

Strategic Plan for the EBO 2009-2010

unanimously accepted by the General Assembly EBO on 7th June 2009

Dear Colleagues,

I would like to share with you some of views of EBO future strategy with request for your thoughts or advise as many of you have long-term experience in the EBO and other international organisations. The document is descriptive and reflects thoughts and backgrounds. Shorter action plans pertinent to each committee will be devised from it after your review, suggestions and approval. By now, this document has been amended after being presented to the executive board of EBO, "bureau" of UEMS and by the preceding EBO presidents.

In the words to follow, many items just underline the work of EBO members in the past which needs to be continued. First of all, I am aware that none of us is »employed« by the EBO and all of us are extremely busy professionals. This implies that we work best if we are motivated to, despite voted responsibilities by our national societies. The EU reality is a combination of both, national identities and »European spirit« that we try to promote. And despite the fact that we represent nearly 500 million in population, the number of active members of the EBO is scarce. This means that, if we wish EBO to be successful, we executives need to find a way to motivate as many national delegates to participate actively in our projects, and they need to do so in their home countries.

This may not always be easy as we all know that almost all national authorities keep the key strings of ophthalmic education in their hands and therefore, EBO is not really »needed«. However, the current EBO members compose the team that more than ever believes in a need of European harmonisation and the benefits that this brings along. That's why we believe that our time devoted to EBO is (and will be) well invested. There are many such examples of this already and this would need to continue. So all EBO delegates should contribute to psychological setting of **mutual support** needed for demanding common tasks that stand before us. It is our task to motivate them and include them in our programs.

In following pages, I tried to draft some of the agreed priorities that have been worked-on over the years and to add some new ideas that I would like you to consider and, if agreed, accept them as the working plan in the years to come.

In my view, there are (at least) 6 following key areas which deserve attention in the future

- 1. Accelerate harmonisation of education**
- 2. Increase the profile and awareness on education**
- 3. Support to Eastern Europe**
- 4. Increase mobility and support to young ophthalmologists**
- 5. Increase collaboration (Concordia, EUPO, ICO, societies)**
- 6. Increase professionalism and publicity**

Many of these key areas are interconnected and overlapping, but they are all demanding. As it is important to deal with professionalism and many regulations of our colourful European regulations, it is also important to be **effective** in our mutually decided tasks. However, most importantly, people prefer to work with friends. And sincerity and mutual respect is what makes EBO uniquely friendly society and I am convinced it will remain so.

Ad 1. Accelerate harmonisation of education

This is the most important task of EBO and indeed, the main reason of existence of EBO within Europe: we are responsible to chart the common level of knowledge to serve as the benchmark in ophthalmology. However, with the expansion of the EU, we are in position that **EU directives already allow for unrestricted mobility** of ophthalmologists from the countries that have not been represented in the EBO before becoming full member states. So, EBO may not be aware of their systems and quality of their education. As the EU wishes to harmonise the level of education in all of its territory, this is clearly the most important task of EBO. One of the main instruments for that is EBOD examination.

EBOD Exam

Eligibility to sit the exam

This has been discussed a number of times and, for the most part, this remains the point in agenda that needs to be solved as soon as possible. UEMS Policy Statement on Assessment during Specialist Postgraduate Medical Training (UEMS 2006/19) has determined that eligibility relates to all that have trained in the countries of Council of Europe (not European community). This means 43 states in all geographical Europe.

However, our EBOD control system is strict and does require EBO national delegates that take responsibility for the applications, especially in terms of the length and contents of accomplished education. Therefore, EBOD should be open and equally performed (including the type of diploma) for all nationals of Council of Europe, **provided that have their national delegate at the UEMS/EBO**. By this, according to the mentioned UEMS Policy statement, it is not important whether or not they are full or associated member states. Such decision was accepted at the general assembly in 2007 for Turkey and Croatia. There should be no discrimination in the types of titles for the same knowledge, but it is important to keep the practice of giving Fellowship diplomas to certified specialists, and temporary certificates to the residents. This ensures that **national authorities and national representatives of EBO in respective countries keep control** on the fulfilment of the curriculum.

