Whilst a partnership between

academic institutions and practitioners is to be encouraged, provision of

supervised experience is not only the remit of the academic institutions and

training by independent, individual CCAB’s is still likely to have a role to play.

• **Training of supervisors.** There is a clearly identified need and demand by both

academic institutions and practitioners for the training of clinical animal

behaviourists in supervision and assessment. There is an opportunity for an

academic institution, or other body, to provide courses that address this need.

**Workshop delegates**

The following delegates attended the workshop:

David Appleby ASAB Committee / University of Cambridge / CCAB

Professor Christopher Barnard ASAB Committee / University of Nottingham

Jon Bowen RVC

Dr John Bradshaw ASAB Committee / University of Bristol

Donna Brander University of Edinburgh / APBC / CCAB

Dr Toby Carter APU

Dr Rachel Casey University of Bristol

Dr John Edison University of Plymouth

Myfanwy Griffith Bishop Burton College

Dr Caroline Hahn University of Edinburgh

Sheila Hamilton-Andrews ASAB Committee / UKRCB / CCAB

Sarah Heath ASAB Committee / RCVS / University of Liverpool

Lindsey Hewitson Hartpury College

Dr Lisa Leaver University of Exeter

Emma Magnus ASAB Committee / CCAB

Professor Stephen May RVC

Dr Anne McBride University of Southampton

Professor Daniel Mills ASAB Committee / ISAE / University of Lincoln

Alison Murray Myerscough College

Dr Charlotte Nevison APU

Dr Anabela Pinto University of Cambridge

Kendal Shepherd CCAB

Morag Sutherland CABSTG

Dr Stephen Wickens ASAB Committee

# 3. ASAB Accreditation Committee rules and regulations

The ASAB AGM in July 2002 approved the establishment of an Accreditation Committee to set up and run a Certification Scheme for Clinical Animal Behaviourists. This committee consists of ASAB members, and also representatives of the Royal College of Veterinary Surgeons, the British Psychological Society and the International Society for Applied Ethology.

A company, ASAB Accreditation Ltd, has been set up to manage the financial activities associated with administering the Certification scheme. This company operates on a not-for-profit basis. The Directors and office holders receive no financial remuneration for being an official of the Company, other than the reimbursement of expenses incurred as part of the authorised activities of the company.

3.1 **Powers of the Accreditation Committee**

[**Rules**](http://asab.nottingham.ac.uk/about/rules.php) 2 and 23 allow the Council of the Association for the Study of Animal Behaviour (the Association) to make regulations in respect of Certification, the making of applications for Certification, determining appeal procedures, the powers to erase someone's name from the Register, and charge fees for registration. The Council has agreed a number of procedures that will be followed by the Certification Committee. For instance, it has approved the application forms that will be used, and appeal procedures for candidates. Copies are available from the Secretary of the Association. The Council has also agreed that all applicants for Certification shall send in advance with their application the full first year's Certification fee.

3.2 Certification Rules and Regulations

The following Rules and Regulations (which should be read in conjunction with the [**Rules and Bye-Laws of the Society**](http://asab.nottingham.ac.uk/about/rules.php)) will apply to Certificated Clinical Animal Behaviourists once they have been accepted for Certification:

