

Fellow of the European Board of Neurological Surgery

Background

In October 2015 the European Association of Neurosurgical Societies (EANS) and the European Union of Medical Specialists (UEMS) agreed that the existing Diploma Examination in Neurosurgery would become a Board Examination.

The primary aim of The European Board of Neurological Surgery (EBNS) is to create a common high standard and qualification, harmonising the quality of neurological surgery in all European countries. This should potentially allow for the mutual recognition of this qualification between European countries and elsewhere and will be highly regarded asset on a Curriculum Vitae.

The standard of the examination is high. Candidates who pass both parts of the examination (from 2016 onwards) will be appointed as **Fellow of the European Board of Neurological Surgery (FEBNS)**. The standard of the board fellowship is limited to surgeons who have attained a level of knowledge and proficiency that is recognised as appropriate for independent specialist practice. All applicants must meet entry requirements for the examination.

It is important that candidates recognise that some European countries have an end-of-training exam. FEBNS is NOT an alternative to a national examination, where one exists.

The Examination

The examination will be undertaken in the generality of adult and paediatric neurosurgery with an emphasis on **urgent and emergency neurological surgery**. Candidates will be expected to have a sound knowledge of applied basic sciences and knowledge of the spectrum of relevant investigations, and therapeutics. Candidates will also be expected to have a detailed knowledge of the assessment, selection, operative management and post-operative care of patients with neurological diseases that are managed by neurosurgeons.

The Examination consists of **TWO PARTS**. Only candidates that have successfully passed part I are eligible to sit part II.

PART I: 150 single best answer multiple-choice questions (75 on Paper A and 75 on Paper B).

PART II: Oral exam. This comprises 3 x 30 minute oral assessments, each marked independently by two examiners. One oral covers brain topics, one covers spine topics and one covers both brain and spine topics.

The examination is conducted in English.

Retakes

Candidates who do not attain the standard required to pass the oral examination may retake this section within the next 3 years without having to retake the written section.

Scope of the Examination

Basic Science

1. Knowledge of surgical anatomy relevant to the practice of neurological surgery.
2. Knowledge of applied physiology, biochemistry and pharmacology of neurosurgical diseases.
3. Knowledge of pathology of neurosurgical conditions.
4. Knowledge of statistics and epidemiology relevant to neurosurgical practice.
5. Knowledge of the principles of imaging and radiotherapy techniques (eg x-ray, ultrasound, CT, MRI, SPECT, PET, Functional MRI, interventional radiology, stereotactic radiosurgery, radiotherapy techniques).
6. Applied knowledge of electro diagnostics.
7. Applied knowledge of operative equipment (eg endoscope, microscope, neuronavigation, CUSA, iMRI)
8. Biomechanics relevant to neurosurgery.

Cranial and Spinal Neurosurgery

1. A wide knowledge of neurosurgical disease in both children and adults. This includes congenital, genetic and acquired disorders.
2. Key topics include applied basic science (see below), trauma, haemorrhage, hydrocephalus and CSF disorders, tumours, degenerative disorders, inflammatory disorders, pain management, peripheral nerve lesions, neurological diseases with surgical relevance, functional neurosurgery, infection and seizures.
3. A sound knowledge of differential diagnosis formulation and physical examination.
4. A thorough knowledge of investigative techniques used in neurosurgery.
5. A thorough knowledge of neurosurgical operative procedures and their complications.
6. A thorough knowledge of peri-operative care, including critical care management of patients with neurosurgical disease.
7. Evidence of capability at recognising important interfaces with other specialities to assist with multidisciplinary care and shared decision-making.