Organisational aspects of EBOD exam

Should the EBOD continue to serve as the European benchmark (excellence) knowledge test, it should remain reasonably selective. The general opinion within the EBO is that it has to become **more professional and more standardised**, both in written and in oral part. To standardise the oral part of the exam, a symposium for EBO examiners is already planned during EBOD in May 2009 in Paris. Also, qualification of the examiners eligibility needs attention and some criteria required for examiners will need to be drafted and discussed at the level of Education committee.

As for the organisational aspects of the EBOD, **French Society of Ophthalmology is to be acknowledged for their support**. It sets a good example to other European countries, and the decision that the EBOD is the accepted exam by most of the French professors and residents is important for the European future. Paris is a popular location for most of the participating countries who like its setting and tradition; however it has to be kept in mind that many non-French candidates and professors are exposed to significant travel and hotel costs that EBO cannot cover in full. It would be desirable if national delegates could explore the ways to help in funding of these expenses from their local sources. **It would be desirable that the countries would, at least in part, recognise EBO exam as equivalent to national exam**. This agreement has not been reached yet by many of the EU countries. As a recognised independent supranational organisation, **EBO shall remain interested in achieving its international goals with consensus of all the participating countries**.

As for the organisation of EBOD, external examination office has been asked in 2007 (CITO). Although external company offered professional credentials, the cost has been significant. As credibility of EBO depends on the accuracy of the results, the best solution has to be found to keep autonomy and accuracy that can be relied on, preferably on our own resources. Also, it is important to keep the tasks of the present MCQ committee for quality MCQ collection and selection. These services have been coordinated in the past by Alan Ridgway and we now have the proposal to entrust these important tasks to Tero Kivela, our successful past president who is still committed to EBO.

Recognition of EBOD exam

The national recognition plays a major role in »acceptance« of EBO exam in many member states. As we know, in most countries EBO exam is »not needed«, so many EU countries do not as yet accept EBOD as the alternative to their local exam. Therefore candidates of such countries that choose to come to EBO exam have to do another, local exam in their home countries. It would be of importance to **ask national delegates to advise EBO for joint action that would lead to common acknowledgment of the EBO exam as equivalent knowledge test to national exams, at least in part.**

Collection of MCQ's

Collection and selection of MCQ questions remains our concern. We need more well-written MCQ's and the response of the examiners could be improved. However, many excellent examiners are extremely busy and need some more reminding. Also we would need to draft better rules on how to write good MCQ's. Some of such examples of such rules can be obtained in the literature or with other experienced international examinations, and also through CESMA.

The second avenue, introduced by Marie Jose Tassignon, is to get good quality MCQ's through **EBO accredited courses** that yield MCQ as the condition to become accredited. Good sets of questions have been collected in this way and this activity underlines the importance of the **European network of education**. We may be glad if Marie-Jose Tassignon would be willing to continue with these activities within proposed new "ENET" working committee.

Expectations for EBOD in the future

With expansion of the EU, and if EBOD would become recognised by more countries as equivalent of their national exam, **we can expect gradual increase of applications**. It would be of interest to perform a survey on the possibilities on how to organise the EBOD in future if the numbers will start to exceed the current organisational limits. Also, we need to explore what are our organisational limits. Some possibilities using electronic testing have already been proposed by Marie-Jose Tassignon, but a dedicated brainstorming session (after thorough survey) would be desirable to decide on the avenues of EBOD in the future. Should we wish to attract more nations and candidates, we may need to have our logistics ready for the possible increase to estimated number of up to 1000 candidates per year. This may be difficult to perform at one place and EBO might need to be organised locally with tight control.

Discussion in language issues will also be needed. Some nations can pass their exam in their language, which to some extent is an advantage that may be offered to more participants. At the moment, EBOD is performed in 3 languages but it may be possible to accommodate more languages, as some of the European boards (e.g. EB Urology) have already done so with success. This, and EBOD recognition by the national authorities, may make the EBOD more interesting for the countries such as Spain, Italy or e.g. Poland if they gradually become more associated with EBOD.

In the present system, the oral exam jury is composed by one international and one national examiner, to ensure that candidates who have difficulties with English can speak in their native language. However, in some instances, national examiner may have been involved in the training of the candidate and may therefore not be entirely objective. To improve in the objectivity, system could be changed in a way, that the examiners exclude themselves when examining their own candidate, whilst they can still act as help that would be available nearby, to be called in the case of linguistic problem. This would reduce the need of 4 national examiners per country that send e.g. only one or two candidates.