1. Application Forms and Information
Applications for Certification as a Clinical Animal Behaviourist should be submitted to the Secretary of the Accreditation Committee of the Society on forms available from the Society's web site at <http://www.asab.org/ccab/> where information on the costs and procedures for paying the initial application fee and annual Certification fee are also available.
2. The Register
The Register of Certificated Clinical Animal Behaviourists is available on the Society's web site.
3. Errors, omissions and changes
It is the responsibility of all Certificated Clinical Animal Behaviourists to bring to the attention of the Accreditation Committee any errors and omissions in the Register. Every Clinical Animal Behaviourist should send immediate notice of any change of address, or additional qualifications obtained, to the Secretary of the Accreditation Committee. No fees are charged for alterations. Certificated Clinical Animal Behaviourists who have changed their address without giving notice are liable to have their names removed from the Register within three months of two communications from the Society not being answered or letters being returned 'address unknown'.
4. Proof of entry on the Register and Practising Certificates
Following initial registration, Certificated Clinical Animal Behaviourists will be sent a registration document confirming their entry on the Register. This registration document has no currency as a certificate to practise clinical animal behaviour unless supported by an annually issued Practising Certificate. All current Certificates remain the property of the Society and should be returned to the Secretary of the Accreditation Committee if a Certificated Clinical Animal Behaviourist ceases to be eligible for inclusion on the Register for any reason. If loss of a Practising Certificate is proved to the Association's satisfaction a duplicate Certificate may be issued on payment of a small fee.
5. Annual fees for Practising Certificates
For the purpose of the annual Practising Certificate fee the year will be 12 months following the quarter date after admission to the Register. For example, if admission to the Register was granted in February, March or April in one year, the renewal of the annual Practising Certificate will be from 1 May the following year. Note that Membership subscriptions for the Society are separate from Certification, and that Membership of the Society is not required for Certification.
6. Renewals
Reminders that annual Practising Certificates are due for renewal and that annual fees are pending will be sent out in the quarter before they are due. If an annual Practising Certificate fee is not paid the name of the Certificated Clinical Animal Behaviourist shall be removed from the Register.
7. Restoration of names to the Register
A fee equivalent to the initial application fee at the time will be charged for the restoration of the name of a Certificated Clinical Animal Behaviourist to the Register.

**4. Complaints**

**4.1 Guide To Dealing With Complaints And Issues Relating To Conduct**

The ASAB Accreditation Committee has a procedure for dealing with complaints and issues relating to conduct to enable us to investigate allegations of misconduct against anyone certified under its accreditation scheme. All our investigations are conducted in private and our members and CCABs must assist with our investigation process. There is no charge for our service. This section describes:

* what we can investigate
* how to make a complaint
* how we will deal with your complaint.

**We can investigate your complaint if:**

* it is about a Clinical Animal Behaviourist certified under the accreditation scheme and it is about a conduct issue relating to their certification

**We cannot investigate complaints about:**

* a Clinical Animal Behaviourist who is not accredited by ASAB
* the matter does not relate to the specific conditions of the Clinical Animal Behaviourist's ASAB accreditation
* any matter which is the subject of court proceedings

**What is misconduct under the conditions of accreditation?**

We publish a Code of Conduct which sets out certain standards of conduct with which our members are expected to comply. The Code is supplemented by other guidelines and statements of good practice by which Certified Clinical Animal Behaviourists are expected to abide.

Misconduct under the conditions of accreditation will occur if Certified Clinical Animal Behaviourists act outside the Code or guidelines and will include such things as:

* failing to recognize the boundaries of their own competence
* failing to maintain the confidentiality of information acquired through their professional practice
* exploiting any relationship of trust or influence with a recipient of their services
* conducting themselves in a way that damages the interests of recipients of their services
* failing to obtain the consent of participants before undertaking investigations or interventions

**4.2 Complaints procedure**

**How does one make a complaint?**

All complaints must be in writing. You can use the form below or write a letter. If you have any documents or other evidence which support your complaint please send us copies of these in the first instance, but retain the originals, which may be required at a later date and will be returned to you.

**4.3 Complaints form**

**ASAB ACCREDITATION COMMITTEE**

**COMPLAINTS AND DISCIPLINARY PROCEDURE**

**Your details:**

**Full name:**

**Address:**

**Your email address (optional):**

**Your daytime telephone number (optional):**

**About your complaint:**

Name and address of the Certificated Clinical Animal Behaviourist(s) you want to complain about:

**Name:**

**Address:**

**Please briefly describe what you think the Certificated Clinical Animal Behaviourist has done wrong. If there are documents or other evidence which supports your complaint, please also send copies of them to us.**

**What would you like ASAB to do to resolve your complaint?**

**Important information:**

In order to investigate your complaint we may need to collect information about you and anyone else involved in this matter. We will use this information only to investigate your complaint and decide what action should be taken. If your complaint goes to a hearing, some of the information we have collected may have to be made public.

