



Professional Profile

Statement of purpose

The purpose of this document is to define and describe the scope of practice for the profession of Speech and Language Therapy in Europe. It is intended to inform employers, other professionals, third-party payers, government agencies, and the general public about the roles of speech and language therapist/logopedists, their activities, clients, work settings and the guiding framework they work under. However, CPLOL's Professional Profile is not intended to be an exhaustive list of activities.

Speech and language therapy is a dynamic and evolving profession at the crossroads of basic and applied science. Therefore, its practices need to keep up with emerging clinical, technological and scientific developments. Due to the advancements in the scope of practice, periodic revision of this document is necessary.

Many countries in Europe have regulatory requirements for speech and language therapists' practice. CPLOL's professional profile does not supersede existing regulations of individual countries nor should it affect the interpretation or implementation of such regulations.

Definition of the Speech and Language Therapist/Logopedist

The speech and language therapist/logopedist is a specialist in the area of communication, voice, speech, language, hearing, feeding, swallowing, as well as the social and cognitive aspects of communication.

Speech and language therapists/logopedists are professionals—specialized in preventing, assessing, diagnosing, treating and studying the whole range of human communication, feeding and swallowing disorders across the lifespan. In this context, human communication encompasses all those processes associated with the comprehension and production of oral and written language, as well as non-verbal and/or alternative communication.

Speech and language therapists/logopedists provide a wide range of clinical and other professional services. They are independent professionals who make decisions based on their professional judgement and evidence, educational and clinical expertise, which means that their services are not prescribed or supervised by another professional. However, collaboration with other professionals is an important part of their work.

Speech and language therapists/logopedists are ethically bound to provide services that are consistent with their competences, education and experience.



The Scope of Practice of the Speech and Language Therapist/Logopedist

The speech and language therapist diagnoses and treats a wide range of communication disorders as well as disorders in feeding and swallowing, while also dealing with the limitations and participation problems that are related to these disorders. Therefore, the speech and language therapist contributes to the client/patient's quality of life. The professional ethics of speech and language therapists implies that in order to do this, speech and language therapists must have expertise in a wide range of competencies and knowledge. The speech and language therapist not only diagnoses and treats clients/patients but also has a role in education, prevention, counselling and research.

Communication, expression of ideas and opinions is one of the basic human rights according to the Declaration of the European Court of Human Rights¹ (Council of Europe, 1950) and the Convention on the Rights of Persons with Disabilities² (United Nations, 2006). The speech and language therapist has a special role in preserving the fundamental human right of people with communication disabilities and disorders to communicate.

The speech and language therapist regards the client/patient as an individual who interacts with her/his surroundings, such as family, friends, school/work place, etc. Thus the intervention of the speech language therapist is not limited to the client/patient alone. For example, the speech and language therapist can facilitate and support communication between patient, family and other professionals in the health, education, social care, and legal systems.

The needs of the patient are central for speech and language therapists. During assessment and intervention, the speech and language therapist collects all the client/patient's relevant information about her/his disability, activities, functioning, the environment, and personality factors, as defined by WHO's International Classification of Functioning, Disability and Health (ICF)³ (WHO, 2001). A personalized therapy plan is designed based on this information.

A key element of the speech and language therapist's professional duties is to fulfil the client/patient's needs through a complex process of clinical reasoning. Clinical reasoning includes the mental processes of collecting, interpreting and structuring information through which the speech and language therapist is able to clarify and solve the clinical problem using her/his professional knowledge. During the decision-making process, the speech and language therapist also takes into consideration professional, ethical, social, economic, and other aspects.

Speech and language therapists base their choice of actions on the principles of evidence-based practice. That involves integration of clinical expertise, wishes, preferences and expectations of the client/patient with the best available research evidence.



In line with professional standards, speech and language therapists engage only in those aspects of the client/patient's functioning and disability that are within their professional competence.

Professional conduct

Speech and language therapists must abide by the Code of Ethics drawn up by their professional body and/or the respective national government.

They are accountable for their professional actions within the national legal framework currently in force.

Professional services areas (include but are not limited to)

- Prevention
- Screening
- Assessment/evaluation/diagnostics (formal and informal)
- Therapy/intervention/(re)habilitation
- Counselling
- Referral to relevant services
- Research
- Collaboration (interdisciplinary, multidisciplinary, transdisciplinary teams)
- Education (within and outside the profession)
- Supervision/mentorship
- Administration/management/leadership/program design
- Technology/instrumentation
- Advocacy on behalf of clients and outreach and advocacy and promotion on behalf of the profession

Other Roles and Responsibilities (include but are not limited to)

- Consultation with government, industry and community.
- Involvement in supported decision-making and multidisciplinary assessments of mental capacity for those with communication and feeding/swallowing impairments.
- Determination of job-related, communication capabilities of individuals and planning adjustments /accommodations, if needed.
- Testifying as an expert witness.
- Working as an interpreter or communication intermediary for people with limited communication abilities.



Target populations

Clients/patients of all ages (newborns, infants, preschool and school age children, adolescents and adults).

Service delivery areas across the lifespan (include but are not limited to)

- Developmental language disorders and delays
- Acquired language disorders
- Prelinguistic communication
- Pre-literacy and literacy skills
- Reading and writing disorders
- Specific learning disorders (dyslexia, dysgraphia, dyscalculia, etc.)
- Speech disorders (articulation and phonological disorders, motor speech disorders)
- Fluency disorders (e.g. stuttering, cluttering)
- Social (pragmatic) communication disorders
- Autism spectrum disorders
- Selective mutism
- Neurogenic communication disorders (e.g. aphasia, dysarthria, apraxia, etc.)
- Cognitive communication deficits and disorders
- Feeding and swallowing disorders
- Voice and resonance disorders
- Accent/dialect modification
- Alternative, augmentative and assistive communication
- Sign language communication
- Multilingualism
- Hearing impairments and aural rehabilitation

Work settings (include but are not limited to)

- Health care system (e.g. hospitals, inpatient and outpatient clinics/departments, specialised clinics, health institutes, community health centres)
- Education system (e.g. mainstream and/or special preschool, primary and secondary schools)
- Universities/colleges
- Clients'/patients' homes
- Independent/private practice
- Day centres
- Nursing homes and long-term care facilities
- Non-profitable associations



- Professional associations
- Justice, social services, correctional facilities, regulatory body or agencies, government ministries
- Corporate settings



References

1. European Convention on Human Rights. European Court of Human Rights (2013). Convention for the Protection of Human Rights and Fundamental Freedoms. Rome, 4.XI.1950. Available at: https://www.echr.coe.int/Documents/Convention_ENG.pdf
2. Convention on the Rights of Persons with Disabilities and Optional Protocol. United Nations, 2006. Available at: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
3. International Classification of Functioning, Disability and Health (ICF). WHO, May 2001. Available at: <https://www.who.int/classifications/icf/en/>