Also, we do need to collaborate with CESMA (working body of UEMS to harmonise examination) to try find the best and uniform way to perform exams within the UEMS.

Accredited training centres in Europe

In terms of harmonisation of the knowledge and training, expansion of accredited training centres must be one of our main future goals.

Databank of senior and junior visitors does exist.

At present we have 27 training centres, but they are located in only 9 out of 27 states of EU, out of which 3 centres are in 2 countries of Eastern Europe (Ljubljana, Budapest and Pecs). We have no EBO accredited training centres in many countries of »old« Europe, such as Scandinavian countries (with exception of Finland), Switzerland, Italy, Spain, Portugal, Austria..., and we have just 1 centre in some large countries. This causes »assymetry« of the choice of EBO and SOE grant programme to just a few centres that are most popular. **EBO would need to have more centres in more »desired« countries, and at least one per every country.** Also, more training centres in Eastern Europe would be desirable, for example in Czech Republic, Poland, and Baltic states. To achieve this goal, EBO would need to issue a request to directors of most important teaching centres to become EBO approved. Residency review committee would then need to keep the contact with them to swiftly accomplish the accreditation visits.

It may be interesting to try to establish closer »networking« among the accredited centres and to organise an **»EBO training centre conference on education«** where the best practices could be demonstrated and common goals identified for the future. Also, it would be of utmost importance to **collect the e-addresses of chairmen of all teaching hospitals in Europe** to inform them about activities of the EBO.

The EBO curriculum, syllabus and log-book

The key instrument for harmonisation of training is curriculum, syllabus and logbook portfolio. The EBO has already created the Curriculum working committee and it is envisaged that this **committee will produce a curriculum that will define realistic minimum knowledge** that is needed for a specialist of ophthalmology in Europe. Some countries may already exceed this minimum, while some may not have defined it locally and can therefore adopt the EBO one when it becomes available. It is already for some time that Logbook and Portfolio has been published, however it may become necessary to adapt it with the new curriculum and then make both of them e-based.

We need to accomplish these goals as soon as possible as they are the most important ones and a basis of many others.

Literature sources necessary for EBOD

Many questions from the candidates address the literature sources necessary to pass the EBOD. Indeed it is crucial to decide on literature sources from which European residents should study. There is a recommended list at the EBO website, but it may need an update or to become more focused. In Europe, typical texts that are recommended by the EBO and national societies, include American Academy of Ophthalmology BCSC book set. The main reason for this is that it is comprehensive and regularly updated. However, in Europe many excellent books are published yearly and if EBO would have a better insight in them, it would be important to recommend them. Recently, a new portal has been created for teaching by the AAO: it is called O.N.E. portal and contains most of the AAO teaching resources available at one location. **AAO is recently seeking more European input to the contents of this portal.** This could be another "win-win" situation, and European contents could also be proposed by the EBO to be published at this portal. For this **EBO could create a new working committee that would deal with inventarisation and recommendations of the literature sources** needed to complete EBO curriculum and to pass EBO exam.

Europe may be inducing a new initiative, which is **e-learning** allowing the residents to take well selected courses from European societies. **EUPO may play more important role** and is committed already to help ENET Committee.

As a matter of fact, if this **»Editorial board« of EBO** would become stronger in manpower in this respect, it could add the missing spoke in the wheel of Concordia members and create unified European educational output.

Also, surgical training centres featuring drylab and wetlab opportunities may be promoted by the EBO, either through a separate committee as such or within the remits of the Education Committee.

Duration of residency training

According to UEMS Section of Ophthalmology, the duration of training in ophthalmology should be a minimum of 4 years. However, this is regulated by **EU directive (DIRECTIVE 2005/36/EC of 7 September 2005) on the recognition of professional qualifications that requires minimum of 3 years** training. Despite EBO engagement in Baltic countries, prolongation was refused by their ministries. It may be one of the issues what can EBO/UEMS do more about this at the EC level. EBO should probably keep the present standpoint that the residents of these countries are allowed to sit EBOD within 3rd year of training (in spite of the fact we expect others to attend in the 4th year), but this does impose questions of equality. If we wish to achieve harmonisation, EBO would, through UEMS, need to try to **change the EC directive and set the minimum of training of ophthalmology to 4 years**, according to the UEMS standpoint.