*I consent to ASAB collecting information about me for the purpose of investigating my complaint*

***Signature of complainant:***

***Date:***

Please attach any documents which support your complaint and send this complaint form to:

Dr Emily Blackwell

University of Bristol

School of Clinical Veterinary Science

Langford House

Langford

Bristol

BS40 5DU

Please mark the envelope *‘Strictly confidential’.*

**Who deals with complaints?**

Initially all complaints are considered by the Accreditation Committee, which includes the current ASAB President.

**What happens next?**

When the Committee receives a complaint, it will write to the subject of the complaint to seek their comments on the allegations which have been made.

Once it has received a response, the Committee will consider all the evidence to hand. It may recommend:

* that further investigation is not required because there is no evidence of misconduct, or
* that the Secretary undertakes further enquiries into the allegations on its behalf.
* that it should write to the subject of the complaint to advise them that it has concerns about their conduct. The letter will set out the concerns and will remain as a permanent record on the CCAB's membership records, or
* that a full hearing of the allegations of misconduct should take place.

**What happens at Conduct hearings?**

Our Conduct Subcommittee has power to take action against any Certified Clinical Animal Behaviourist within the scope of their terms of accreditation.

In addition to one or more clinical animal behaviourists, the Conduct Subcommittee includes "lay" representatives who will normally be members of Council of the Association for the Study of Animal Behaviour or invited nominees from other relevant professional bodies such as the British Psychological Society and the Royal College of Veterinary Surgeons with experience of the disciplinary processes within their own profession. The Secretary of the Accreditation Committee will take the chair.

If a Conduct Subcommittee is invoked it is the Society, rather than you that acts as the complainant. We may ask you to attend the hearing as a witness, however. Hearings usually last one day.

The subject of the complaint may present his or her own case or be represented by a person of their choice. If the subject wishes to present their own case, they are entitled to be accompanied by another person during the hearing; however, while the accompanying person can liaise with the subject, they are not permitted to answer questions on the subject's behalf.

The Conduct Subcommittee will decide whether the Certified Clinical Animal Behaviourist is guilty of misconduct under the terms of their accreditation. The Committee shall be guided by the Code of Conduct but the mention or lack of mention in the Code of Conduct of a particular act or omission shall not be taken as conclusive on any question of conduct. In the event that it finds an individual guilty of misconduct the Conduct Committee may take one or more of the following courses of action:

* reprimand or severely reprimand the Certified Clinical Animal Behaviourist;
* require the Certified Clinical Animal Behaviourist to give written undertakings as deemed appropriate by the Committee, for a period not exceeding three years. The undertakings, which may include undertakings to refrain from continuing or repeating the offending conduct, may be reviewed no sooner than one year after they commence, by referral to a further Disciplinary Subcommittee hearing;
* suspend the Certified Clinical Animal Behaviourist from the Register of Accreditation, the period of suspension to be determined by the Committee, but not to exceed three years, and to attach conditions to the suspension as and if deemed necessary by the Committee;
* remove the Certified Clinical Animal Behaviourist from the Register.
* place conditions upon the certification of the individual as deemed appropriate by the Committee. Those conditions may be appealed, removed or varied by way of a Committee hearing;
* any breach of conditions imposed by a Conduct Committee will be referred to a further hearing of the Committee, where the Committee may remove, amend or replace the conditions with any penalty available to it.

The subject of the complaint has a right of appeal against any decision of the Conduct Committee. Details of the Appeals Procedure can be found below.

**Further information**

If after reading this you are unsure what to do next please contact the Accreditation Committee Secretary. He/she can advise you (or the subject of your complaint) about the complaints procedure at all stages of the process. They cannot advise on the particular merits of any complaint or potential complaints, however.

