Happy Anniversary!

CPLOL, the organisation uniting 35 professional associations of speech and language therapists/logopedists across 32 European countries is celebrating a very special birthday this year. March 6th, 2018 will mark 30 years since CPLOL’s creation.
In 1987, the European Commission in Brussels passed a directive assuring mutual recognition for university–level diplomas (3 years). Some professional sectors, for example in the medical field, already had such directives enabling professional migration between the 12 European Economic Conference (EEC) member countries. SLTs did not. At the initiative of the Fédération Nationale des Orthophonistes (France), the idea rose: «what if we created a European committee for speech and language therapists, to discuss all of this, to get to know each other and facilitate professional and scientific exchange! ». On the 6th March 1988, 9 out of 12 countries from the EEC founded CPLOL in Paris, during the French national Congress themed «nouvelles frontières» («new borders»).

The representatives building the new committee were first involved in the project for mutual recognition, which became effective in 1991. This was the first of many projects following the main goals of the organisation: promote the profession, the harmonization of standards, and the collaboration between SLT associations at an international level to increase understanding about SLT practice, research and education and to raise awareness for our profession in the public, among politicians, other professionals and institutions across Europe.

With great commitment and passion CPLOL delegates follow the objectives and work together on diverse projects relating to SLT practice and education, which include the SLT role in working with multicultural populations and with refugees, SLT pre–registration education standards and issues relating to tele practice. The growth of our organization shows the benefit of unifying the professionals globally and making information, knowledge and strengths available through a common platform. CPLOL has continuously promoted its point of view and remained a solid institution representative of all its members and sensitive to the specificity of each, with clear aims towards the harmonisation of the profession in all its aspects.

I am proud to have been selected to represent all SLTs in Europe and to have the opportunity to be CPLOL’s ambassador speaking on behalf of the SLT community. These 30 years of activity and commitment has made a difference in the development of the profession) – our sincere thanks to all those who have contributed to this incredible adventure.

Michèle Kaufmann–Meyer
President
CPOL represents

- 30 Countries
- 33 Organisations
- 65,000 Speech and Language Therapists
- More than 485 million people
CPLOL – The Organisation

Standing Liaison Committee of Speech and Language Therapists / Logopedists in the European Union. The acronym 'CPLOL' refers to the French name: Comité Permanent de Liaison des Orthophonistes / Logopèdes de l'Union Européenne.

Members of CPLOL are the national professional associations of SLTs / logopedists meeting the criteria for membership set by the General Assembly. Associations from European countries outside the EU can be admitted as observer members.

Lead by an elected Executive Committee(EC), CPLOL represents its member countries through a delegation of at least two delegates from the country and professional association or associations. In the permanent commissions Professional Practice and Education under the responsibility of their vice–presidents, the delegates work on the projects following the aims and objectives set for the 3–years mandate by the General Assembly.

Two commissions’ VPs, a treasurer, a general secretary, a vice–president responsible for the congress and one for the European and international relations build the team of 7 representatives in the EC.

The Objectives

To represent the member professional associations to the European and international political, parliamentary and administrative authorities.

To promote, within member countries of the EU:

- freedom of movement and the right of members of the profession to practise in the countries of the EU
- the co–ordination of conditions for the practice of speech and language therapy–logopedics
- the equivalence of qualifications
- the harmonisation of legislation relating to the profession
- the exchange of scientific knowledge and research in the fields of speech and language therapy / logopedics
- the harmonisation of standards and quality of initial training and continuing education
To study regulations and decisions made by European authorities affecting speech and language therapy – logopedics, and to submit projects and proposals to these authorities

To promote meetings with EU liaison committees representing other professions, which have common interests with speech and language therapists / logopedists

To provide assistance to member associations if the proposals made are of common interest

To organise European scientific congresses for speech and language therapists / logopedists

To publish any scientific and professional materials consistent with the CPLOL mission and the interests of the profession

To have contacts with professional and scientific organisations of speech and language therapists world–wide

To study and publish any document relating to European Speech and Language Therapy

To provide expert advice in Speech and Language Therapy / Logopedics to any political, parliamentary or administrative authority or any recognised association which would request it

To facilitate the development of the speech and language therapy profession by training, negotiation and taking new organisations into membership.

History of CPLOL

6 March 1988
Constitutional Charter is signed

1998
Cyprus and Estonia join

1998

1998

2008
Delegates visit the European Parlement in Strassbourg

2013
New website is launched

2018
Work ongoing for a new structure and new functioning
On 6 March 1988 in Paris, at the instigation of the Fédération Nationale des Orthophonistes (France), the organisations or associations representing the nine countries of the European Community signed the constitutional charter which set up the Standing Liaison Committee of EU Speech and Language Therapists–Logopedists (CPLOL); the founding President was Jacques Roustit.

In 1989, 15 organisations representing the 12 countries of the Community joined as members of CPLOL.

In April 1992 the first CPLOL scientific congress was held in Athens; the theme was «Current trends in the Science of Speech and Language Pathology in Europe».

In 1993 Norway was admitted as observer member of CPLOL.

In September 1994, Belgium organised the Second European Congress in Antwerp.

In 1995 Austria, Finland and Sweden were admitted as CPLOL members following their joining the European Union.

In 1997, the Third CPLOL Scientific Congress was held in Lisbon with the theme: «Prevention – Assessment and measuring efficacy».

In May 1998, at the General Assembly in Naples, Cyprus and Estonia, which are both seeking to join the European Union, were admitted as observer members of CPLOL. On the 10 years anniversary, CPLOL published «1988–1998 – 10 years of activities».

In 2000 the Fourth CPLOL Scientific Congress was held in Paris with the theme «Language: Quality and efficacy in speech and language therapy».

In September 2003 the Fifth Scientific Congress was held in Edinburgh, with the theme «Evidence–based Practice: A challenge for Speech and Language Therapists».

In October, during the eighth ordinary General Assembly in Malmö, Sweden and the Czech Republic were admitted as the fifth observer member. Also, the 15th anniversary of CPLOL was celebrated.

In 2004 the European Union welcomed 10 new member countries, among them Estonia, Cyprus and the Czech Republic. As the speech and language therapy/logopedics associations in these three countries were already observer members of CPLOL, they became full members as of May 2004. This event was marked by Estonia hosting the May meeting and Cyprus the October meeting of that year.