Fellowships

Once the minimum set of knowledge and skills for a specialist level will be defined by the EBO curriculum, EBO may undertake another important task in harmonisation of post-specialistic training -namely fellowships. As in most of countries, 4-5 year training is sufficient to start working as independent specialist, the training in surgery may not be sufficient for independent practice. The question is **"Does surgical education (or how much of it) belong to fellowship or basic ophthalmic education?"** In this respect, some countries already have created different forms of fellowships. It would seem important if EBO would chart common rules to formally **establish standardised form of fellowships and to create a network of European institutions to provide fellowship training.** These activities should seek harmonisation with other subspecialties within the UEMS. To help in some

respect to this goal, drylab and wetlab surgical training centres may be promoted by the EBO, either through a separate committee as such or within the remit of the Education Committee.

Ad 2. Increase the profile and awareness on education

Combating reduction of time devoted to teaching

Many delegates expressed concern about the current trends in suppressing time allocated for education at their institutions because of ever-increasing demands of insurance companies to increase service, often at expense of teaching and research activities.

This does have negative implications for both medical and surgical training. The delegates expressed wish that EBO would help them in **establishing »protected time and number of teaching sessions«**, allowing international support to their efforts to keep the necessary organisational scheme for teaching purposes (e.g. number of patients in the clinic, or operations, if teaching). EBO could produce a set of recommendations that could be either sent directly to the decision-making bodies, or downloaded and used in support by the national delegates themselves. If EBO is well organised and respected, it will take away the burden to combat for education from the staff members.

Rising the visibility of teaching as a value

At the congresses of national societies, the themes on teaching are not very common. An incentive could be to encourage national societies to address teaching issues at their national congresses. This could be achieved by the actions of EBO country representatives who would be asked to organise sessions that would promote EBO activities in the local societies.

EBO could »sponsor« these activities by presence of its officers or by written materials (e.g. reports in Eurotimes, i.e. Newsletters) hereby increasing the profile of EBO national delegates (and EBO as a whole) as well. Similarly educational themes could be addressed by young ophthalmologists, elucidating their aspects and requirements of training.

One incentive to **increase awareness and value of good teaching** (similar as performed in the US) could be awards that are given for outstanding achievements in teaching. These awards could be given each year at the examination ceremony in Paris to one such teacher that would be chosen by a committee that would need to be set up. The awards could have a name from a historic person dedicated to teaching in European heritage. Such awards could increase the value of teaching and would be published in EBO communications.

Ad 3. Support to Eastern Europe

The largest differences in Europe exist between teaching standards and practices between Eastern and Western Europe. If EBO wishes to accelerate harmonisation of education in Europe, then Eastern Europe is the area that EBO needs to focus more attention to. First of all, a clear and **cordial invitation** should be sent to all the directors of the teaching centres in Eastern Europe to join efforts with the EBO in achieving the common EU standards of education and inform them about the full spectrum of EBO activities.

We might not be aware of the situation in Eastern Europe: some developments may be quick, especially in terms of acquiring the latest technologies in prosperous field of private cataract and

refractive surgery. However, teaching and residency education may not be everywhere to the same standards. **In some countries, residents are even not paid any salaries and may even be asked to pay for training themselves.**

Nevertheless, a few good training centres have emerged in the Eastern Europe by progressive leaders and these developments need to be supported. Many such leaders do send their young residents to EBO or SOE supported observerships and, also, they send their staff members. However, they themselves may not get enough information they would need to accelerate the process of harmonisation of education.

Therefore, EBO might benefit if it would establish an i.e. **»Chairman visit programmes«** that would last 3-4 days in which the chairman or programme director of Eastern institution would visit a desired EBO-accredited training centre in Western Europe. This could in many ways make the key changes in Eastern institutions, where leadership is traditionally centralised. This programme could be a new component of Residency Exchange Committee.

Some chairmen of Eastern European clinics are considering accreditation by the EBO. Many chairmen asked if their centres could be pre-viewed by the officials of EBO, in order to assess the conditions and give advice to prepare for the official accreditation visit.

Training for trainers symposia

»Training for trainers« symposia should be regularly organised in Eastern European countries. Such training symposium was organised in Portorož, Slovenia, during EVER meeting in October 2008 and was attended by more than 30 programme directors from Eastern Europe. This symposium was organised **jointly** by the **ICO and European education organisations (EBO, EUPO, SOE and EVER)**. In the future, EBO by itself could take initiative in organising such symposia in Europe in collaboration with other European organisations.

It is very likely that positive competition among the good training centres in Eastern Europe would encourage progressively more centres to apply for the accreditation and this would have excellent impact on harmonisation. A separate working committee could be created within the EBO to accelerate harmonisation with Eastern Europe. All these activities could be supported by **»Ad Eundem«** diplomas, therefore achieving attachment of the opinion leaders in these countries to EBO (with some financial effect to EBO which may be source for in supporting the Chairman visits etc.).

Ad 4. Increase mobility and support to young ophthalmologists

Increasing the budget for exchange programme. At the moment, the expressed interest far exceeds the number of grants. Increase number of grants for residents and staff members : It was already proposed in Brussels and Krakow that the number of applications is increasing and that EBO would finance **40 residents' and 10 teachers' grants**, provided that sound balance would allow for this. However, in parallel, good dispersion within the European training centres would be needed and more accredited centres are desirable as discussed above.

Establishing effective vertical and horizontal information: It would be imperative to increase the awareness of the EBO educative actions. One way of doing this would be a e-forum for young ophthalmologists on our website, such as one being created by the SOE young ophthalmologists. With such forum, information would reach more candidates. Also, at such forums, young ophthalmologists could get useful advice on practicalities connected to their travel, accommodation and training.

- **Encourage mobility within the member countries:** this implies that residents in the small centres, should complete the parts of the curriculum in larger training centres. However, even in large training centres that cover all the requirements of the curriculum, residents should preferably not spend all their residency period. It may be beneficial if they could be part-time trained at another training centre within the country (or abroad). This may be encouraged also through the Residency Review Committee and Residency Exchange Committee EBO.

Encourage western residents to take part of training in the Eastern teaching centres: In order to harmonise education in both directions, East to West and West to East exchange would be appreciated. So far, 3 training centres have been certified in the Eastern Europe (Ljubljana, Budapest and Pecs). For example, in Ljubljana, in 2007 and 2008, we had 8 visits of the residents and 2 from staff members, 3 of those were from western countries (Finland, Italy and Greece). In the future such process would help to harmonise the training systems across the Europe.

Ad 5. Increase collaboration

Concordia

Concordia is a virtual portal for European supranational organisations and has already become a trademark and has many positive effects. We have all been in favour to make it possible and we should expand its excellent abilities to present the issues on education and on information on **»who does what«** to general ophthalmologists in Europe. It is important that EBO/UEMS, SOE, EUPO and EVER continue to work together in the common direction and with good personal contacts. As this personal agreement among the presidents that compose **Concordia started at the joint meeting at SOE 2005 in Berlin**, it would be of importance that informal personal meetings of the presidents of Concordia members would continue.

Collaboration with ICO

ICO is important and productive international organisation that encompasses many European professors as contributors although is sometimes erroneously perceived as American or Asian. ICO has long tradition in basic and clinical MCQ examinations headed by two Europeans: Peter Watson, and now, David Taylor. They organise professional and well attended examinations in the most Eastern and South-Eastern European countries that do not presently have access to EBO exam. ICO exam does provide the only significant quality benchmarking in these European countries. EBO should therefore be interested, or at least more curious, to learn more about it.

Also, ICO has published many documents that are related to our objectives, e.g. ICO curriculum and different sets of guidelines. These are all available from their website.

It was suggested already by the former president, M.J. Tassignon, that representatives of ICO and EBO should meet to discuss the methodology and concepts to reach better harmonisation of their activities. This agreement may make the approach of those countries that are now based on ICO assessment easier towards the EBO standards.

Although WOC 2010 is organised by the ICO, the congress will be primarily an opportunity to show European performance to the world. EBO was invited and has already accepted invitation to organise lecture slot. The question of whether the EBOD could also or alternatively be organised in 2010 in Berlin arose after invitation of prof.dr.Gerhard Lang, chairperson of WOC 2010 and past EBO secretary general. The decision on this should be reached by mutual agreement of all EBO member states after careful analysis of possible advantages and disadvantages. The possibility that **in 2010 the EBOD is organised in both locations, Paris and Berlin, has also been proposed** and deserves feasibility analysis.

Collaboration with EUPO (European Professors in Ophthalmology)

By statutes, EUPO has a member in EBO board for long time. However, the EUPO-seat in EBO has not been regularly used. It would be of importance to establish more dynamic collaboration with EUPO as actually, all the European professors are implicitly members of EUPO. EUPO is potentially a source of experts for different working committees which EBO would wish to set. EUPO is also organising courses which are well known and organised once a year, each second year in association with the SOE.

Many times, it was proposed that the EUPO courses could be more frequent, and indeed, it might be an idea to try to organise EUPO courses as preparatory courses for EBOD, that could cover at least two segments of the EBOD materia in the same year. Ideally there would be **4 EUPO courses each year, attached to our A, B, C and D sections of the EBOD**. Of course, these courses would also be EBO accredited and would yield MCQ's. The EUPO may be instrumental in providing the experts needed to evaluate the courses applying for EBO accreditation and for source of MCQ.

As the potential source of **EUPO as profile-bank of EU ophthalmology professors**, this might not be impossible. The EUPO representative will join EBO meeting in Prague and will attend our general assemblies in future.

Collaboration with EVER

It would be of importance to follow on the excellent collaboration with EVER in organising EBO accredited courses and mini symposia at the annual meeting.

Permanent EVER/EBO time slot at the EVER congress should be kept to emphasise EVER as *the* EU society to foster "**education for research**" role. Proposals for harmonisation of research standards e.g. to achieve comparable standards in achieving academic degrees or PhD across Europe would also bring on common recognition and mutual respect of these.

Collaboration with American education organisations

It is important to realise that we live in the same world and that many similar solutions and targets are being set at both sides of Atlantic. Communications with American educational organisations, such as American Board of Ophthalmology, can bring new exchange of practices and professionalism in education, without trading any of European identity.

Ad 6. Increase professionalism

Professional organiser

As for the technical part of our functioning, especially with EBO diploma examination, more and more technical support is needed each year to fulfil manpower of expanding societies and to accommodate more and more EBOD candidates and examiners. The list of tasks that was compiled by Marie-Jose Tassignon and Danny Mathysen was enormous.

We have recently selected company Agenda to become our professional organiser. To choose between Agenda and AGS, we have employed electronic voting. This way of voting is actually very important as EBO general assembly is only taking place once a year, and therefore decisions have to be taken in the interim period by such electronic voting. Agenda is not only administrative company which can offer professional services and publicity in Eurotimes and by using Agendas' e-mail bank.

It is very important to have dedicated and creative service personnel for planning the tasks and this certainly will upgrade professional image of our Board. It is also that **dedicated personnel will think**

of correct timelines, deadlines and reminders. For this purpose, **Standard operating protocols** will be developed for each EBO activity to ensure timely and accurate functioning and to know "who does what".

Normative acts

The EBO relies on its statutes and this is the basis for legislative credibility of EBO. The statutes and bylaws should thus be respected. Also, they encompass most of the tasks of the EBO. Being the organisation that provides licensed documents, its formal and legal responsibility is even more pronounced. We need to keep in mind that we are a part of UEMS and that according to EBO statutes, changes can be proposed, but no change of statutes may be implemented before ratification by the UEMS section and UEMS central so as to ensure cohesion between the various specialities. As continuity of the EBO is important, we shall implement exceptions only in a case of need, however, all efforts must be made to keep the functioning of the EBO within its statutes and bylaws and prevent future urgent needs to modify statutes by timely formal activities.

Website

After major overhaul of the EBO website by Tero Kivela, the functionality and its appeal has increased greatly. There is however a constant need to update the website and task to making it more contemporary. There are, however, still missing parts. Also, more news and fresh pictures along the older ones could make it more appealing. We would preferably ask Agenda for technical editing, however, input on different activities will need to be provided by the Committees.

Financial policies

As most of the proposed programmes and ideas imply more financial obligations, we may see the following ways to increase income:

- Promote EACME registration with the UEMS for as many as possible national and international congresses and symposia.
- Promote Ad Eundem diplomas in eligible countries
- Promote accreditations of the courses
- Promote accreditation of training centres

The major financial income will remain the EBOD exam. It is, however, possible that activities on the most important projects such as curriculum development and building the MCQ bank may demand more qualified manpower which may imply higher expenses.

I would be most grateful for your comments to this strategy by 15.May 2009.

Kind regards,



Marko Hawlina, President of EBO

24th April 2009