MRCS examinations and an introduction to The Royal College of Surgeons of England.

Another problem is the antiquated presentation of the curriculum in core and system modules rather than the current integrated Intercollegiate MRCS. However, the trainee should not be put off as the content is up-to-date and pertinent to current practice and to the MRCS examination syllabus. A big disappointment is the lack of online tutorials. Instead, the trainee is directed to a free website already widely publicised and used. Why are tutorials not provided by eSTEP™, perhaps linked to case studies? This would afford consistency in terms of content, layout and quality of writing as well as ease of use as the trainee would be able to find all the required information on a single website. The STEP™ team is currently in the midst of updating the written modules and the electronic site and these are perhaps some of the changes they are planning.

There are few other websites which provide comparable resources for surgical trainees. The Royal College of Surgeons in Ireland's (RCSI) impressive 'Basic electronic Surgical Training' (BeST Online) represents the greatest rival. With a structured approach to the learning process, BeST Online makes similar use of case studies, discussion boards and self-test questions. It is cheaper, has flexible subscription options and a modern and exciting layout. It features 93 tutorials, 10 basic science resources, an end-of-course examination and a glossary. It makes excellent use of graphics and animations, although does not have the anatomy teaching videos or the minor surgery course. BeST Online has been made mandatory for all trainees entering RCSI Basic Surgical Training, and is available at discounted rates through the Royal College of Surgeons of Edinburgh (<<http://rcsed.intumed.com/>>) and the Royal College of Physicians and Surgeons of Glasgow (<<http://rcpsg.intumed.com/>>). Both sites present information in a manner that is relevant to day-to-day practice, while BeST Online also includes surgical theory and basic science. Undoubtedly, some trainees will prefer the option to study from the STEP™ printed modules which complement the online resources, but BeST Online represents an impressive web-based solution.

Online surgical education is expanding quickly and the surgical community now recognises the internet as an excellent forum for training and education. A new breed of trainee is emerging, equally comfortable studying at a computer or a book. The use of multimedia, interactivity with other users and regular updates are reasons that both STEP™/eSTEP™ and BeST Online will grow in popularity amongst surgical trainees.

The eSTEP™ website: a response

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As the STEP™ Tutor, I would like to thank Kaur and Harrison for their review of a component of The Royal College of Surgeons of England (RCSE) – Surgeons in Training Education Programme (STEP™), and also take this opportunity to clarify the development of this programme.

STEP™ was initially launched in 1994 as a distance learning programme for surgical trainees. This was revised in 1997 (STEP™ MRCS CsiG version) and once again in 2000 to keep up to date with the requirements of the MRCS examination. We are revising this again to reflect the new surgical training and Intercollegiate Surgical Curriculum Project (ISCP) <<http://www.iscp.ac.uk>>. The key change in the 2000 edition of STEP™ was the introduction of the eSTEP™ website; this was introduced to complement the printed version of STEP™ and provide a 'blended' learning programme. This allowed the principles expounded by the STEP™ team of W Ribbans, M Larvin and J Masih – namely that the programme would have a greater emphasis on self-directed work by trainees, there would be a larger component of interactivity with less didactic teaching and also introduce a community function for the distance learning programme.

By 2005, STEP™ had been taken up by 7500 trainees in the UK; however, it was also clear that there were going to be some major changes in training with the introduction of the Foundation years (<www.mmc.nhs.uk>) and the surgical curriculum. The STEP™ team at the RCSE have undertaken an extensive market research (Larvin M, Haine L, Kamal T. STEP™ survey: what trainees want from a distance learning programme. *Bull R Soc Surg Engl* 2006; 88: 230–1) of the trainees' requirements and also reviewed the surgical curriculum as it was being developed. Several issues have been identified:

1. The majority of trainees responded that they still wanted printed material as a resource although the material required revision in content and presentation.
2. The eSTEP™ website was also integrated closely with STEP™ hence achieving a true 'blended' learning resource. The team are also aware that technology has changed dramatically since the early eSTEP™ site was developed.

From the first item above, the survey demonstrates that trainees prefer a blended learning approach where they can learn didactic material from printed material and can take self-assessments online. Unlike BeST Online (Basic electronic Surgical Training) which is wholly online,

STEP™ combines printed modules with online support via the eSTEP™ website and also provides additional benefits including: (i) *Surgery* journal subscription (24 months); (ii) discounts on textbooks via Blackwell's online bookshop; (iii) an event at the RCSE (STEP™ College Day); and (iv) discounts on the RCSE's Intercollegiate MRCS examination preparatory courses.

Bearing in mind the results of the survey, the team is actively involved in producing a new edition of STEP™ (including an updated version of the eSTEP™ website) for release later in 2008. STEP™ will provide the surgical trainee with a distance learning resource combining the didactic elements as well as a complementary interactive website. The latter will allow peer-led discussions as well as a conduit for rapid responses to changes in the surgical trainees' environment. With this programme, the surgical trainee will have access to an up-to-date resource that will be responsive to the inevitable changes in surgical training.

*Computers are incredibly fast, accurate, and stupid.
Human beings are incredibly slow, inaccurate, and brilliant.
Together they are powerful beyond imagination.*

Albert Einstein, 1879–1955

Cosmetic surgery: information for patients

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<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/CosmeticSurgery/fs/en>

This Department of Health website provides unbiased information for patients considering surgical and non-surgical cosmetic procedures. A comprehensive A-to-Z list of cosmetic procedures is provided, including abdominoplasty, breast augmentation and reduction, liposuction, face-lifts, Botox and dermal fillers. Procedures are listed under both technical and the more commonly used names (e.g. 'nose job' for rhinoplasty), along with details of the aims of surgery, details of the procedure itself, postoperative care, and results. There is also a checklist of essential questions the patient should ask in order to make an informed decision when considering these procedures. Although there are no photographs or illustrations for patients who want to see the scars or postoperative results, there are useful links to other websites on cosmetic surgery. There is also guidance for patients unhappy with their treatment with regulatory contact details of various regulatory bodies including the Health Care Commission, General Medical Council and Advertising Standards Authority.****

http://www.healthcarecommission.org.uk/nationalfindings/nationalthemedreports/independenthealth/privatehealthreports.cfm?cit_id=510

This Health Care Commission report from the Chief Medical Officer summarises the findings of an investigation into private cosmetic surgery in England. It examines the extent of compliance with standards by institutions undertaking cosmetic surgery over the last 2 years, provides an idea of the numbers and types of procedures undertaken, and an analysis of complaints received. Areas in need of improvement are highlighted, along with necessary recommendations for change. This information is aimed mainly at clinicians, providing interesting reading on the provision of cosmetic surgery in England. No information on individual clinics or surgeons are provided.***

<http://www.asgbi.org.uk/pdfs/advice.pdf>

This document provided by the Cosmetic Surgery Interspeciality Committee of the Association of Surgeons of Great Britain and Ireland gives an excellent overview of issues for patients to consider with regards to cosmetic surgery. Similar to the Department of Health website, it provides details on how to find out more on institutions offering procedures, and how to make a complaint if required. Although there is no information on each procedure, it does have important links to various regulatory bodies and Colleges, along with their contact details.****

<http://www.baaps.org.uk/content/view/17/31/>

<http://www.baaps.org.uk/content/category/1/16/60/>

The official website of the British Association of Aesthetic Plastic Surgeons (BAAPS) provides unbiased, educational resources to the public for the commonest cosmetic procedures. Variations on each procedure are also described. There are some illustrations to help patients understand the procedures, scarring and the results they should expect. There is a useful feature on the website that assists in finding a surgeon who is a BAAPS member in a particular region and provides their contact details. This site along with e-medicine and ASPS sites are probably the most useful for trainees who wish to gather more information on aesthetic surgery. Yearly press releases are published on the website that show the type and number of cosmetic procedures performed in the private sector by surgeons who are BAAPS members.****

<http://www.surgery.org/public/index.php>

The official site for the American Society for Aesthetic Plastic Surgery (ASAPS) gives systematic, detailed information on 19 of the main surgical and non-surgical aesthetic procedures. The details are given in a Q&A-type format using non-technical language. It covers everything from what to expect from the consultation, the surgery