

Advanced Certificate of General Dermatology



1. INTRODUCING HEALTHCERT

HealthCert is a global company dedicated to saving lives and improving patient outcomes through accredited primary care education.

In collaboration with leading subject specialists, we offer medical courses at professional certificate, advanced certificate and professional diploma levels for General Practitioners, Medical Health Professionals, Nurses and International Medical Graduates. All HealthCert courses are professionally accredited and provide access into multiple Master degree pathways and clinical attachment programs. Thousands of medical professionals across 34 countries have participated in our programs, known for their comprehensive nature and the ability to enable doctors to make a real difference to their patients and their practice.

2. PROFESSIONAL EDUCATION

HealthCert is a Professional Education Provider. We provide CPD-accredited **professional development** training for medical professionals. HealthCert professional qualifications are named *Professional Certificate*, *Advanced Certificate* and *Professional Diploma* to clearly indicate the professional nature of the qualifications. We proudly go beyond compliance with the professional standards for education providers set by professional bodies, and we also self-impose reviews by university academics.

3. HEALTHCERT GRADUATE ATTRIBUTES

All HealthCert graduates demonstrate the following:

GA1. Factual knowledge in a special interest field

HealthCert graduates demonstrate factual knowledge in a special interest field of professional studies at the appropriate level for the course they have undertaken.

GA2. Procedural knowledge in a special interest field

HealthCert graduates demonstrate knowledge of specific procedures in a special interest field at the appropriate level for the course they have undertaken.

GA3. Safe and careful attitudes

HealthCert graduates demonstrate a safe and careful attitude within a special interest field of professional studies.

4. PROGRAM OUTCOMES FOR ADVANCED CERTIFICATE LEVEL

Within a specific field of interest, Advanced Certificate graduates will be able to demonstrate all of the following:

- ✓ Broad factual knowledge (A1)
- ✓ Broad procedural knowledge (A2)
- ✓ Some theoretical knowledge (A1)
- ✓ Broad cognitive skills to gain information and apply known methods (A2)
- ✓ Broad judgement skills based on evidence (A1)
- ✓ Problem solving skills for expected, and sometimes unexpected, problems (A2)
- ✓ Identification of limitations and referral to others (A2)



Advanced Certificate of General Dermatology



5. COURSE OVERVIEW

This course is for medical practitioners who wish to perform general dermatology. The focus is on various types of dermatological conditions commonly seen in primary care. This qualification is stage one of the Professional Diploma of General Dermatology. The pathway is (1) Professional Certificate of General Dermatology, (2) Advanced Certificate of General Dermatology, (3) Professional Diploma of General Dermatology.

6. DELIVERY METHOD

The Advanced Certificate of General Dermatology is is as a fully online course. There are eight units in a HealthCert diploma program. The course is delivered over 15 weeks with 12 weeks of teaching followed by three weeks for revision and final examinations. The course includes online presentations from experts in the field followed by patient case discussions and decision-making. There is a final webinar prior to examinations.

7. ENTRY REQUIREMENTS AND COURSE REQUISITES

This course is for general practitioners, degree-qualified nurses and dermal therapists, and other degree-qualified health professionals with an interest in skin. The prerequisite for this Advanced Certificate course is the successful completion of the HealthCert Professional Certificate of General Dermatology (or a qualification deemed equivalent). HealthCert also highly recommends successful completion of at least 25 cases of general dermatology prior to enrolment.

8. INCOMING COURSE PATHWAYS

Professional qualifications and prior studies may be recognised for entry into this course if the learning outcomes match exactly. Please ask a HealthCert Education Advisor for an individual assessment of your prior qualifications and experience to see if they match the learning outcomes of HealthCert courses. If there is not an exact match, HealthCert assessment tasks may need to be completed prior to enrolment.