In May 2005 the Slovenian Association of Logopedists was admitted as a full member of CPLOL.

And the following year, in May 2006, another 'new' EU member country, Latvia, became a member of CPLOL, when the Speech Therapists' Association of Latvia was admitted. At the same General Assembly, the Croatian Logopedics Association was admitted as an observer member of CPLOL. Then, in September, the Sixth CPLOL Congress was held in Berlin, hosted by the Deutscher Bundesverband für Logopädie. The theme of the congress was «A multilingual and multicultural Europe. A challenge for speech and language therapists» – a theme of the greatest interest at present.

As of January 2007, Norway became a full member of CPLOL. And at the General Assembly in Riga, Latvia in May, the Speech Therapists' associations of Bulgaria, Iceland, Malta, Poland, and Slovakia were admitted as members of CPLOL.
In January of 2008, Switzerland became a full member after having been an observer member since 1989. 2008 was also an occasion to celebrate CPLOL’s 20th anniversary. During a special meeting in Strasbourg, the delegates were all invited to visit the building of the European Parliament. The community of SLTs across Europe had now 27 member–countries and, as some countries were represented by 2 associations, represented by 33 different professional associations, societies or trade union.

In 2009, the General Assembly (GA) accepted the official participation of extra–delegates to CPLOL meetings for a maximum of 3 additional persons, at the expense of their association.

In 2010, CPLOL could start a three–year long project (2010–2013) funded by ERASMUSENWA (Life Long Learning Programme: Network for Tuning Standards and Quality of Education programmes in Speech and Language Therapy across Europe): the NetQues. NetQues is an exciting partnership of 65 partners representing all 27 EU member states plus partners from Liechtenstein, Norway and the EU–candidate countries of Iceland and Turkey. CPLOL is the Coordinator of the project which aims to address the needs of tuning speech and language therapist / Logopedists (SLT) education in Europe through defining educational benchmarks and sharing best practice in teaching, learning and assessment. For all the information on the project, see: http://www.netques.eu/

CPLOL worked in the years 2009 to 2011 on its functioning, its statutes and internal regulation as well as its image for the public. At the Extraordinary GA in October of 2010 in Paris, the 28th country was welcomed to CPLOL: Lithuania.

In 2011, at the GA in Nyborg, statutory modifications were accepted, changing the rhythm of General Assemblies from biannual to triennial meetings and mandates of executive accordingly. Because of the grants received for the NetQues project, and according to French laws, under which CPLOL lies, the Assembly also appointed an auditor.

In 2012, CPLOL’s 8th scientific Congress could be organised in The Hague, hosted by the NVLF who celebrated its 85th anniversary at the same time. The title «New advances in SLT professional practice and education» opened on various actual presentations many around recent technologies and Evidence Based Practice. The programme was designed with 74 oral presentations, 9 workshops, 49 posters and attended by 380 participants. An own website was designed for the event: http://www.cplolcongress2012.eu/en

In 2013, CPLOL has been in existence for 25 years! 30 countries (with the new addition of Croatia), 33 associations and growing will be attending the GA in Sofia where the new website will be presented. It should meet expectations in appearance and use for all delegates and member associations.

In 2014, in Malta, the speech and language association of Hungary was accepted as a full member and Turkey as an observer member. At the same Extraordinary General Assembly, CPLOL joined CEPLIS (Conseil Européen des Professions liberals) as an observer member for a trial period of 1 year. A Donation Policy was also accepted which is intended to complement CPLOL’s commitment to defending the profession and its member associations and allows
CPLOL to donate to projects supporting CPLOL’s aims and objectives. Its members can therefore benefit from those projects in all professional areas.

- **2015**, at the extraordinary General Assembly in Florence, the members adopted the Resolution n°10 regarding CPLOL’s position on linguistic competencies as well as an addendum to the minimum standards related to the NetQues report. CPLOL held its 9th scientific Congress. As the theme said, CPLOL could «open the doors to communication» with remarkable success.

- **In 2016**, the General Assembly adopted Resolution n°11 on the indivisibility of the profession which constitutes an eminent position statement for CPLOL concerning the EU directives.

CPLOL still acts as the umbrella organization of the European Speech and Language Associations and intends to acquire more and more recognition as THE defender and ambassador of all Speech and Language Therapists in Europe. The representation of 32 countries and 35 associations certainly is a strength we can use.

- **In 2017**, CPLOL started a big work on restructuring the organization. During the next 2 years, the structures and the functioning will be scrutinized to the end of a modernization and more efficiency for all members throughout Europe.
Constitutional Charter – bilingual

Constitutional Charter of the Permanent Liaison Committee of the E.E.C. Orthophonists and Logopedists

Logopédie et orthophonie, over the last few decades, have gone through a continuous development. The first steps of both disciplines, especially as far as patient care is concerned, had to be taken in the mainland countries of Western Europe, before the development of the E.E.C. and the expansion of the European Community.

For this purpose, we have to underline the collaboration with university staff and clinical practice in the mainland countries, where there is a greater professional activity. In this way, the development of the discipline has been more rapid in the mainland countries than in the other European countries.

In 1988, the Community Council of the E.E.C. decided to set up a Committee of the Permanent Liaison Committee of the E.E.C. Orthophonists and Logopedists.

The establishment of this Committee is an important step in the development of the discipline in Europe. The Committee is a body that brings together representatives of national professional organizations of orthophonists and logopedists from all the E.E.C. countries.

The Committee has the following objectives:

- to study and promote the development of the discipline in Europe;
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In 1993, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the Central and Eastern European countries.

In 1998, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the Western Balkans.

In 2003, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the Mediterranean countries.

In 2008, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the Eastern Mediterranean countries.

In 2013, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the South Caucasus.

In 2018, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the North Caucasus.

In 2023, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the Central Asia.

In 2028, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the South Asia.

In 2033, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the South America.

In 2038, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the North America.

In 2043, the Committee was extended to include representatives of the national professional organizations of orthophonists and logopedists from the South America.

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CPLOL’s Growth

Member Countries

Feedback from Delegates – so many memories

« Morgen werd gisteren geschreven »

« The congress in Den Haag, the congress in Florence with all the scientific and social program. »

« At the meeting I was with some concern. I supposed a totally formal negotiation, which also corresponded to my clothes. I was pleasantly surprised by the warm and informal acceptance and helpfulness of other members. »

« The CPOLOL’s conferences have been really professional and helpful. In the last CPOLOL’s conference in Firenze there were 17 people from Estonia which is a good sign. »

« NetQues was a lot of work but a fantastic experience. I have learnt a lot about not taking anything for granted and appreciate similarities and differences between. »

« Et si on fondait une organisation européenne d’orthophonistes ! »

« The 2015 CPOLOL Congress in Florence was very well organized, brought lots of specialist together and gave meaning to SLT Field. »

« The 2015 CPOLOL Congress in Florence was a great cue for the association, the profession and the research in our country. »

« The conferences of CPOLOL are an opportunity to exchange some experiences and to get known more about the profession in Europe and further. »
Presidents Roll Call

May 2013 – Current
**Michèle Kaufmann–Meyer, Switzerland**
« À chaque fois que je prépare une séance de comité, de commission ou une représentation du CPLOL, je le fais avec tout mon être. C’est aussi bien le fait d’être l’ambassadrice des logopédistes européens qui m’exalte, que celui de voir tant de collègues et amis et de philosopher sur le monde logopédique, mais aussi politique et culturel et cela sans aucune frontière. »

May 2009 – May 2013
**Hanneke Kalf, Netherlands**
« I like to think back on the proud feeling of representing Europe during the president’s lunch at an ASHA congress. »

May 2005 – May 2009
**Birgitta Rosen–Gustafsson, Sweden**
« Travelling around Europe, discovering new countries, meeting lovely, interesting colleagues with a great hospitality, finding that we share so many things, have so much in common, both professionally and personally, although we come from different circumstances, countries and the fact that we speak different languages. »

May 1999 – May 2005
**Linda Schrey–Dern, Germany**
« Après une longue journée de discussion la FNO nous avait invité à l’opéra Bastille; à 22h on avait un faim de loup et on se rendait dans un restaurant. A 2 heures du matin on rentrait à pied pendant une heure à l’hôtel, il pleuvait tellement fort que la déléguée espagnole s’est cassé ses sandales et marchait le reste du chemin à pieds nus. Le matin on commençait la séance à 8h30 comme prévu! La nuit était un peu courte mais la motivation surmontait la fatigue ! Vive l’Europe ! »

May 1995 – May 1999
**Ben Mondelaers, Netherlands**
« Une de mes mémoires importantes c’est que Marie–Claire Coets et moi ont développé une enquête dans les pays membres de ce moment afin de dresser la carte de la situation. Ça nous a donné beaucoup d’information et c’était la première analyse de la position de la logopédie dans les pays membres de ce moment. »

May 1988 – May 1995
**Jacques Roustit, France**
« Le CPLOL est né d’une formidable énergie collective, d’un enthousiasme remarquable, de rencontres baignées d’une convivialité exceptionnelle, de découvertes de belles personnalités, d’une volonté de s’ouvrir en fédérant pour construire la grande orthophonie–logopédie européenne du XXIème siècle. »
## Member Countries and their Associations – 2018

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<thead>
<tr>
<th>Country</th>
<th>Association</th>
<th>Delegates in 2018</th>
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<tr>
<td>Austria</td>
<td>Berufsverband <em>logopädie</em>austria – BLA</td>
<td>Heike Muench</td>
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<td>Karin Pfaller</td>
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<td>Belgium</td>
<td><em>Union Professionelle des Logopèdes Francophones</em> – UPLF Vlaamse Vereniging voor Logopedisten – VVL</td>
<td>Dominique Charlot</td>
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<td>Lorraine Lieffrig</td>
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<td>Marleen D’hondt</td>
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<td>Bulgaria</td>
<td>Bulgarian National Association of Logopedists – BGMAL</td>
<td>Nina Petrova Iordanova</td>
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<td>Maria Peeva</td>
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<td>Croatia</td>
<td><em>Hrvatsko Logopedsko Društvo Croatian Logopedics Association</em> – HLD</td>
<td>Katarina Pavicic Dokoza</td>
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<td>Blazenka Brozovic</td>
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<td>Cyprus</td>
<td><em>Association of Registered Speech Language Pathologists of Cyprus</em> – ARSP</td>
<td>Fofi Constantinidou</td>
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<td>Maria Kyriacou Solomonidou</td>
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<td>Czech Republic</td>
<td><em>Association of Clinic Logopedists of Czech Republic</em> – AKL</td>
<td>Irena Sachova</td>
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<td>Andrea Cigankova</td>
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<td>Denmark</td>
<td><em>Audiologopaedisk Forening</em> – ALF</td>
<td>Maria Rønlev Berwald</td>
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<td>Mette Thomsen</td>
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<td>Estonia</td>
<td><em>Estonian Logopedists Union</em> – ELU</td>
<td>Veronika Raudsalu</td>
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<td>Anneli Ojaste</td>
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<td>Finland</td>
<td><em>Suomen Puheterapeuttiliitto Finnish Association of Speech Therapists</em> – SPTL</td>
<td>Elina Niemitalo–Haapola</td>
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<td>Sini Smolander</td>
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<td>Country</td>
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<tr>
<td>France</td>
<td>Federation Nationale des Orthophonistes – FNO Union Nationale pour le Développement de la Recherche et de l'Évaluation en Orthophonie – UNADREO</td>
<td>Jean-Laurent Astier Gaëlle Lancelle – Chollier Sylvia Topouzkhanian</td>
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<td>Germany</td>
<td>Deutscher Bundesverband für Logopädie – DBL</td>
<td>Linda Schrey–Dern Wiebke Scharff Rethfeldt</td>
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<td>Maria Vlassopoulos Ellianna Mantaka–Brinkmann</td>
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<td>Hungary</td>
<td>Magyar Logopédusk Szakmai Szövetsége Professional Association of Hungarian Speech and Language Therapists – MLSZSZ</td>
<td>Bence Kas Eva Meszaros</td>
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<td>Iceland</td>
<td>Félag talmeinafræðinga á Íslandi The Icelandic Association for Speech and Language Therapists – FTÍ</td>
<td>Thora Masdottir Thorunn Halldorsdottir</td>
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<td>Ireland</td>
<td>Irish Association of Speech and Language Therapists – IASLT</td>
<td>Jeanne Dippenaar Fiona Hill</td>
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<td>Italy</td>
<td>Federazione Logopedisti Italiani – FLI</td>
<td>Irene Vernero Tiziana Rossetto Giuseppe Mancini Raffaella Citro</td>
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<td>Latvia</td>
<td>Latvijas Logopēdu Asociācija Speech Therapists’ Association of Latvia – LLA</td>
<td>Baiba Trinite Sarmite Tubele</td>
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<td>Lithuania</td>
<td>Lietuvos logopedų asociacija Lithuanian Logopedist Association</td>
<td>Daiva Kairiene Simona Daniute</td>
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<td>Luxembourg</td>
<td>Association Luxembourgeoise des Orthophonistes – ALO</td>
<td>Florence Kleer Stéphanie Rauen</td>
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<td>Malta</td>
<td>Association of Speech–Language Pathologists Malta – ASLP</td>
<td>Daniela Vassallo Claudine Zerafa Norma Camilleri</td>
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<td>The Netherlands</td>
<td>Nederlandse Vereniging voor Logopedie en Foniatricia – NVLF</td>
<td>Bauke Leijenaar Jenta Sluijmers</td>
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<td>Norway</td>
<td>Norsk Logopedlag Norwegian Association of Logoped – NLL</td>
<td>Signhild Skogdal Katrine Kvistad</td>
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<td>Portugal</td>
<td>Associação Portuguesa de Terapeutas da Fala – APTF</td>
<td>Lina Marques De Almeida Ana Tavares</td>
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<tr>
<td>Romania</td>
<td>Asociaţia Specialiştilor În Terapia Tulburărilor De Limbaj Din România – ASTTLR</td>
<td>Carolina Hategan Bodea Raluca Trifu</td>
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<td>Slovakia</td>
<td>Slovenská asociácia logopédov – SAL</td>
<td>Michaela Havamova Julia Cunderlikova</td>
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| Slovenia    | Društvo logopedov Slovenije – DLOGS Slovenian Association of Logopedists       | Mateja Gacnik
                                     Katja Bucik                         |
| Spain       | Asociación de Graduados y Diplomados Universitarios en Logopedia – AGDUL       | Laura Seco Martinez
                                     Yaiza Jimenez                       |
| Sweden      | Svenska Logoped Förbundet SLOF                                               | Ulrika Guldstrand
                                     Kristina Hansson
                                     Kristina Hammar                     |
| Switzerland | Association Romande des Logopédistes Diplômés ARLD                            | Catherine Emmenegger
                                     Ivana Chatton Selva
                                     Michèle Kaufmann–Meyer
                                     Catherine Tlili
                                     Sylvie Moine Hauser                  |
| Switzerland | Deutschschweizer Logopädinnen– und Logopädenverband DLV                       |                                   |
|             | The DLV also represents the Association of SLTs in Liechtenstein (direct contact: Isabelle.kratochwil@powersurf.li) |                                   |
| United Kingdom | Royal College of Speech & Language Therapists                               | Mark Jayes
                                     Hazel Roddam                        |
| Turkey (Observer Member) | Dİl ve Konuşma Terapistleri Derneği Association of Speech and Language Therapists | Pinar Ege
                                     Seyhun Topbaz                        |

**Countries and Cities that have hosted CPLOL events**

![Map of Europe highlighting countries and cities hosting CPLOL events](image-url)
Which countries and cities have we visited?
What are your memories?

« About 20. Don’t know exactly… »

« I never counted them but, including the years as VP, they must be more than 7. »

« I remember beautiful views of Malta.
Evenings with Athene’s Acropolis.
Monuments of Paris. »

« Croatie, Austrièhe, Hongrie…
 trois visites sublimes. »

« Negotiations were mostly held in the main cities of the country, but less known places were often more impressive, such as Nyborg, Graz and Nice. Representatives of local SLT associations always wanted to introduce local customs and culture from their country. »

« AT, BE, DE, DK, ES, FR, FIN, EE, GB, GR, HR, HUN, IE, IT, LU, NL, PT, SI, SV »
Italy, France, Croatia, Greece, Lithuania, Estonia, Bulgaria, Finland...every time – happy to meet colleagues from all over Europe ....to find differences and also similarities.

Je regrette particulièrement de ne jamais pouvoir profiter des villes. Je ne peux, en effet, jamais prolonger mes séjours....

It was also something special – to share free time, to experience new countries, culture, traditions.

Wonderful adventures from swimming in the Adriatic Sea, running along the river Danube, attempting to converse in different languages, getting lost in city roads and meeting such wonderful people along the way.

When I was watching the wheelchair dancers at the Ljubljana congress, I was reminded most strongly that we work in our profession because everyone has a right to their voice, and a right to the support they need to express their humanity.

The international work and contacts

1. Other SLT organisations

In its effort to represent all Speech and Language Therapists across Europe and act as the defender of their rights and the promoter of the profession, CPLOL collaborates on an international level with other organisations following similar goals. The exchange of information and experience helps build a platform which is meant to allow the development of the profession across the world using synergies and forces for the benefit of our cause and our clients.
2. Partners in other professions

As an organisation of professionals in health, CPLOL has established contacts with other European organisations who invest themselves in defending the rights of the professionals, promote the importance of the professions and raise awareness in society and on political instances. The position of Speech and Language Therapy and its specificity falls within the European health and education strategies. Its importance and benefits are reflected in common pluridisciplinary projects, statements and interventions.

Projects CPLOL has been involved in

1. NetQues

   The project has been an exciting venture in collaboration in speech and language therapy education.

   Over a three-year period of the project much useful data was been gathered and shared. The project’s results are widely distributed and used.

   One of the most important outcomes of the NetQues project has been the agreement of benchmark standards for pre-qualification education of speech and language therapists across Europe.

   The project Network for Tuning Standards and Quality of Education Programs in Speech and Language Therapy/Logopedics across Europe (NetQues) is the work of a multi-lateral academic and professional network of 65 partners from 31 European countries. It was set up and led by CPLOL.

   The NetQues project aimed:

   - to define academic and professional profiles of SLT across the EU
   - to describe the objectives of the pre-qualifying educational program as well as the learning outcomes (in terms of knowledge, understanding and skills) that have to be met
   - to identify the generic and subject specific competences which should be obtained in the program.
2. **CEPLIS – European Council of the Liberal Professions**

The European Council of the Liberal Professions (CEPLIS) is the only inter-professional association bringing together the liberal professionals at the Community level.

Its members are national interprofessional and European mono-professional bodies representative of our sector. Several Working Groups ensure an efficient following up of all legislative proposals of relevance to the liberal professions and of issues specific to each one of the professional families.

The purpose of the European Council of the Liberal Professions (CEPLIS) is the study and promotion, both at the scientific and cultural levels, of all means, information and data related to the exercise and policies of the liberal professions. CEPLIS acts independently of all political, linguistic, philosophical and ethnic considerations.

Its objective in this regard is to:

- Co-ordinate and defend the moral, cultural scientific and material interests of the liberal professions;
- Implement any information type action which may help to achieve the objectives defined in the previous item;
- Create or participate in all necessary organisations or services, and in general to implement all measures which may contribute to accomplishing the objective of the association.

CEPLIS can only take a position on a specific problem concerning a given liberal profession on the express request of the member representing this profession within CEPLIS and exclusively within the limits defined by its association objectives.

Moreover, CEPLIS shall not take sides in a conflict involving different professions represented by it, different representations of the same profession at the European level, or different Interprofessional Organisations within any one State. Each member of CEPLIS maintains the right to defend itself the special interests of its profession within Europe.
CPLOL positions about the profession

1. The Professional Role of the Speech and Language Therapist

I – Definition of the Speech and Language Therapist
The speech and language therapist is the professional responsible for the prevention, assessment, treatment and scientific study of human communication and related disorders. In this context human communication encompasses all those processes associated with the comprehension and production of oral and written language, as well as appropriate forms of non-verbal communication.

II – Description of disorders
Disorders relate to speech and language, which are two of the most complex and developed aspects of cerebral functioning, as well as auditory, visual, cognitive – including learning–, oral muscular, respiratory, swallowing and vocal functioning. Disorders may be simple or complex, when multiple communication disorders are involved.

III – Role and function of the Speech and Language therapist
The speech and language therapist/logopedist has the following roles:

1 – Prevention
The speech and language therapist acts at every stage to prevent the occurrence or development of communication disorders by:

a) teaching
b) information
c) carrying out screening procedures designed for early detection of disorders in children or adults
d) any other action appropriate for clients and their environment.

2 – Assessment and diagnosis
Assessment requires a comprehensive appraisal of functional and other aspects of communicative competence, and changes in these observed in clients (who may or may not consult the speech and language therapist on their own initiative). Account must be taken of the needs of clients and their individual social environment.

Assessment is a continuing process and will often involve collaboration with professionals from other disciplines. The speech and language therapist arrives at a diagnosis through objective testing and clinical observation, and formulates a hypothesis about the nature and duration of intervention.
3 – Intervention

In the case of human communication disorders, therapeutic intervention may be direct or indirect. It involves therapy, rehabilitation and reintegration into social and working life, as well as early intervention, and guidance and counselling. Therapeutic actions have technical, interpersonal and general social dimensions.

Speech and language therapy aims to bring clients to the highest possible level of functioning and communication which is appropriate to their social, educational and working environment, in order that they may achieve or maintain an independent lifestyle. Age is therefore not significant as disorders may appear at any stage in a person’s life and may be developmental or acquired.

An essential part of intervention is the evaluation of its efficacy.

Where there is a medical pathology, intervention by the speech and language therapist may complement medical treatment. Speech and language therapy also involves collaborating in therapy programmes within a multidisciplinary context.

4 – Professional conduct

Speech and language therapists must abide by the code of ethics drawn up by their professional body and/or the relevant national government.

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

5 – Scientific study and continuing education

Speech and language therapists–logopedists should:

- enhance their knowledge and personal skills through continuing education;
- contribute to the development of the profession by sharing their knowledge and skills through publications, participation in meetings and courses, and by teaching;
- become involved in tutoring students during their theoretical studies and in supervising their clinical practice;
- draw up proposals for and participate in research programmes.
IV. – The competences and attitudes of speech and language therapists – logopedists

Speech and language therapists - logopedists should be both clinicians and researchers (i.e. «practising researchers”). At the outset of therapy, they should consider relevant theoretical models and assess the client’s (1) communication skills and disorders to plan a suitable programme of therapy. Speech and language therapists – logopedists should regularly evaluate therapy outcomes and make necessary adjustments to the therapy programme based on the additional information obtained.

Speech and language therapists are primarily concerned with human interaction. Speech and language therapists - logopedists should therefore demonstrate competences and develop attitudes which are appropriate for the most effective exercise of their profession.

The full range of competences is described below. This is based on a detailed analysis of the roles and functions of speech and language therapists - logopedists in their professional practice. Reference is also made to the Charter of Ethics adopted by CPLOL.

Phase 1: Referral interview

Speech and language therapists – logopedists must be able to communicate in an appropriate way with the client to obtain information and to identify the reason(s) why the client has presented him/herself. They must therefore be able to conduct an interview, i.e. listen to the other person, demonstrate a sympathetic attitude to the client’s mode of expression, understand the messages emanating from the client, ask questions to clarify issues for both parties, identify the reason for referral and understand the client’s needs, and display good verbal and non-verbal means of expression.

Based on the information gained during this interview, speech and language therapists – logopedists must be able to plan the course of action to be followed and to inform the client of this. Such information must be clearly presented and comprehensive, so that the client can understand the details and intended outcome, and he/she will be motivated to follow the proposed programme once it has been agreed.

Speech and language therapists – logopedists must therefore be able to draw conclusions from the information obtained, to determine the best course of action, to refer if necessary to another therapist and to explain the practical details of the therapy programme. To achieve this, speech and language therapists - logopedists must be familiar with several types of intervention, their specific objectives and their limitations. If appropriate, they must also be aware of diverse ways of funding therapy.
Phase 2: Assessment and diagnosis

Assessment involves establishing the client’s communicative competence and communication impairments. Speech and language therapists - logopedists must therefore be able:

- to listen, actively observe and to use appropriately the chosen assessment tool/observation technique;
- to extract relevant information from their observations to compete a case history and to establish both qualitatively and quantitatively, the client’s communication skills and deficits;
- to record and analyse data, to formulate and verify hypotheses, to carry out a differential diagnosis in as accurate and precise a way as possible;
- to write a detailed report;
- to communicate their findings to the client and his/her family (or carers) and to the other members of the therapy team (or to the referring medical practitioner);
- to plan an appropriate and clear therapy programme, which considers the needs of the client and his/her environment.

These skills presuppose a good knowledge of human behaviour and functioning, and their development, as well as disorders which may affect this functioning, and diverse ways of investigating and identifying disorders.

Phase 3: Intervention

When assessment has been completed, speech and language therapists - logopedists must be able to use their conclusions to draw up therapy aims and a therapy programme. Interventions may be both direct and indirect.

Speech and language therapists - logopedists must therefore be familiar with interventions which are appropriate for the skills and disorders in question, be aware of the techniques and methods of therapy and rehabilitation available, including counselling and early intervention. However, therapy interventions should never be a technical application of learned procedures: therapy is rather a problem-solving activity because, to be effective, speech and language therapists - logopedists must be able to carry out ongoing assessment of the efficacy of the intervention to that changes or corrections can be made. Speech and language therapists - logopedists must therefore be creative and must be aware how to access the additional information required for efficient therapy.
Throughout therapy, speech and language therapists - logopedists must show respect for the clients and their families/carers; they must be able to collaborate with other professionals, and they must a Speech and language therapists - logopedists must regularly extend and update their knowledge and personal skills through continuing professional development and access to research and other appropriate information (through lectures, seminars and scientific conferences).

They must be aware of the importance of new scientific research and must be familiar with different research methodologies.

**Conclusion**

Speech and language therapists combine scientific knowledge and clinical skills to achieve the best possible management of their clients.

Speech and language therapy is a developing profession at the crossroads of pure and applied science. These guidelines may therefore be subject to revision and modification as the profession continues to develop.

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### 2. A framework for Ethical Practice in Speech and Language Therapy

*Adopted by the General Assembly of CPLOL in Turin, October 2009*

**Introduction**

CPLOL considers that the objective of Speech and Language Therapy (SLT) practice in Europe is to contribute to the wellbeing of all individuals who access these services, in accordance with the European Convention of Human Rights. Various terms are used in different countries in Europe, but here we have used the term «patients» to include all those individuals with communication disorders, to whom the SLT is providing professional services. The ethical framework described below is intended to provide a basis for the development and updating of detailed national ethical codes and guidance.
Ethical codes for Speech and Language Therapists across Europe will contain variations which reflect the specific conditions of practice within each country. However, we consider that there are basic principles which will be valid in any setting, and which will be relevant to the production of more detailed local guidance. Within each country the ethical code will take account of the national law, the regulations applying to health services and health professionals, and the way clinical practice is organised. Codes will also differ in whether they are stated as commands, as prohibitions, as general principles or a combination of these. Here we are stating the basic ethical principles we should refer to, the main ethical duties arising out of them, and the principal areas where there are specific difficulties to consider within Speech and Language Therapy practice.

**Ethical principles and duties**

The bio–ethical approach to healthcare ethics can be described through a set of ethical principles, which can form the basis of decision–making, and which can be developed into more detailed codes reflecting the specific concerns of speech and language therapy practice. These principles are:

- To have respect for the autonomy and dignity of individuals
- To act in such a way as to bring benefits to individuals and to improve their quality of life
- To avoid doing anything which will do harm to individuals
- To act in an equitable and just way towards individuals and society.

These principles are the basis of the common ethical duties towards patients, relating to:

- obtaining informed consent from the patient
- maintaining confidentiality
- communicating effectively
- giving well–founded and honest professional opinion and advice,
- acting within the limits of one’s knowledge and skills
- acting in the best interests of patients
- respecting the social, cultural and moral norms of the local communities
- maintaining good records which are accurate, objective and comprehensive
- acting based on scientific evidence and the professional consensus
- maintaining and developing one’s skills throughout one’s career
- effectively supervising therapy tasks that have been delegated to others
- working within a multidisciplinary framework and collaborating with other professionals.
These principles are also the basis for a duty to the profession, since our behaviour and conduct affect the ability of the profession to carry out its work for the benefit of the patient. This is reflected in requirements about:

- personal behaviour in clinical practice and outside it
- maintaining the reputation of the profession
- avoiding any action which might undermine the profession or any member of it.

CPLOL recognises that these principles may be in conflict in some situations, and that Speech and Language Therapists must consider the interaction of different duties relating to an individual patient in deciding how to act.

This may be manifested in

- the clash between confidentiality and the possible need to act to protect a child or vulnerable adult;
- a case where a patient and their parents/carers have differing views about whether therapy is needed – and the nature of that therapy;
- situations where the clinical judgment of an SLT about the needs of an individual patient conflicts with the overall policy of a service in allocating resources.

No set of rules will resolve such problems, and the individual Speech and Language Therapist must decide which principle is the over–riding one in the situation. Individuals need to recognise the ethical considerations that are implicit in all clinical decision–making and should aim to make explicit reference to these common values that are shared and practised by SLTs throughout Europe.

**Specific challenges for the SLT profession**

The «duty of care» of each Speech and Language Therapist towards their patients is to be 'accountable' for their clinical decision–making, but they cannot be held 'responsible' for the ultimate outcome of any healthcare intervention, as that may be beyond the control of the professional for many reasons.

CPLOL considers that there are ethical problems in working in partnership with patients who have communication disabilities, and with their families and other carers.

This will affect:

- explaining the results of the assessment
- decision–making concerning therapy and intervention
- obtaining informed consent from the patient.
Ethical principles must be applied with extra care, and with due account taken of the effect of communication difficulties on patients. Clinical decisions and interventions must be based on an understanding of the cognitive and psychological factors which may go along with a communication disorder. Since communication disorders affect the patient in their whole environment, decisions about a patient’s care must be based on all the factors which affect the patient in that environment. It is recognised that there are specific ethical problems and challenges in providing SLT services to patients and to populations where there are diverse mother tongues and heritage languages, by therapists who have different language backgrounds.

In addition, SLTs must consider the mental capacity of the individuals with whom they are working and their ability to give informed consent. This issue may be addressed by legislation in some member Countries. Although this has a legal context, the starting point of assuming capacity unless otherwise demonstrated has its roots in ethical principles and is fundamental to ensuring that these individuals are treated in an ethical manner. The principle responsibility for the SLT may be to ensure that others are aware of the differences between cognition deficits, language and communication difficulties and mental capacity. It should also be noted that a judgement of mental capacity may only be made in relation to a specified circumstance and is not fixed.

Any decision made on behalf on someone who is deemed to lack capacity to decide for themselves must be defensible in line with the principle of ‘best interests’ for that individual.

It should additionally be noted that to a significant extent, SLTs are required to contribute towards ethical decision–making within the context of a multi–disciplinary team rather than as an autonomous practitioner. As such, the SLT needs to acknowledge the ethical standards of other professionals and the subsequent decisions should expressly account for the potential harms and benefits of the impact of the holistic case management. The «duty of care» of each Speech and Language Therapist towards their patients is to be ‘accountable’ for their clinical decision–making, but they cannot be held ‘responsible’ for the ultimate outcome of any healthcare intervention, as that may be beyond the control of the professional for many reasons.

Some speech and language therapists are involved in procedures where there is a specific risk of harm to the patient, either from invasive physical procedures, or from the use of less well–known therapeutic or psychological techniques.

These will require:

- specific consent
- specific extra training and competencies (if not covered within initial education),
- appropriate partnerships with other professions to ensure that risks are minimised and harm to the patient is avoided.

These situations will be covered by specific practice standards and procedures, relevant to the clinical setting.

**Conclusion**

Ethical practice is an essential and very challenging aspect of our professional role and SLTs should recognise the ethical dimensions of all their clinical decision–making. It is intended that this framework will provide guidance on how to approach ethical practice for individual SLTs and for SLT organisations. This guidance also embodies CPLOL’s joint commitment to ethical practice across Europe.
3. Position statement on the migrant situation in Europe
June 2016

The influx of migrants into Europe and the consequent humanitarian crisis elicits the need for professional involvement in the fields of health and education, as well as specific accompanying measures in the areas of language and communication. The Comité Permanent de Liaison des Orthophonistes/Logopèdes de l’Union Européenne (CPLOL) supports all actions towards the best care and support of families seeking refuge in European countries. Apart from their basic needs, this population on the move need to develop communication competences in order to have the best possible integration chances in new environments and settings. Moreover, communication strategies must be established between key workers and migrants to ensure that these families have optimal chances in these precarious situations. As Speech and Language Therapists and as communication experts across Europe, we consider it our ethical duty and responsibility to be open to these new challenges and to respond as professionals. With this in view, SLTs throughout Europe can help in different areas:
Work in the forefront:
- Enhance communication skills during the reception phase by promoting, developing and supporting the communication skills of the key workers/volunteers.
- Raise awareness of communication strategies, facilitators and challenges in multicultural settings.
- Act as consultants in the development of Alternative and Augmentative Communication (AAC) e.g. for communication boards.

Education:
- Work in collaboration with language teachers to use culturally sensitive strategies in the development of basic language skills.
- Locate educators or SLTs in the migrant population and create a network which can support children and adults in need of specific services within the migrant communities.
- Train officials in host or transit countries on the basics of transcultural communication in order to facilitate in bureaucratic matters.
- Act as liaisons in promoting the acquisition of the host language on a spoken and written level.

Health:
- Provide expert support in the field of SLT to cases where our professional expertise is needed.
- Assist in access to health services.
- Integration:
  - Assist in the lowering of cultural barriers, through communication and exchange of knowledge/ experiences promoting a multicultural perspective and dialogue between cultures.
- Be the interlocutor & mediator with public and private bodies.

Entrepreneurship:
- Assist adults with specific educational requests/demands on the training level, for their integration in the labour market, based on our support in facilitating communication and language

In conclusion, CPLOL representing the European SLT community states its support of all migrants in this humanitarian crisis and asserts that SLTs could provide part of the professional help needed in this situation and help to alleviate some of the issues created by this insecure and difficult situation for the migrants, as well as for the host countries.

Michèle Kaufmann–Meyer
President
The European Day of Speech and Language Therapy

In 2004, CPLOL created European Day to increase awareness of the SLT profession throughout Europe. It was considered essential to develop public awareness about communication disorders, their effect on human health, the rights of patients with communication disorders and ways to help them. The message of European day is that the prevention of communication disorders may gain by sharing knowledge and experience throughout Europe. With that in mind, one theme is proposed each year, and where possible, a common slogan and shared materials are used.

European Day of SLT objectives

The keyword is «information”. Information about possible speech-language and communication disorders, about the work of SLTs, about CPLOL and the local organizations; information to increase both the public and the authorities’ awareness of what SLTs do and information to clients (patients about their rights and what kind of help they can get and where). It is also an aim in itself, to increase the SLTs’ activities and engagement on European day all over Europe.

The target groups

- For patients and clients, European Day of SLT offers information about speech-language and communication disorders and about treatment possibilities;
- For doctors, teachers, and other professionals, the activities of European Day of SLT offer opportunities for inter-professional exchange;
- For politicians, communities and local authorities, European Day of SLT directs attention to the often-forgotten group of people with communication problems who cannot express their needs in the same way as others;
- For journalists and reporters, the activities of European Day of SLT offer a broad range of interesting information about speech-language, communication disorders and treatment possibilities;
- For speech-language therapists, European Day of SLT offers the opportunity to show the public their contribution to health care and to education;
- For the public, European Day of SLT offers a lot of information about speech-language and communication disorders which may affect anyone and has a direct impact on their family.
The benefits of celebrating European Day of SLT?

The celebration of European Day of SLT increases public awareness of a wide-range of communication disorders and of the SLTs’ role – their evaluations, methods and therapeutic processes. It is also an opportunity to promote the work of SLT associations within each individual country, but also on a European level. Celebrating European Day of SLT allows us to show that SLTs throughout Europe have a common goal and that we are working together to make a dynamic impact on promoting health and well-being in children and adults with communication disorders throughout Europe. The theme of the European Day of SLT 2017 is Dysphagia.