**4.4 Appeals procedure**

**1. Grounds for appeal**

There are two circumstances in which individuals may wish to appeal to the Appeals Committee of ASAB Council:

* Following rejection of their application for certification, or a decision to impose limits on the certification, by the Accreditation Committee
* In response to the outcome of a Disciplinary Committee hearing

The following grounds for appeal can be considered by the Appeals Committee:

1. That there was procedural irregularity in any part of the assessment or other relevant process, including the interpretation and application of the relevant regulations. The Appeals Committee will not uphold an Appeal on these grounds unless it is satisfied that the relevant committee might reasonably have been expected to have made a different decision or recommendation had a procedural error not been made.

2. That there was an error in the information on which the original decision was made.

3. That the decision of the relevant committee was manifestly unreasonable.

Examples of manifestly unreasonable decisions could include refusal to take account of compelling special circumstances surrounding a case or failing to allow reasonable opportunity to meet particular requirements, such as the provision of supporting evidence or references.

4. That there was evidence of prejudice or bias on the part of one or more members of the relevant committee.

Such grounds can only be established if evidence can be provided that a party had acted prejudicially or with bias in the individual's case. A mere allegation of prejudice would not suffice to form a basis for a successful appeal.

**2. Procedure for appeal**

**2.1 Constitution of the Appeals Committee**

The Appeals Committee will comprise the President of ASAB (Chair), the Secretary of the ASAB Ethical Committee, two other Officers of ASAB Council and a CCAB such that no member has personally been involved in the appellant's case at any prior stage. The Secretary of the Accreditation Committee will service the Appeals Committee but not take part in its deliberations.

**2.2 The Appeal process**

2.2.1 The appeal is facilitated by the Secretary of the Accreditation Committee (the Secretary). The Secretary will keep the appellant informed, in writing, of progress and of the final outcome.

2.2.2 The appellant is required to present a written appeal to the Secretary, who will consider the appeal against the grounds for appeal, and may either:

* request further information from the appellant
* recommend to the President of ASAB that the appeal should be rejected without being considered at a full hearing by an Appeals Committee and inform the appellant of the President's decision
* recommend to the President of ASAB that the appeal should be considered at a full hearing by an Appeals Committee and inform the appellant of the President's decision

**2.3 The appellant's written case**

2.3.1 It is for the appellant to establish their case, including submission of relevant documentary evidence. The appeal should be submitted in writing within fifteen working days of the appellant receiving notification of the decision which they wish to appeal against. If an appeal is received after fifteen working days good reason should be given for the delay.

2.3.2 The written case should include the following information:

a. The grounds for appeal, making specific reference to the relevant paragraph(s) of section 1 above, and including full details of the relevant circumstances;
b. the reasons why the appellant considers that those circumstances make the decision inappropriate;
c. if the appellant's case relies upon documentary evidence, s/he must include copies of any relevant documentation and retain the originals in case they are required at a later date;
d. the appellant should, wherever possible, ensure that all documentation is in English, and that any translation of documentation is done by an accredited translator.
e. If an appeal hearing is convened the appellant must make arrangements for any further written evidence s/he wishes to bring in support of his/her case to be received by the Secretary of the Accreditation Committee before the hearing. Written material will not normally be circulated to the Committee if it is received by the Secretary less than 5 working days before the date of the Appeal. Written evidence submitted at a later time may be circulated, at the discretion of the Chair.

**2.4 Circumstances in which an Appeal may be rejected without going to a hearing**

2.4.1 If at any stage prior to the Appeal the Chair of the Appeals Committee is satisfied that the information provided by the appellant does not raise any of the grounds of appeal set out above (section 1), or raises any ground of appeal which is bound to fail, s/he may rule that the appeal (or any specified ground of appeal) is rejected. The reasons for the decision will be conveyed by letter to the appellant and (where appropriate) other parties. This will not prevent the appellant from submitting a revised written case within a period specified in that letter.

2.4.2 This procedure will only be exercised in very clear circumstances and all such cases will be reported to ASAB Council as appropriate.

**2.5 Representation at an Appeal Hearing**

The appellant can choose to attend the appeal and present his or her own case at the hearing, or be represented by a person of their choice. If the subject wishes to present their own case, they are entitled to be accompanied by another person during the hearing; however, while the accompanying person can liaise with the appellant, they are not permitted to answer questions on the appellant's behalf.