9. COURSE LEARNING OUTCOMES

At the end of this course, participants will be able to:

- 1. Categorise and accurately identify dermatological emergencies.
- 2. Construct treatment plans for vitiligo and skin infestations.
- 3. Determine first and second line treatments for dermatomyositis.
- 4. Categorise the treatments available for sarcoidosis.
- 5. Determine the oral and biologic injectable treatments for psoriasis and evaluate their benefits and risks.
- 6. Select systemic treatments for lichen planus.
- 7. Evaluate treatments for atopic dermatitis and the contributing factors that might exacerbate it.
- 8. Construct a differential diagnosis of acne and select the most appropriate diagnostic workflow.
- 9. Evaluate topical therapy and systemic treatments.
- 10. Select appropriate patients for patch testing.
- 11. Distinguish features of cutaneous lymphoma and select appropriate investigations.
- 12. Diagnose and appropriately manage patients with hair loss, including cicatricial alopecia.
- 13. Diagnose and appropriately manage patients with nail diseases, including those less commonly seen in general practice.



Advanced Certificate of General Dermatology



- 14. Design treatment plans for various presentations of hidradenitis.
- 15. Evaluate safe monitoring of combination antibiotic therapy and biologic therapy.
- 16. Differentiate blistering disorders and plan treatment decisions.
- 17. Distinguish and evaluate difficult and rare dermatological diseases.
- 18. Judge when to make treatment decisions and when to refer rare dermatological diseases.
- 19. Make professional judgements that demonstrate dermatological knowledge.
- 20. Make professional judgements that demonstrate the application of dermatological knowledge to patient case scenarios.

Note: For nurses and dermal therapists, all work must be carried out under a General Practitioner's supervision.

10. SAMPLE COURSE TRAINING PLAN

Module 1

- Emergency skin conditions
- Vitiligo treatments
- Skin infestations

Module 2

- Treatment of dermatomyositis
- Treatment of sarcoidosis

Module 3

- Immunosuppressive treatment for psoriasis
- Systematic treatment for lichen planus

Module 4

- Systemic treatment for atopic dermatitis
- Treatment for atopic dermatitis
- Differential diagnosis of acne, and treatments

Module 5

- Patch testing for contact dermatitis
- Cutaneous lymphomas

Module 6

- Cicatricial alopecia
- Less common nail diseases

Module 7

- Advanced management of hidradenitis
- Advanced management of bullous pemphigoid

Module 8

More challenging general dermatology cases

Concluding webinar

Summary and questions/clarification prior to exams

11. COURSE ACTIVITIES

Course participants will:

- Have the opportunity to replay video lectures from medical experts.
- Participate in discussion of patient cases, evaluate and make decisions.
- Receive access to research/readings in the field.
- Participate in course webinar prior to the examinations and ask questions.
- Receive ongoing support post-course through webinars and case review.
- Be able to participate in optional clinical attachments which are available at dedicated dermatology clinics.



Advanced Certificate of General Dermatology



12. COURSE PRESENTERS

HealthCert has a high-quality team of exceptional specialists and industry professionals to deliver this course. On rare occasions, presenters may change due to unforeseen circumstances affecting availability.

- Prof Richard P. Usatine, M.D., Distinguished Teaching Professor; Professor, Family and Community Medicine; Professor, Dermatology and Cutaneous Surgery; Program Director, Underserved Family Medicine Dermatology Fellowship, University of Texas Health Science Center San Antonio; Medical Director, Skin Clinic, University Health System, San Antonio, Texas; HealthCert Course Chair.
- A/Prof Caterina Longo, MD PhD, Scientific Coordinator, Skin Cancer Unit, ASMN-IRCCS, Reggio Emilia, Italy
- Dr Christopher Ross, BSc (BiomedSc)(Hons) BMBS FACD. Specialist Dermatologist. Currently visiting rural South Australia to extend specialist care and improve dermatology training to rural students and doctors.
- Dr Jonathan B. Karnes, M.D., MDFMR, family medicine physician with special fellowship training in dermatology; Faculty member in Maine Dartmouth Family Medicine Residency program. Maine, USA.
- Dr Zoe Apalla, M.D., PhD. Consultant Dermatologist, State Clinic, State Hospital for Skin and Venereal Diseases, Thessaloniki, Greece. Co-Author of more than 115 scientific papers.

