

Revision of the Minimum Standards for Education

Completed by the Education Commission

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In order to achieve the requisite knowledge, skills and competencies as outlined below it is CPLoL's view that such studies must be undertaken at University or equivalent academic level, in accordance with the principles of the Bologna charter in realising the European Higher Education Area, taking account of CPLoL Resolution 9* (GA, Malmo, Oct. 2003).

1. Introduction

Following the comprehensive description of the professional education of Speech and Language Therapists (SLTs) as it is currently organised in the different member countries, CPLoL considered it important that minimum standards should be set concerning initial education. The aim of the work was:

- to establish European minimum standards for the professional education of speech and language therapists, which would enable CPLoL to assess and analyse education programmes within and across countries and assist when considering an application for membership of CPLoL;
- to provide guidelines for countries wishing to set up an educational programme in speech and language therapy;
- to provide guidelines for countries wishing to reorganise initial professional education.

In light of developments in education and the profession these standards have been updated to reflect changes in approaches to education and the description of the professional competence of the speech and language therapist.

2. Principles

1. It is recommended that all objectives, content of curricula and methods used for teaching speech and language therapy should always be in accordance with CPLoL's Code of Ethics.
2. The programme should lead to the graduate being the professional expert on the complexity of human communication and its disorders.
3. The programme should lead to a scientific approach, to problem solving and reflection in and on practice.
4. The study of therapeutic intervention for and evaluation of communication and swallowing disorders should be based on a scientific or evidence based approach.
5. The programme should integrate the teaching of theory, as well as teaching of scientific methodological skills with the teaching of the practical applications of theory, and include a substantial element of clinical practicum.
6. The programme should lead to and inculcate an awareness of social and cultural differences both within and across countries, and a respect for differences both among societies.
7. The programme should enable students to acquire and be able to demonstrate general knowledge in all fields which enable them to work with all types of clients and clients of all ages with communication and /or swallowing disorders and also in the prevention of these conditions.
8. The programme should make the student aware of the legal and ethical responsibilities in the context of his professional practice and the requirement to practise safely and ethically.
9. The programme should make the student capable of evaluating evidence and research and be able to conduct basic research.
10. The programme should lead the student to be able to apply problem solving skills and abilities in new or unfamiliar environments.
11. The programme should provide students with the opportunity to learn and study in a manner that may be largely self-directive or autonomous.
12. The qualification should allow the speech and language therapist to enter a postgraduate research programme.

3. Main points

3i A student orientated programme means that the students should develop and be able to demonstrate competencies.

3ii A professional competency can be described as an integration of knowledge, understanding, subject specific skills and abilities that are used by a person to function according to the demands that are put upon him/her in the specific speech and language therapy context (such as health and education contexts).

3iii At the end of the education process the student should have acquired and be able to demonstrate all the competencies for the speech and language therapist. During the programme of study students learn and demonstrate different levels of the competencies.

The professional competencies for the students have been categorised into three competence areas:

1. **Competence area A: Clinical practice:** Prevention, assessment, diagnostics, care, training and advice: working with and for clients and their community.
2. **Competence area B: Organisation:** working in and for an organisation.
3. **Competence area C: The Profession:** development of the profession and the discipline.

1. Competence area A:

Clinical practice: Prevention, assessment, diagnostics, care, training and advice: working with and for clients

Competency 1: Designing and delivering prevention activities

The speech and language therapist offers the client(s) primary, secondary and tertiary prevention activities in order to reduce the risk of disorders and / or limitations in activities occurring.

Competency 2a: Providing care

The speech and language therapist offers the client(s), assessments, diagnostics and speech and language therapy in a professional and sensitive manner in order to ease and / or remove the burden of disorders and /or limitations.

Competency 2b: Training, counselling and advising

The speech and language therapist offers the client, his carers/ family and his community/ environment, training and advice in a professionally responsible manner in order to make the client function at a higher level and facilitate the client's participation and activities in daily life.

Competency 3: Co-ordinating activities concerning the client(s)

The speech and language therapist co-ordinates the agreed activities concerning the client(s) and target groups in order to let the prevention activities, assessments, diagnostics, care, therapy, training and advice run as a continual and integrated process.

2. Competence area B:

Organisation: working in and for an organisation.

Competency 4: Working effectively within an organisational framework or service

The speech and language therapist contributes actively to policy developments and actions to safeguard the continuity of practice or service delivery and the integrity of the agencies within which speech and language therapy is delivered.

Competency 5: Managing the practice, business, department or service

The speech and language therapist manages his role in the practice, business, department or service in a professionally responsible manner in order to ensure a good organisation of the services given.

Competency 6: Coaching and guiding colleagues, team members and trainees

The speech and language therapist coaches and guides colleagues, team members and trainees, respecting their independence and professional responsibility so that profession-specific, relevant tasks within the organisation are carried out efficiently and effectively.

3. Competence area C:

Profession: development of the profession and the discipline.

Competency 7: Developing profession and professionalism competencies

The speech and language therapist fulfils an active role in the promoting of awareness of the profession, in further developing the profession and in upholding the standards for maintaining and improving the quality of the profession.

Competency 8: Developing methods, techniques, scientific approaches and guidelines

The speech and language therapist plays an active part in developing methods, initiating new programmes, techniques and guidelines in order to keep the prevention, care, training and advice up to date with current social, health and education needs.

4. Content of the curriculum for Speech and language therapy

4.i Theoretical subjects

In order to work safely, effectively and efficiently, speech and language therapists need a good knowledge of the structures and functions of the human being in relation to communication, feeding and swallowing; of normal development (biomedical sciences, language sciences) as well as of all disorders which may alter these functions (speech and language pathology) and the different ways of identifying, investigating, analysing, evaluating and managing these disorders, including onward referral to other professionals. They must also be able to analyse the behaviour of the patient and the way in which the disorder affects the patient's life (behavioural sciences, including psychology).

In addition, the profession should contribute to the advancement of knowledge about communication, feeding and swallowing disorders, methods of assessment and remediation and treatment planning. Consequently students need to be helped during their professional education to develop into 'practitioner-researchers', who will continually seek out and use the latest information concerning the various branches of their profession.

"The programme should include coverage of the supporting disciplines. Such coverage should provide the students with an overview of the main contexts of each discipline, and detailed study of such theories and approaches as are directly relevant to the understanding of human communication and its disorders. The relevance of each discipline to the study of logopaedics (speech and language therapy) should be made clear to the students. The study of each of these disciplines should include a practical component."

(IALP Guidelines 1995, p. 297)

4.i. a Biomedical sciences

Study in this area must include theoretical knowledge of: biological bases of language and speech; anatomy and physiology; physics of speech and acoustics; clinical medical sciences such as neurology, ENT, paediatrics, geriatrics, psychiatry, orthodontics, audiology, foniatics, genetics and investigation techniques.

4.i. b Language sciences

Study in this area must include linguistics (phonetics/phonology, semantics, lexicon, morphology/syntax and pragmatics), psycholinguistics, neurolinguistics, sociolinguistics and multilingualism.

4.i.c Behavioural sciences

The study of behavioural sciences must include the following disciplines: psychology (developmental, clinical, cognitive, and social), neuropsychology, education and sociology.

4.i.d Speech and language pathology

The study of speech and language pathology must include the following: developmental and acquired speech and language disorders including aphasia, motor speech disorders, voice disorders, fluency disorders, feeding-swallowing disorders, disorders of reading and writing, craniofacial malformations, learning disabilities, autistic spectrum disorders, emotional behavioural communication disorders, neurodegenerative disorders, augmentative and alternative communication and hearing impairment.

4.i.e Research skills

Scientific research methodology should be present throughout the programme of study. These skills must include the following theoretical aspects: research methodology and the application of quantitative and qualitative methodology; practical work in observation, data collection, transcription, measurement, analysis and application of new information and reporting. The students must have knowledge of the availability and use of treatment efficacy and effectiveness research and evidence based practices in communication sciences and disorders. The students should be able to access information from national and international scientific publications.

4.i.f Public Health

The study of public health must include knowledge of prevention, communicative interactions, health and safety issues, (inter) national health system and organisation, and roles of other professionals.

4.ii Clinical practice and practical elements of the programme

Methodology of speech and language therapy must cover the main aspects of clinical work: prevention, assessment, diagnosis, intervention and evaluation and onward referral. In order to achieve competence in the different fields of methodology, the student has to acquire different clinical skills which must cover the following competencies:

a) To adapt the way s/he communicates with the client and his community in order to be able to:

1. identify the reason for which the client presented for therapy
2. identify, describe and evaluate the client's communication and communicative competence
3. draw appropriate conclusions and make a diagnosis
4. develop therapeutic programmes and apply them
5. evaluate the effect of the intervention/therapy

b) To have thorough knowledge of appropriate assessment methods and intervention methods for different communication, feeding and swallowing disorders, and of available techniques and methods of rehabilitation and therapy, including counselling and early intervention.

c) To understand how to collaborate with other members of multi and transdisciplinary teams.

Professional practice placement

The study of speech and language therapy must include sufficient clinical professional practice placements carried out under the responsibility of competent and qualified speech and language therapists. The clinical placement should be organised so as to enable the student to acquire generalisable skills and to work out detailed therapy plans adapted to the clients' needs.

a) Practice placements

During initial education, students have to acquire practical experience to fulfil the different roles and functions which will be required in the exercise of their profession: prevention, assessment, diagnosis and treatment of communication, / speech and language disorders.

Students must obtain practical experience :

- by working with both children and adults having developmental and acquired, functional and organic speech and language disorders,
- in assessing and managing feeding and swallowing disorders.

It is of utmost importance to take into account the potential variety of disorders as mentioned under

4. Theoretical subjects.

b) Application of theory to practice

It is important that the student learns through theory and practice that every speech and language therapist should be both a clinician and practical researcher. At the outset of therapy he/she should consider relevant theoretical models and assess the client's communication skills and disorders in order to plan a suitable programme for therapy.

During the course of therapy, the speech and language therapist should evaluate the effects of the therapy in order to assess therapy outcomes and make adjustments if necessary to the therapy programme to match the progress of the client. At each stage (of intervention) he/she should be able to integrate theoretical knowledge with practice and to recognise that practice enriches scientific knowledge by offering examples, facilitating adjustments and also by showing its limits.

5. Assessment of outcomes and student learning

It is important to monitor regularly the progress of the students towards becoming a speech and language therapist in relation to their theoretical knowledge and their practical skills and attitudes.

The competencies of the students have to be assessed during the programme related to the growth of their knowledge, responsibility and ability to transfer these into more complex and specific professional situations.

The students should be assessed on their taught courses and clinical placements. Skills in applied scientific research must be assessed by the writing of a dissertation/thesis at the end of their studies.

6. Qualifications of lecturers and supervisors

Lecturers giving courses to future speech and language therapists must have comprehensive knowledge of the profession, its scope of activity and the role and functions required of speech and language therapists in their daily professional practice.

Speech and language pathology courses should primarily be taught by speech and language therapists.

The clinical placements should be supervised by speech and language therapists who have the necessary clinical expertise and experience, and where applicable registered with the appropriate regulatory and/or professional body in the relevant country.



***RESOLUTION NO. 9**

The General Assembly of CPLLOL meeting in Malmö on 18 and 19 October 2003 -

- notes with pleasure that the EU has accepted the Bologna Declaration of 1999, on the European space for higher education;
- requests that all the EU member countries seek progressively to incorporate the principles laid down in the declaration;
- draws attention to the need for initial education for speech and language therapists to be at Masters level;
- proposes that CPLLOL national member organisations should always be consulted on the process of reforming and bringing their initial education in line with the principles and contents of the Bologna declaration.

Finally CPLLOL draws attention to the fact that it represents the profession at European level and it should therefore be consulted by the various European authorities, committees and expert groups on all matters concerning speech and language therapy.