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The state of Polish speech pathology and its prospects

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The article analyzes important aspects of speech pathology functioning in Poland. It focuses on many detailed issues related to the identity of the speech pathologist profession, education, specialization and standards of dealing with patients.

KEY WORDS: speech pathology, diagnosis, therapy, education, forecast

Who's who?

During an exam, Professor Leon Kaczmarek asked me when he had ceased to be a philologist and become a speech therapist. I couldn't answer, but the examiner did not have a clear opinion on this issue, either. How few people identify as logopedists and speak with pride of themselves as logopedists. In my opinion, he was and remains a linguist – a theoretician of speech therapy. I remember him carrying on a dispute with Professor Zofia Sękowska (which continues to this day) about whether speech therapy is a branch of applied linguistics, or of special education. It should be remembered that the first speech therapy specialization was established in pedagogical

studies, not in philology. In the end, Kaczmarek admitted with some reluctance that a speech therapist is an educator, but he has never dealt with speech therapy in practice. Rather, he had the bold ambition of making logopedia an autonomous discipline of speech. He did not create a corresponding lobby consisting of representatives of speech disciplines (phoniatics, neurology, psychology, pedagogy) in order to implement this idea. Neither did he have the support of linguists, who looked upon speech therapists with a sense of superiority. Combining logopedia with linguistics was suggested by Professor Stanisław Grabias. He wrote that “there are no grounds for this as an independent discipline of knowledge [linguistics – Z.T.] (...) to be combined with speech therapy. Reasonable attempts to do the opposite, however, do exist” (2001: 24).¹ With all due respect, I do not believe that the linguist Grabias is a speech therapist, any more than the linguist Kaczmarek was. Both professors created theoretical models for use in speech therapy which were not verified empirically. They also did not conduct research on concrete speech disorders, and were not practitioners.

Lublin stronghold

A Lublin stronghold is located in the Department / Chair of Logopedia and Applied Linguistics at UMCS [Marie Curie Skłodowska University], where the PTL (Polskie Towarzystwo Logopedyczne – Polish Society of Logopedists) has its headquarters. The chairman of the General Board was usually the manager or employee of the said facility, some of whose employees fulfilled functions of responsibility on the General Board (treasurer, secretary). This solution provided some mutual benefits, but also created obvious limitations. This is similar to the situation of a married couple living “in a corner” at their in-laws.’ The Department of Speech Therapy and, later, Applied Lin-

¹ S. Grabias, *Perspektywy opisu zaburzeń mowy*, [in:] *Zaburzenia mowy*, S. Grabias, M. Kurkowski (ed), Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin, 2001.

guistics, has had and continues to have an enormous influence on how the General Board of the PTL functions. This situation has favored liberation from sectarian and narcissistic tendencies. The General Board does not have permanent collaboration with other related associations, domestic or foreign, that is to say with medical, pedagogical, rehabilitation, or educational associations. The Polish Society of Logopedia gives the impression of an armchair organization, in existence thanks to the Department and Chair of Logopedia and Applied Linguistics. The General Board meets a few times during its term of office, apparently unable to have more meetings than that. There is serious concern and resistance among its members regarding moving the General Board out of the Logopedia Department, as it is not known whether the Board would be able to function independently. Making this strategic decision is essential for gaining autonomy, without which there is no development. Having independent premises, and the reorganization resulting from this, is of fundamental importance for improving the image of the PTL and for revitalizing its activity.

Copernican revolution

In the jubilee issue of *Logopedia*, it was written that under the influence of Grabias' theory there has been a change in the way of thinking about logopedia along the lines of a Copernican revolution.² In my opinion, nothing like that has happened. Instead of proclaiming a Copernican revolution, one should consider whether Polish logopedia is developing...or is it mired in stagnation?

Lost illusions

The ambition of supporters of the autonomy of logopedia was to make it an independent academic discipline. This was not an easy

² J. Panasiuk, Laudacja on the occasion of the 50th anniversary of Professor Stanisław Grabias' academic work, *Logopedia*, 2018, 47-2, pp. 9-13.

task, as it had traditionally been treated as a specialization within applied linguistics, special education, or medical rehabilitation. Autonomy is not possible for logopedia within the current reform of academics and higher education, which envisages combining academic disciplines rather than dividing them.

Return to the source

Since autonomy for logopedia has not been achieved, a return to its sources can be observed: that is, to medicine (medical speech therapy) and special education (pedagogical speech therapy). It is difficult to fit linguistic speech therapy, which is a specifically Polish creation, into this breakdown. In practice there has been no significant change, as we still have two trends of speech therapy—medical and pedagogical—functioning in accordance with the rules in force from the ministries of health care and education. It should be emphasized that 90% of Polish logopedists have education in pedagogy, mostly in the areas of special education, and also of preschool and early education.

The downgrading of the *Logopedia* journal

Since the foundation of the Polish Society of Logopedia, a fundamental goal of the General Board (and chiefly its head) has been the publication of successive issues of the journal *Logopedia*. At certain times this was the only tangible evidence of the Society's activity. Unfortunately, *Logopedia* has been unduly downgraded to lower-scored academic journals (20 points; increased recently to 40 points). This may lead to authors choosing periodicals with higher scores. One reason for downgrading the academic journals is low participation of foreign authorities on its editorial board. Furthermore, for many years, the works of linguists and speech therapists from facilities in Lublin, Gdansk, Krakow, Warsaw and Katowice centers have domi-

nated in *Logopedia*. Sporadically there also appear articles written by doctors, psychologists and educator, and in that way, the works necessary for maintaining the interdisciplinarity of logopedia. It turns out that the English-language version of *Logopedia* has not attracted specialists from other countries. It is not an easy task, as there is an ongoing struggle on the scientific journal market, demanding significant financial outlay and marketing activity. Moreover, *Logopedia* was normally an annual publication with a long delay (in recent times, two years). This bulky annual could have successfully been divided into quarterlies, which would increase the journal's ranking and at the same time ensure systematic contact with readers.

Publications on logopedia

The speech therapy publishing market is increasing, but is highly diversified. It publishes, therefore, scientific and specialist monographs which are less willingly purchased than are tutorials or collections of exercises. These arrangements of materials are addressed to parents, caregivers, and speech therapists. In this way the therapeutic workshop reaches the hands of nonprofessionals and is exploited in many, often competing, ways. Instead of protecting the tools of their trade, logopedists dispose of them for next to nothing. They do not even recommend speech therapy consultation before using exercises that, if conducted incorrectly, can lead to disturbances in many processes, such as, for example, of respiration. During the pandemic, the number of free speech therapy videos circulating on the internet grew exponentially. For comparison, the Toker platform punishes itself paying for the use of speech therapy exercises.

Logopedist union

The Polish Logopedists Union (PZL) was established at a time when trade unions had great leverage. It was hoped that the creation

of this organization would strengthen the community of speech therapists – practitioners and that it would represent their interests. There is room for considerable doubt here, by tracking the actions of PZL authorities at various levels.

The primary goal of any trade union is defending workers' interests, taking care of the workplace and the fight for wages and raises, and forming a positive professional image and increasing social prestige. But the impression here is that these tasks have become secondary because the PZL focused on organizing conferences, training sessions, study trips, awarding certificates, attending outside events, and the like. Instead of promoting logopedists it sometimes strengthens the position of their competitors (psychologists, for example) and looks on passively while these gradually take over the more attractive segments of the speech therapy market. The PZL has not formed suitable alliances with trade unions that would have strengthened its position. The isolated union is a bit too weak for civil authorities to have to reckon with them. Like the PTL, the PZL does not have its own headquarters.

Speech therapy conflicts

An example of conflict was the selection of the National Neurologopedics Consultant. At first, the logopedist community was unable to propose a candidate upon whom they could agree. In accordance with the guidelines, the duties of our consultant were instead entrusted to a consultant in a related field, which constituted an exception in comparison with other medical disciplines. Later the General Board of the Polish Society of Logopedia together with the General Board of the Polish Logopedists Union went to battle for this prestigious position, which ended with a draw and impasse. This situation was taken advantage of by the little-known PTN, which quietly forced in its own candidate, who is not at all well-known.

Education

Logopedia is not a regulated field with standardized forms of education. By implementing different curricula, graduates gain various types of preparation for practicing their profession. A special element of our logopedia is its educational diversity. It can be studied in the full-time, extramural, postgraduate systems, or also over internet. Odd constructs such as “logopedia plus” (e.g., speech therapy and early development support) or “logopedia with” (e.g., speech therapy with preschool education) have also emerged. This educational mosaic undermines the foundations of the logopedist image. Logopedia organizations want to strengthen it by issuing various certificates confirming the professional competence of speech therapists, but it should be emphasized that these do not have any legal force. As in other professions, we have an excess of graduates and a shortage of specialists. The organizers of logopedic studies are not interested in the fate of their graduates, nor in the path of their professional development.

The image of logopedia and the logopedist in practice

It is not very beneficial. The stereotype assumes that logopedia is a practical discipline dealing with making sounds, and that speech therapists are “elocution mistresses.” Their private offices often have infantile names which don’t sound particularly serious. Logopedia is poorly recognized in the media, as logopedists rarely appear as experts on television or radio. Sporadically organized campaigns and activities for “Free Speech Pathology Diagnosis Day” and similar events do not improve the situation. Instead of conducting a long-term and well-thought-out process of improving the professional and social image of the logopedist, we are dealing with the phenomenon of stardom, consisting in promoting ourselves, not logopedia.

The logopedist profession

The status varies. "Speech therapist" is listed among the medical professions, and neurologopedics is treated as a medical specialization. In education, a logopedist is a teacher, and advances in his career in accordance with the education career path (intern, contract, appointed, and certified). Teacher-speech therapists (usually educators) are the most numerous. Speech therapists who work in both education and in health services feel as though they are working in a separate legal, administrative, and ethical reality. The question arises as to how to treat logopedia graduates who work only as freelancers or who have not practiced their profession for a long time. Does this not deprive them of the right to practice their trade, as is the case in other professions?

Identity

Logopedists around the world have a problem in defining their professional identity. They use various names in describing their profession: speech and language pathologist (in the USA, for example); speech therapist (as in Great Britain); orthophonist (for example in France); logopedist (for example in Russia); and the professional seals of Polish logopedists use various terms: logopedist, neuro-logopedist, surdologist, specialist of speech disorders, speech pathologist, psychologist-logopedist, educator-logopedist, linguist-logopedist, teacher-logopedist, physiotherapist-logopedist. Often various narrow specializations are added to these names, such as sensory integration therapist, alternative communication trainer, early support specialist, etc. Who, in the end, is a logopedist? On the whole, older professions are described with one word which has been established in social consciousness. It should be emphasized that, compared to other countries, the level of qualification for the Polish logopedist is high. It is a Master's degree, often with multiple postgraduate degrees, while his western colleagues mostly stop at undergraduate studies.

Solidarity

Professional solidarity results from the regulations of professional ethical associations containing provisions on mutual relations among their members. They are intended to limit the criticism of colleagues to clients and [colleagues] attacking each other. Powerful professions are distinguished by solidarity: physicians, attorneys, councilors, stockbrokers, architects, and others. And how is it among logopedists? One could get the impression that witch-hunting is a characteristic of this profession, always divided as it is, into factions and sub-groups. This is evidenced by such behaviors as – to use sports terms – tripping over your own feet, kicking at your own goalpost, scoring suicide goals, and campaigns against persons who are proud or controversial. It's a circular process: it starts at the top, goes down, and then goes back up.

Authorities

Rev. Prof. Józef Tischner rightly observed that Poles are a strange nation that looks for authorities far away without noticing those who are nearby. This observation also applies to our logopedia. Instead of supporting our own authorities, we undermine them or consign them to the background. On the other hand, we promote what is foreign, and not necessarily valuable, with little criticism. A foreigner will easily be hailed as a first-class specialist, even though in reality he is second or even third class. As a rule, doctors and psychologists speak first at logopedia conferences, and logopedists at the end. Foreign guests appear earlier in the program, and then our representatives. Some explain it by the principle of hospitality; others, by obsequity.

The logopedia market

A speech therapist is a service provider providing various types of services. Most often these are therapeutic services, less often di-

agnostic, and least often, expert services. The speech therapy market can be divided according to the age of clients and by their speech disorders.

Logopedia services segments:

Individual disturbance	A	D	DYS	J	MB	ORM	M	S	MA	MS
Recipient of service										
Children										
Adolescents										
Adults										

Legend: A - aphasia, D- dysarthria, Dys. - dyslalia, J - stuttering, MB - disorderly speech, ORM - delayed speech development, M - mutism, S - schizophasia, O - oligophasia, MA - speech of autistic persons, MN - speech of hearing-impaired persons

The listed service segments are managed in various ways. Most often the service is addressed to pre-school and early-education aged children, less often to adolescents, and least often to adults. This trend is inconsistent with demographic forecasts. Polish society is aging very rapidly. Speech therapists do not draw the proper conclusions from this. They are not interested in providing services for the elderly. They prefer working with newborns or small children. The interest of logopedists in particular speech disorders is uneven. The most interest is in developmental disorders (delayed speech development, by itself or accompanying intellectual disability; autism; hearing loss; articulation disorders); less: organic disorders (aphasia, dysarthria), and least: psychogenic disorders (stuttering, mutism).

Summing up these two segments, it can be said that we have an excess of speech therapists interested in providing services to children with developmental or organic disorders, and a clear shortage of specialists dealing with adolescents and adults, especially those with psychogenic disorders.

The reasons for this situation are many, but one of the biggest ones is a logopedia education model which does not take the labor market

into consideration. Speech therapy services constitute a segment of the medical and educational services markets, which are competitive, especially in the area of diagnostic and expert services. In the speech therapy services market, more and more one-person private offices are emerging. Establishing these does not require having proper training and experience. It happens that some are opened by graduates fresh out of university. It is also very easy for foreigners to conduct private speech therapy activities without going through the Nostri-fication process. Unfortunately, they are supported by some speech therapists, who refer unwanted patients to them.

Training

Training organized for speech therapists is a reflection of the phenomena taking place on the labor market and with temporary fads. There are decidedly more programs concerned with childhood speech disorders than those of adulthood. Training courses discussing developmental and organic disorders are conducted more often than on psychogenic ones.

Many companies have been established for training speech therapists, which do not always compete with each other using ethical methods. A few of them have been accredited by the educational authorities after undergoing a complex process of evaluation of the quality of their education. Other entities are content with the patronage of the PTL, PZL or other organizations and public figures, which is meant to heighten the importance of one-time or cyclical conferences and training events. However, the real value of training is determined by the knowledge and experience of the trainer as well as his teaching skills. Unfortunately, these are not confirmed or verified in accordance with generally accepted evaluation criteria. A rank of trainer or lecturer has not for example been established by the PTL or PZL. In this situation, one can call himself a specialist, despite not having the appropriate knowledge and experience, but having a lot of nerve.

Logopedic diagnostics

In terms of diagnostic activity, speech therapists can be divided into three main groups: active, undecided, and passive. Unfortunately, the latter are the most numerous. This is due to several important reasons:

1. Underestimation in logopedia and by logopedists of the importance of diagnosis to their professional, social, and academic position. The diagnostician has a certain significant scope of authority, as he has an influence on jurisdiction. Diagnosis is the foundation of professional autonomy. A common phenomenon is that speech therapists use someone else's diagnosis instead of preferring their own. The diagnostician is the client, and the therapist is the contractor. The statutes for the physiotherapist profession give them autonomy in terms of diagnosis. Speech therapists can only dream of such regulations. Conclusions are also to be drawn from the fact that psychologists build their prestige upon the provision of diagnostic and expert services.
2. Speech therapists employed in educational and health institutions complain that they do not have the conditions or time for diagnostic activities. An individual diagnosis cannot be made during group sessions, in an unsuitable room, with only a few minutes available. But even if an appropriate workplace were created and a sufficient amount of time given for a logopedic diagnosis, this would not automatically bring about the motivation to make a diagnosis.
3. Logopedists are not represented in district teams for assessing disabilities, where the degree of disability in people with speech disorders is decided by other kinds of specialists.
4. There is insufficient preparation of logopedists to fulfill the role of diagnostician. Only a few logopedic study programs offer the two basic subjects of: 1) speech therapy methodology, and 2) logopedic diagnostics. The conviction continues that diagnostics is learned while discussing various speech disorders, and that a graduate of logopedia or neuro-logo-

pedia should himself create a diagnostic workshop for his own use. As a result of this approach, he does not know any normalized or standardized language test, the use of which is required by the international classifications adopted in our country (ICD - 10, DSM - 5).

5. The speech therapist's obligations regarding making diagnoses are not enforced and there is no perceptible pressure from the professional community in this respect. The publication of speech therapy standards has not improved the situation, about which I will write further on. Preschool and school speech therapists have basically been removed from the diagnostic process, since they have to use the diagnosis made at a psychological-pedagogical counseling center. The activity then of logopedists in schools is greater, yet poorly featured. In the issuing of opinions or decisions, a separate speech therapy diagnosis is often not included, or it is added on to the pedagogical diagnosis. Most logopedists feel insecure and rather uncomfortable in the role of diagnostician. In addition, there are the completely natural fears related to accuracy in making a diagnosis. Moreover, speech therapists avoid disputes over competencies.
6. In practice the scope of logopedic diagnosis is consistently limited. If this goes on, the logopedist will be able to identify only dyslalia. Currently *aphasia* is identified by a neurologist, neuropsychologist, or neuro-speech therapist; *dysarthria* – neurologist or logopedist; *stuttering* – psychiatrist, psychologist, or logopedist; *mutism* – psychiatrist, psychologist, or logopedist; *autism* – psychiatrist; *mental disability* – psychiatrist or psychologist; *delayed speech development* – psychologist or logopedist. Doctors and psychologists have thus entered into the diagnostic competency of speech therapists, and only some protest this, while the rest are passive.

It should be pointed out that the logopedist has greatest autonomy in a private office and can freely play the role of diagnostician there.

Logopedic therapy

There is no universally accepted definition of logopedic therapy, expressing its essence and scope. In medicine it is described as treatment, therapy, or speech rehabilitation while in education it is described as logopedic procedures, logopedic assistance, or speech therapy lessons. Regardless of the name, it most often associated with carrying out speech therapy exercises, that is to say, corrections or lessons. They are conducted by a speech therapist, either in his office or outside the office.

It should be pondered upon, whether logopedic exercises can be carried out without direct contact with a speech therapist, for example by using an appropriate platform on the internet, as a form of distance learning, or by using speech therapy tapes. Then it is not therapy, which is based on contact and a therapeutic relationship, but ordinary speech exercises, for which a speech therapist is unnecessary.

In the public consciousness logopedic therapy is associated with play in the case of children, and the study of speech in the case of adults. It is rare that it is treated as the ability to solve problems reported by the patient or those around him.

During logopedic therapy focused on performing exercises, directive communication (issuing orders) takes place, rather than therapeutic communication (conducting a conversation). Generally speaking, there is less and less speaking during speech therapy classes, and more and more time is spent on non-verbal activities (swallowing, chewing, eating, painting, arranging, exercising, alternative communication, etc.). Logopedists eagerly use various proposals purposefully called therapeutic, towards which they are not very critical. They themselves promote their own interesting techniques and methods to some extent. Overall, logopedic therapy is becoming steadily more eclectic, forming a mosaic of various sorts of incoherent interactions. These are focused on the speech disorder itself instead of on the person with the disorder, which is not in accordance with the eagerly voiced slogans of the holistic or comprehensive approach. Speech therapy is for the most part associated with strategies that mainly in-

volve exercise (e.g., integrative sensory therapy, hand therapy, etc.). Only a few speech therapists are interested in mastering psychotherapeutic skills. However, they are more willing to use the methods of task-based psychotherapy (e.g., relaxation or desensitization) than analytical methods (e.g., insight or therapeutic conversation). In a word, they choose techniques and methods that require more algorithmic than heuristic thinking.

It only seems that the scope of logopedia is increasing. In reality it is still focused on correcting articulation disorders and organic speech disorders. This is happening while at the same time it distances itself from psychogenic speech disorders (stuttering, mutism), the therapy of which is willingly entrusted to psychologists.

The organization of speech therapy has a profound influence on the course and effects of logopedia. Logopedists generally complain about lack of sufficient time, proper conditions, bureaucracy, and too many patients. In education settings logopedic classes are conducted in group form, without the participation of parents. They basically consist of following recommendations from opinions or decisions issued by psycho-pedagogical counseling centers, the implementation of which is scrupulously controlled by pedagogical supervision. It is difficult to refer to logopedic assistance carried out in this way as "therapy." Its organization is slightly better in healthcare, where there is greater opportunity for individual impact. A barrier is created, however, by unfavorable contracts made with the National Health Fund by the speech therapists themselves or on their behalf. Private logopedic therapy is developing best, but tends to be treated as an auxiliary activity. Such a solution seems safe, but it is difficult to develop, standing apart.

How is it possible to speak of the effectiveness of logopedic therapy when no research is being done on it? Supporters should undertake research based on solid scientific evidence, and not simply repeating trendy catchphrases. It should be emphasized that research on the effectiveness of therapy is one of the most difficult kinds of research, and requires significant financial outlay. And if results are lacking, the word goes around. The more insistent one ensures great efficiency, not

of speech therapy, but of its support methods (e.g., that of Tomatis). The effects of logopedists' work are attributed to competitive activity under the guise of cooperation and a comprehensive approach.

Standards of logopedia treatment

These are presented in the form of extensive academic textbooks containing descriptions of speech disorders along with methods for their diagnosis and therapy. But these are not standards implying a unified style of speech therapist activity independent of distinguished entities or the individual preferences of a diagnostician or therapist. Moreover, standardization of speech therapy has not gone through the necessary public consultation nor has it been agreed upon by the Ministry of Education or of Health. Standards have not been put into practice and remain an academic proposition.

Standardization is a long and complicated process, as evidenced by the standards developed for psychologists working in psychology clinics. Their greatest priority is increased professionalization of the psychologist occupation, which is meant to serve the welfare of the child. A draft of standards has gone through environmental, legal, and administrative consultation, and has been approved by the Ministry of National Education and the Ombudsman for Children's Rights. The resulting standardization model covers six stages:

1. recognizing a problem,
2. planning a diagnostic process,
3. diagnostic examination,
4. reporting the diagnosis results,
5. and 6. planning and implementation of an intervention along with evaluation of its effects and follow-up examinations.

At each stage, the algorithm of conduct applicable to psychologists is provided.³

³ G. Krasowicz – Kupis, K. Wiejak, M. Filipiak, K. Gruszczyńska, *Diagnoza psychologiczna dla potrzeb edukacji. Standardy dla psychologów pracujących w poradniach psychologiczno – pedagogicznych*, Harmonia Universalis, Gdańsk, 2019.

Alternative

An alternative to logopedia, which is dominated by linguistics, is the pathology of speech developing in medicine. It is a scientific and practical discipline that studies people with speech disorders. It consists of three departments:

- aphasiology - concerned with persons having organic speech disorders;
- balbutology - concerned with individuals with psychogenic speech disorders;
- developmental speech pathology - concerned with children with developmental speech disorders.

One who is adept at speech pathology is a speech pathologist. If he specializes in aphasia, he is an aphasiologist; in balbutology, he is a balbutologist; and in developmental pathology, a developmental speech pathologist.

Prognosis

One can dream of an evenly-balanced development of logopedia in the areas of theory, research, and practice. This will however be very difficult due to the fact that speech therapy is not an independent scientific discipline, and its representatives have declared their affiliation to varying basic fields (linguistics, pedagogy, psychology, medicine or health sciences) and will contribute to the development of these fields. It is also difficult to expect funding for logopedia research. With this situation, logopedia should focus primarily on expanding its practice. It could be modeled after psychotherapy or physiotherapy. The future of logopedia will be determined by many factors, but most of all, by whether logopedists will have appropriate professional status and whether speech disorders will be covered by the health insurance. This can happen if logopedia becomes more closely connected to medicine than it has been up to now. Higher professional positions for logopedists

in the education field is not to be expected; this field hinders its advancement by means of (sometimes absurd) legal regulations. When thinking about the future of Polish speech therapy, one can consider a prognosis:

- which is pessimistic,
- which is optimistic.

The pessimistic forecast assumes that Polish speech therapy will continue to be plunged into apathy and that there will be no major breakthroughs. Occasional attempts to revitalize it will be made, without leading to significant change. Rather, they will be efforts to keep logopedia alive in its current form. There may be those who benefit from its stagnation. On the other hand, it may be that not many really care about the development of logopedia.

The optimistic forecast does not assume a revolutionary upheaval in Polish logopedia but a possibility for an introduction of an evolution of changes, including:

1. Organization, for example:
The General Board of the Polish Society of Logopedists as well as of the Polish Logopedist Union have their own headquarters and the financial means for effective activity.
2. Profession, for example:
A logopedist is a graduate of logopedic studies who has entered logopedic practice. Failure to conduct such practice for three years will deprive him of his professional qualifications.
3. Image, for example:
A uniform image of the logopedist as a specialist in speech disorders is presented.
4. Education, for example:
Logopedia is a regulated field of study, with one same study program.
5. Training, for example:
The training of logopedists is conducted in institutions subject to evaluation or applying for accreditation.

6. Research, for example:
Logopedic research concerning the diagnostic-therapeutic process is promoted and subsidized.
7. Diagnostics, for example:
“Logopedic methodology research with elements of statistics” and “Logopedic diagnostics” are compulsory subjects in logopedia studies. Logopedists are required to carry out diagnoses in accordance with accepted standards.
8. Therapy, for example:
Logopedic therapy sessions last a minimum of 30 minutes and are conducted under office conditions. Individual therapy is preferable.
9. Standards, for example:
The PTL and the PZL will appoint a joint team of specialists to develop standards for logopedic diagnosis and therapy. Their project will be subject to peer consultation using an online questionnaire. Cooperation will be established with the Ministry of Health and Education for implementing these standards.

Of course, this list of proposed postulates can be extended, but the point is to focus on the most important issues. Fundamental changes in Polish logopedia are possible, provided that we are committed.

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