13. ASSESSMENT REQUIREMENTS: ONLINE EXAMINATIONS

There are two online examinations for assessment:

- 1. 104 knowledge questions based on a scenario of a medical practitioner undertaking special interest training.
 - i. 13 per module

Example: The medical practitioner believes that 10% of the population ... Is he correct? Yes/No

- 2. 104 authentic scenario-based questions based on cases of patient care at a clinic

Example: A patient arrives at your clinic with this problem ...what should you do? Multiple choice images based on patient cases.

The knowledge-based examination is worth 50 per cent and the application-based examination is worth 50 per cent. The overall pass mark is 80 per cent. It is therefore not possible to pass this course on knowledge alone. Knowledge must be successfully applied to patient cases in order to pass the course.

14. ASSESSMENT MAPPING OF COURSE LEARNING OUTCOMES FOR EXAMINATIONS

1.	Categorise and accurately identify dermatological emergencies seen in clinical practice.	GA1/2/3, A1
2.	Construct treatment plans for vitiligo and skin infestations.	
3.	Determine first and second line treatments for dermatomyositis.	GA1/2, A2
4.	Categorise the treatments available for sarcoidosis.	GA2, A1/2
5.	Determine the oral and biologic injectable treatments for psoriasis and evaluate their	GA1, A2
	benefits and risks.	GA1/2/3, A1/2
6.	Select systemic treatments for lichen planus.	
7.	Evaluate treatments for atopic dermatitis and the contributing factors that might	GA1/2, A2
	exacerbate it.	GA1/2/3, A1/2
8.	Construct a differential diagnosis of acne and select appropriate diagnostic workflow.	GA1/2, A1/2
9.	Evaluate topical therapy and systemic treatments	GA1/2/3, A2



Advanced Certificate of General Dermatology



10.	D. Select appropriate patients for patch testing.					
11.	Distinguish features of cutaneous lymphoma and select appropriate investigations.	GA1/2/3, A1/2				
12.	Diagnose and appropriately manage patients with hair loss, including cicatricial alopecia.	GA1/2, A1/2				
13.	 Diagnose and appropriately manage patients with nail diseases, including those less GA1/2, A1/2 commonly seen in general practice. 					
14.	.4. Design treatment plans for various presentations of hidradenitis.					
15.	5. Evaluate safe monitoring of combination antibiotic therapy and biologic therapy.					
16.	6. Differentiate blistering disorders and plan treatment decisions.					
17.	7. Distinguish and evaluate difficult and rare dermatological diseases.					
18.	18. Judge when to make treatment decisions and when to refer rare dermatological					
	diseases.					
19.	Make professional judgements that demonstrate dermatological knowledge.	GA1/3, A1				
20.	Make professional judgements that demonstrate the application of dermatological knowledge to patient case scenarios.	GA2/3, A2				

GA= Graduate Attributes, A = Assessment Test Number

15. PROFESSIONAL PLANNING REQUIREMENT

There are mandatory professional requirements for this course.

- Provide an explanation of how you intend to use the learning from this course in your professional work. This
 should include the identification of professional associations in general dermatology and a description of
 how they can assist you in consolidating and extending your knowledge of general dermatology. Please
 describe your other professional networking and how this applies to your general dermatology work.
- List a range of resource materials that you have collected to advance your knowledge and application of
 general dermatology. These may include links to video clips viewed, links to conference proceedings you
 have read or attended, books you have purchased or loaned, information on suppliers you have compiled,
 and any other resource materials you have obtained in order to advance your professional development in
 the field of general dermatology.

16. HEALTHCERT PROFESSIONAL QUALIFICATION

Advanced Certificate of General Dermatology

From HealthCert – An Accredited CPD provider with university connections. Quality-assured by Bond University.

17. ONGOING WEB-BASED SUPPORT

After the trimester in which the course is delivered, there will be a minimum of 12 months ongoing web-based support to assist with the implementation of learning. This includes reminders of key learning points, webinars, video clips, updated information and ongoing case discussion with own case submission opportunities. The entire Professional Diploma program can therefore be studied over three trimesters (fastest) or three years (slowest).



Advanced Certificate of General Dermatology



18. CPD POINTS AND RECOMMENDED STUDY HOURS

Recommended study hours: 120 hours, including all readings and assessment.

Support: 12 months web-based support

Australian CPD points

RACGP: 40 Category 1 QI&CPD points | ACRRM: 30 PRPD points

Active Learning Module

This is a self-submitted activity in various other countries as outlined below; please seek advice from the relevant professional body for more information.

19. PROFESSIONAL RECOGNITION AND ACADEMIC REVIEW

This course:

- Provides CPD points from the Royal Australian College of General Practitioners (RACGP).
- Provides PRPD points from the Australian Council of Rural and Remote Medicine (ACRRM).
- Is recognised by Royal New Zealand College of General Practitioners (RNZCGP). The RNZCGP recognises all courses endorsed by the RACGP. Peer review and audit are compulsory.
- Is recognised by the Hong Kong College of Family Physicians (HKCFP). The HKCFP recognises all courses endorsed by the RACGP. Points are calculated differently.
- Is a self-submitted activity in Dubai. The number of CPD points must be stated on the certificate. Please contact PLD@dhcr.gov.ae for more information.
- Is a self-submitted activity in the UK. CPD events overseas, applicable to a doctor's scope of practice, may be submitted for revalidation. Please confirm with your Responsible Officer.
- Is a self-submitted activity in Canada through the College of Family Physicians of Canada. Category 1 points are reported as certified and Category 2 points are reported as non-certified. Please contact mainprocredits@cfpc.ca for more information.
- Meets World Federation of Medical Education standards.
- Is quality-assured by Bond University.
- Qualifies for certified clinical attachments in General Dermatology in France at the University of Lyon.
- Qualifies for certified clinical attachments in General Dermatology in Austria at the University of Vienna.
- Provides RPL for Postgraduate Diploma in General Dermatology which in turn provides credit for an MSc in Dermatology.

20. OUTGOING COURSE PATHWAYS

Professional Diploma pathway

This course is the second stage of the Professional Diploma of General Dermatology pathway. The full pathway is (1) Professional Certificate of General Dermatology, (2) Advanced Certificate of General Dermatology, (3) Professional Diploma of General Dermatology.



Advanced Certificate of General Dermatology



Certified clinical attachments pathway

Optional clinical attachments are available on a 1:1 or small group basis, providing the opportunity to observe dermatological treatments and ask questions of the expert performing the treatments. Clinical attachments are available in Australia and in university teaching hospitals at the University of Lyon and the University of Vienna. HealthCert certificates and university statements are provided for participating in clinical attachments.

The **Medical University of Vienna** is the largest medical organisation in Austria. One of the top-level research institutions in Europe, it provides Europe's largest hospital, the Vienna General Hospital, with its medical staff.

The dominant areas of study covered by **The Université Claude Bernard Lyon 1** are science and medicine. Attached to the university are the "Hospices civils de Lyon" including the "Centre Hospitalier Lyon Sud", which is the largest teaching hospital in the Rhône-Alpes region and second largest in France. Out of the 2630 faculty 700 are also medical practitioners at local teaching hospitals.

Postgraduate pathway for dermatology

This pathway is suitable for doctors who are mainly interested in clinical academic study. The **Postgraduate Diploma in Dermatology** is studied through the Rila Institute of Health Sciences and awarded by the **University of Plymouth (UK)**. There are three modules in the Postgraduate Diploma. Medical professionals who successfully complete the HealthCert Professional Certificate, Advanced Certificate and Professional Diploma of General Dermatology will be eligible to apply for Accreditation of Prior Certified Learning (APCL) for module 3 of the Rila Institute/Plymouth University Postgraduate Diploma in Dermatology.

The Postgraduate Diploma is mainly online. No practical workshops will be required due to the APCL from the HealthCert qualifications. Overall there will be a time saving of 40 percent of the postgraduate program due to the APCL. When the Postgraduate Diploma has been successfully completed, medical professionals can apply for credit from the Postgraduate Diploma to the **MSc in the specialism** awarded by the **University of Plymouth**.

Participation in research

HealthCert alumni have opportunities to participate in research projects conducted by leading experts in the field who teach at HealthCert. Past research projects include a study by Monika Janda on the use of teledermoscopy by GPs, the DermaChallenge project by Professor Harald Kittler and his team, and a research study by The University of Sydney exploring the management of patients with melanoma in primary care in Australia. Research projects and surveys are shared via the HealthCert blog which is available to HealthCert alumni.

21. CONTINUOUS IMPROVEMENT THROUGH FEEDBACK

Participant feedback in the form of course evaluations and focus groups enable us to continuously improve. Thank you for contributing to this process. We keep detailed records of course feedback and use it to improve the course for the next time it is delivered.

22. HEALTHCERT ADVANCED CERTIFICATE COURSE FEES

Please ask a HealthCert Education Advisor for full details of course fees, payment plans, discounts and scholarships or go to www.healthcert.com.



Advanced Certificate of General Dermatology



23. COURSE MANAGER CONTACT DETAILS

If you have questions related to this course, contact a HealthCert Education Advisor at courses@healthcert.com.

24. BIBLIOGRAPHY: GENERAL DERMATOLOGY

Supplementary readings include:

Abrouk . M., Nakamura . M., Zhu . T.H., Farahnik . B., Singh . R.K., Lee . K.M., Jose . M.V., Koo . J., Bhutani . T., Liao, W. (2016) The Patient's Guide to Psoriasis Treatment. Part 3: Biologic Injectables. *Dermatologic Therapy (Heidelb)*, 6. 325–331. doi 10.1007/s13555-016-0131-8

Alirezaei, P., Farshchian, M. (2017) Granuloma annulare: relationship to diabetes mellitus, thyroid disorders and tuberculin skin test. *Clinical, Cosmetic and Investigational Dermatology, 10,* 141–145

Armitage, J.O. (2012) My Treatment Approach to Patients With Diffuse Large B-Cell Lymphoma. *Mayo Clinic Proceedings*, 87(2). 161-171 doi:10.1016/j.mayocp.2011.11.007

Aronson, N., Herwaldt, B.L., Libman, M., Pearson, R., Lopez-Velez, R., Weina, P., Carvalho, E.M., Ephros, M., Jeronimo, S. & Magill, A. (2016) Diagnosis and Treatment of Leishmaniasis: Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and the American Society of Tropical Medicine and Hygiene (ASTMH). Clinical Infectious Diseases® 2016;63(12). e202–64 doi: 10.1093/cid/ciw670

Borgonjen, R.J., De Lange, J.A, Van de Kerkhof, P.C.M. Guideline-based clinical decision support in acne patients receiving isotretinoin; improving adherence and cost-effectiveness. *Journal of European Academy of Dermatology and Venereology*. doi: 10.1111/jdv.14247

Brick, K.E., Weaver, C.H., Lohse, C.M., Pittelkow, M.R., Lehman, J.S., Camilleri, M.J., Al-Hashimi, M., & Wieland, C.N. (2014) Incidence and Mortality Rates of Bullous Pemphigoid in Olmsted County, Minnesota, Over 6 Decades. *Journal of American Academy of Dermatology, 71*(1). 92–99. doi:10.1016/j.jaad.2014.02.030

Brick, K.E., Weaver, C.H., Savica, R., Lohse, C.M., Pittelkow, M.R., Boeve, B.F., Gibson, L.E., Camilleri, M.J., & Wieland, C.N. (2014) A Population-Based Study of the Association Between Bullous Pemphigoid and Neurologic Disorders. *Journal of American Academy of Dermatology*; 71(6). 1191–1197. doi:10.1016/j.jaad.2014.07.05

Caumes, E. (2000) Treatment of Cutaneous Larva Migrans. Clinical Infectious Diseases, 30, 811-14

Daguze, J., Aubert, H., Bernier, C., Gaultier, A., Nguyen JM., Stalder, JF. & Barbarot, S. (2017) A Monocentric Retrospective Cohort of Patients with Severe Atopic Dermatitis Treated with Cyclosporine A in Daily Practice. *Acta Dermato-Venereologica*, *97*. XX–XX. doi: 10.2340/00015555-2689

Exton, L. S.. Cheung, S. T., Brain, A. G., Mustapa, M. F. & De Berker D. A. R. (2017) Compliance with national guidelines on isotretinoin: where are we 2 years since the last audit? Results of the National Isotretinoin Re-Audit 2014. *Clinical and Experimental Dermatology 42*. 381–389. doi:10.1111/ced.13068

Hanley, T.I., Yiu, Z.Z.N. (2017) Role of iL-17 in plaque psoriasis: therapeutic potential of ixekizumab. *Therapeutics and Clinical Risk Management*, 13, 315–323. doi:10.2147/TCRM.S111107



Advanced Certificate of General Dermatology



Harr, T., French, L.E. (2010) Toxic epidermal necrolysis and Stevens-Johnson syndrome. *Orphanet Journal of Rare Diseases*, *5*,39.

Hernandez-Martin, A., Noguera-Morel, L., Bernardino-Cuesta, B., Torrelo, A., Perez-Martin, M.A., Aparicio-Lopez, C., De Lucas-Collantes, C. (2017) Cyclosporine A for severe atopic dermatitis in children. efficacy and safety in a retrospective study of 63 patients. *Journal of European Academy of Dermatology and Venereology, 31,* 837–842. doi: 10.1111/jdv.14066

Herskovitz, I., Miteva, M. (2016) Central centrifugal cicatricial alopecia: challenges and solutions. *Clinical, Cosmetic and Investigational Dermatology, 9* 175–181

Huang, C., Lai, Z., He, M., Zhai, B., Zhou, L., Long, X. (2017) Successful surgical treatment for Squamous Cell carcinoma arising from Hidradenitis Suppurativa, a case report and literature review. *Medicine*, *96*, 3(e5857)

Jeny, F., Bouvry, D., Freynet, O., Soussan, M., Brauner, M., Planes, C., Nunes, H. & Valeyre, D. (2016) Management of sarcoidosis in clinical practice. *European Respiratory Review 25*. 141–150 doi: 10.1183/16000617.0013-2016

Johansen, J.D., Aalto-Korte, K., Agner, T., AndersenK.E., Bircher, A., Bruze, M., Cannavó, A., Giménez-Arnau, A., Gonçalo, M., Goossens, A., John, S.M., Lidén, C., Lindberg, M., Mahler, V., Matura, M., Rustemeyer, T., Serup, J., Spiewak, R., Thyssen, J.P., Vigan, M., White, I.R., Wilkinson, M., Uter, W. EuropeanSocietyofContactDermatitisguidelinefordiagnosticpatch testing – recommendationsonbestpractice. *Contact Dermatitis, 73*, 195–221

Kerschbaumer, A.,·Fenzl, K.H.,·Erlacher, L., Aletaha, D. (2016) An overview of psoriatic arthritis—epidemiology,clinical features,pathophysiologyandnoveltreatmenttargets. *The Central European Journal of Medicine* 128.791–795. doi 10.1007/s00508-016-1111-9

Kimball, A.B., Okun, M.M., Williams, D.A., Gottlieb, A.B., Papp, K.A., Zouboulis, C.G., Armstrong, A.W., Kerdel, F., Gold, M.H., Forman, S.B., Korman, N.J., Giamarellos-Bourboulis, E.J., Crowley, J.J., Lynde, C., Reguiai, Z., Prens, EP., Alwawi, E., Mostafa, N.M., Pinsky, B., Sundaram, M., Gu, Y., Carlson, D.M., & Jemec, G.B.E. (2016) Two Phase 3 Trials of Adalimumab for Hidradenitis Suppurativa. *The New England Journal of Medicine*, *375*, 422-34. doi: 10.1056/NEJMoa1504370

Koler, R.A., Montemarano, A. (2001) Dermatomyositis. American Family Physician, 64 (9). 1565-72

Lachish, T., Tandlich, M., Grossman, T., Schwartz, E. (2013) High Rate of Schistosomiasis in Travelers Aftera Brief Exposure to the High-Altitude Nyinambuga Crater Lake, Uganda. *Clinical Infectious Diseases*; *57*(10):1461–4 doi:10.1093/cid/cit559

Lee, E.Y., Alhusayen, R., Lansang, P., Shear, N., Yeung, J. (2017) What is hidradenitis suppurativa? *Canadian Family Physician*, 63,114-120

Lima, M. (2015) Cutaneous primary B-cell lymphomas: from diagnosis to treatment. *Anais Brasileiros de Dermatologia*, *90*(5), 687-706. doi: http://dx.doi.org/10.1590/abd1806-4841.20153638



Advanced Certificate of General Dermatology



Manousaridis, J., Manousaridis, K., Peitsch, W.K., Schneider, S.W. (2013) Individualizing treatment and choice of medication in lichen planus: a step by step approach. *Journal of German Society of Dermatology*, 1610-0379/2013/1110, 981-991. doi: 10.1111/ddg.12141

Moghadam-Kia, S., Aggarwal, R. & Oddis, C.V. (2015) Treatment of inflammatory myopathy: emerging therapies and therapeutic targets. *Expert Review Clinical Immunology* 11(11). 1265–1275. doi:10.1586/1744666X.2015.1082908.

Nenoff, P., Haroske, G., Haenssle, H.A. (2016) CONTINUING MEDICAL EDUCATION The Diagnosis and Treatment of Nail Disorders Uwe Wollina. *Deutsches Ärzteblatt International*, 113, 509–18

Nikolakis, G., Liakou, A.I., Bonovas, S., Seltmann, H., Bonitsis, N., Join-Lambert, O., Wild, T., Karagiannidis, I., Zolke-Fischer, S, Langner, K. & Zouboulis, C.C. (2017) Bacterial Colonization in Hidradenitis Suppurativa/Acne Inversa: A Cross-sectional Study of 50 Patients and Review of the Literature. *Acta Dermato-Venereologica*, *97*, 493–498 doi: 10.2340/00015555-2591

Niv, D., Ramirez, J.A., Fivenson, D.P. (2017) Pyoderma Gangrenosum, Acne and Hidradenitis Suppurativa (PASH) syndrome with recurrent vasculitis. *Journal of American Academy of Dermatology; Case Reports 2017, 3,* 70-3.

Oddis, C.V., Reed, A.M., Aggarwal, R., Rider, L.G., Ascherman, D.P., Levesque, M.C., Barohn, R.J., Feldman, B.M., Harris-Love, M.O., Koontz, D.C., Fertig, N., Kelley, S.S., Pryber, S.L., Miller, F.W., Rockette, H.E. & Rituximab in Myositis (RIM) Study Group. (2013) Rituximab in the Treatment of Refractory Adult and Juvenile Dermatomyositis and Adult Polymyositis: A Randomized, Placebo-phase Trial. *Arthritis & