



Marko Hawlina



Catherine Creuzot-Garcher

# Annual EBO Diploma examination

Dermot McGrath  
in Paris

FROM modest beginnings, the European Board of Ophthalmology Diploma (EBOD) has grown to become a recognised and respected badge of honour for the hundreds of medical specialists who have added the designation "Fellow of the European Board of Ophthalmology" to their curriculum vitae.

Held every year in Paris thus far, the EBOD examination is designed to assess the knowledge and clinical skills requisite to the delivery of a high standard of ophthalmic care both in hospitals and in independent clinical practices.

For Marko Hawlina MD, PhD, FEBO, current president of EBO, the steady increase in the numbers of candidates presenting for the examination and the growing international stature accorded to the diploma are a source of quiet satisfaction.

"The 2009 EBO examination has proven to be the most successful of our examinations to date. We had 308 candidates from 25 European countries and 168 examiners from 27 countries in Paris this year, which is approximately a 10 per cent increase from last year," he said.

According to Prof Hawlina, the steady year-on-year increase in candidates presenting for the examination is

testimony to the tireless work and dedication of the EBO members across Europe who firmly believe in the organisation's mission to harmonise the standard of ophthalmology education and training across the continent.

This growth has been achieved despite the fact that the EBO Diploma examination is not obligatory for the majority of participating candidates, notes Prof Hawlina.

"In some countries, the national ophthalmic societies have decided that the EBO Diploma is preferred or even compulsory. That is the case in Switzerland, for example. Countries such as France and Slovenia have also given the EBO exam a highly preferred status. This essentially means that it is not mandatory and if you fail the EBO exam, it will not prevent you from practising as a specialist if you meet your national requirements. But it is nevertheless highly recommended that candidates take the examination," he said.

Prof Hawlina said that other countries such as The Netherlands, Belgium and most recently Austria, use the EBO examination as an integral part of their own national examinations.

"This is obviously a trend that we would like to see replicated in other European countries as well and that is what we are working towards."

For candidates from countries such as Denmark, Germany and Ireland, among others, participation in the EBO exam is entirely voluntary, so there has to be a real incentive for them to make the effort, believes Prof Hawlina.

"For instance, the 60 German candidates this year will have to do another examination at home after the EBO exam, so they must see some added value in coming to Paris. I think for many of them that added value comes from the opportunity to network and exchange with their European colleagues and to feel a real part of a pan-European

sensibility. It is gratifying for them to know that they are performing on a European level as well as on a national level and it gives them some basis of comparison outside their own national borders, which is what the entire EBO project is about really," he said.

Indeed, for Prof Hawlina it is this concept of European networking and collaboration that goes to the very heart of the EBO project and sets it apart from other ophthalmic supranational bodies.

"One only has to look at the 168 examiners from 27 countries who have participated in this year's examination.

For me, this is the best evidence that the European spirit works, because all of these examiners are extremely busy professionals and you could not buy two hours of their time if they are not interested. However, they come for three days at their own expense and this is something for which we are eminently grateful but which clearly underlines the spirit of sharing and networking that Europe can deliver," he said.

Another gratifying aspect of the EBO expansion in recent years has been the upsurge of interest from candidates in eastern Europe, says Prof Hawlina.

"I think it's fair to say that there was a certain degree of prejudice that standards might not be the same in eastern Europe compared to western Europe, but that really, at least with the participating candidates, has not been the case. There seems to be a good distribution of knowledge and standards across Europe, which is good," he said.

That said, Prof Hawlina said that the EBO would like to see greater participation from the newer European member states, as well as parts of southern Europe and Scandinavia where representation is somewhat lacking.

In seeking to extend the sphere of



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influence of the EBO examination, Prof Hawlina appreciates that the key to this growth lies with the respective national ophthalmic societies.

"It is very important that the EBO exam becomes a benchmark of knowledge but it does not mean that we want to undermine or reduce the authority of national societies to make the final assessment about the suitability and aptitude of candidates to be registered in their respective countries. We also want to avoid a situation where candidates might perhaps seek to avoid national regulations by passing a European exam, so the final responsibility must always lie with national professors and examiners," he said.

For Catherine Creuzot-Garcher MD, PhD, FEBO, vice-president of EBO and chairman of the Education Committee, the clearly defined role and responsibilities of the EBO means that national societies have no reason to fear a loss of influence.

From the EBO perspective, the ideal scenario would be to have the EBO examination accepted as a national knowledge test and then for national societies to add their own formal requirements to enable candidates to attain full accreditation to become specialists in their chosen country.

## EUROTIMES PODCAST

Mike P Holzer MD, Department of Ophthalmology, University of Heidelberg, Germany, talks about the early results from a multicentre European study. Dr Holzer discusses the intraCOR procedure and the preliminary study result in the EuroTimes podcast Eye Contact.



"This is a multicentre study and it is still in its early stages but we can see already some very interesting results," said Dr Holzer.

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# continues to go from strength to strength



“We would like to encourage countries to consider this approach, because duplication of examinations is really not stimulating for the candidates – it is double stress. I think that the interest of the EBO exam is that you have one exam common in all countries in Europe and then you can have some national differences. The idea is that the exams are not contradictory but complementary,” she said.

One of the key tasks for the EBO is to ensure that the entire examination process is fair, transparent, up-to-date and credible, emphasises Prof Creuzot-Garcher.

“This is an ongoing process and we are continually reviewing and refining the system to make sure that it is the best that it can possibly be. So, for instance, we try to mix two nationalities on the examination juries to enable the examiners to see different approaches. The goal is really to harmonise the teaching and examination standards, not just between countries but also within countries, and

avoid the danger of ‘school’ or ‘team’ teaching,” she said.

Every effort is also made to provide a level playing field for all the candidates, she said.

“We don’t want language issues to be a problem or a barrier for the candidates. We have the written MCQ exam in three languages, and for the oral exam we try to respect the native language of the candidate. So provision is made so that one of the jury members will speak the language of the candidate and can help him or her out in case of difficulty,” she said.

To further assist the candidates, the EBO is currently in the process of providing a detailed curriculum for future candidates.

“I think this is crucial. Our role is not only to assess the candidates but also to provide them with the tools to improve their learning and clear guidelines in terms of topics and preferred resources. Also, our discipline is changing all the time and the curriculum needs to evolve to take

account of this evolution,” she said.

EBO is also devoting considerable effort to supporting the European Network of Education initiative led by Marie-Jose Tassignon MD, PHD, FEBO, which seeks to build a network of subspecialty ophthalmic organisations that organise teaching courses throughout Europe.

Other plans for the near future include expanding the current network of 27 EBO accredited training centres in Europe to provide a better balance from all regions of the continent, and increasing support for fellowships and exchange schemes that allow residents to expand their knowledge and know-how by training in another European country.

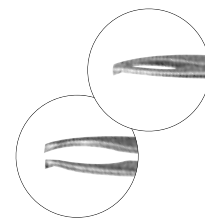
**The next European Board of Ophthalmology Diploma Examination will take place on May 7-8, 2010, at:**  
**Le Palais des Congrès de Paris**  
**(<http://www.pariscongress.com>),**  
**2, Place Porte Maillot,**  
**Niveau 3, côté Paris,**  
**F-75017 Paris, France.**

*Application period opens Oct 1, 2009 and closes Jan 31, 2010. Web address is [www.ebo-online.org](http://www.ebo-online.org) where there will be a link to the application form.*

## Micro surgical solutions

### Giannetti Capsulorrhexis Forceps

This forceps features very thin shanks that are less than 1mm wide in the closed position and are limited to a maximum spread of 2mm. The extremely small, delicate tips can be used to make the initial tear as well as to grasp the capsule while performing a capsulorrhexis. The shanks are angled and vaulted to provide better access to the capsule without stretching the incision, and the 8.5mm diameter round handle is ergonomically designed for better control. The forceps works equally well for anterior or posterior capsulorrhexis.

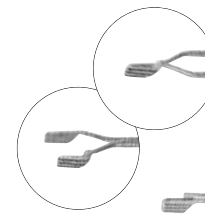


K5-5090

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Dr. Riccardo Giannetti,  
of Livorno, Italy*

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Designed for surgeons who utilize a nucleus cracking technique through a micro incision, this forceps is identical to the original Ernest Nucleus Cracker (K5-7240) with a modified cross-action mechanism. The modification allows the surgeon to crack the nucleus through a 2mm incision without stretching the wound. The instrument features delicate, serrated paddle tips which spread apart by compressing the forceps handle. A surgeon can easily divide a nucleus into segments by inserting the delicate tips into a groove created with a phaco probe and cracking.



K5-7242

*Designed by  
Paul Ernest, MD  
of Jackson, MI*



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