The themes of the European Day – March 6 – have been:

- **2006** – Children’s SL disorders
- **2007** – Adults SL disorders
- **2008** – Neurogenic disorders (adults & children): dysphagia, aphasia, dysarthria, dyspraxia, cognitive/linguistic deficits
- **2009** – Voice disorders (adults & children)
- **2010** – Hearing deficits: prevention/intervention
- **2011** – Fluency disorders
- **2012** – Language: SLI, development, reading/writing
- **2013** – Multilingualism
- **2014** – Voice
- **2015** – Acquired Neurological Communication Disorders
- **2016** – Dyspraxia
- **2017** – Dysphagia
- **2018** – AAC – Augmentative and alternative communication
- **2019** – Autism
Delegates share some good memories

« It's probably not so much of certain extraordinary moments, but little by little getting to know colleagues from diverse cultures and at some point, noticing that you belong into this group, you are not a stranger anymore and you are taken seriously, you can share your knowledge and learn from others. Very good memories about connecting and sharing thoughts with my fellow-countrywoman, delegates I've learned to know during these years and had so much fun working and travelling with. »

« Returning to CPLOL unexpectedly after having bid goodbye to everyone – Meeting friends and good people twice a year – A few good laughs over dinner! – Sharing professional experience and learning about our profession in Europe. »

« Invaluable and (hopefully) everlasting friendship. Great professional tips that have been shared that I value tremendously. Great cultural dinners, for instance in Sophia, Malta, Athens, Prague and Split. »

« There are so many... I remember dancing at the restaurant when we were in Sofia. Several delegates, among others Bent from Denmark, joint the crew. When we were in Athens we sat at a table that was on a very steep hill. We had to hold on tight. Being welcomed into the CPLOL family at the meeting in Nyborg. Examining the dinner, a pig's head, with eye socket and epiglottis – the husbands didn't eat much after that. »

« In general, the information of colleagues and their work situations in other countries was an eye opener. The dinners and the conversations. The awareness in all the delegates of the importance of bind forces. »

« It is very nice to be part of something valuable in Europe in the field of speech therapy and to bring it to my country and to my students (ideas from working groups, European SLT day, common themes for the year etc.). »
Happy Anniversary!
« I think the first time I attended a CPLOL conference I just had an overwhelming feeling of belonging to something so much bigger. It was such a great feeling to be a part of so many speech language pathologists all gathered under one roof all creating awareness in different aspects towards our profession. »

« Lors de la réunion du dimanche à Split, voir tous les membres du CPLOL autour de cette grande table. J'avais l'impression de faire avancer le projet européen à mon échelle. »

« Quand après des discussions (au début assez infernal) qui duraient des heures, des jours ou plusieurs réunions, à la fin on a trouvé une solution! Miraculeux – Surprising – Wunderbar »

The Congresses

1992 – Athens: Current trends in the Science of Speech and Language Pathology in Europe
1997 – Lisbon: Prevention – Assessment and measuring efficacy
2000 – Paris: Language: Quality and efficacy in speech and language therapy
2006 – Berlin : A multilingual and multicultural Europe. A challenge for speech and language therapists
2009 – Ljubljana: Speech–language therapy in Europe: Sharing good clinical practice
2012 – The Hague: New advances in SLT professional practice and education
2015 – Florence: Open the doors to communication
2018 – Cascais: Effectiveness in Speech and Language Therapy: Science and Practice.

The Keynote Speakers:

James Low
Watch video presentation
United Kingdom

Margaret Walshe
Ireland

Chris Code
Watch video presentation
United Kingdom

Alexandre Castro Colidias
Portugal
Celebrating the 30th anniversary with long time office-bearers

The actual anniversary was on the 6th of March 2018. On Saturday March 3rd, the Executive Committee invited all those who have signed the constitutional charter, the past-presidents and office-bearers who have been involved in CPLOL for long years to celebrate in the birthplace of our organisation: in Paris, France.

The guests were invited for an anniversary dinner and a cruise on the Seine. Due to other commitments but also because the weather was «crazy» that week (it snowed a lot over days in the northern part of Europe) some colleagues and friends could not join us, and we missed them.

All present colleagues enjoyed this celebration; it was a pleasure to meet «old friends» and to take the opportunity to exchange memories and reminisce about the beginning of the European Speech and Language Therapists’ adventure, the development of the organisation, the evolution of the profession, the opportunities and challenges faced over the years. It was wonderful to talk and laugh about the good times we had during those endless working hours while working in the Executive Committee and commissions, keeping in mind the goals to defend and promote SLT in the society and with our partners for the benefit of all patients.

Present: Adoraciòn, Irene, Jacques, Michèle, Birgitta, Hanneke, Ulrika, Norma Baiba, Joe, Raffaella, (Louis’ wife), Marie–Claire, Louis, Linda, Ben, Thora (in the back Marie–Claire’s and Adoraciòn’s husbands)

Missing: Aileen, Renata, Jean–Marc, Bent, Pierre, Tina, Isabelle, Theo, Athena, Ernest, Anne, Mette, Jean–Laurent

We salute the initiative of the FNO and the 12 countries of the European Community united to enhance the profession and make it visible.
It was great fun in Paris and we were honoured to be able to celebrate 30 years of the European professional organisation.
Thinking about the future

This 30 years anniversary is a time to review the steps taken, the evolution and the achievements of our organisation. It is also a time to look forward and to see what the future will bring and how the strength and the acquired recognition of CPLOL as a representative organisation of SLTs in Europe can be developed even more and in what direction.

From an idea and ideology shared between twelve European professional associations, the organisation has grown and gone through different stages of maturation. All grown up, CPLOL has developed into a solid institution with established vision and mission and stable aims and objectives.

In the current political and economic situation, CPLOL is on the verge of becoming a more professional and efficient European organisation. Following a well thought out and established plan, the structure and functioning will reflect the 21st century and allow for a better visibility, a stronger position and more presence on the political and professional scene across the world.

It is time for more globalisation, collaboration and cooperation within Speech and Language Therapy organisations across all continents and to make best use of the network and web weaved during these many years with our partners in education, professional practice and politics. Through commitment of professionals in all different fields of Speech and Language Therapy, the profession of Speech and Language Therapy acquires the recognition and role it deserves for the benefit of people with communication, language, speech, and swallowing disorders.

The future of our profession still depends on common choices, statements, missions and projects and on the professionals and their involvement in the development of science and practice in Speech and Language Therapy.

CPLOL is still going strong promoting and defending one of the most wonderful profession in the world!

Michèle Kaufmann–Meyer  
President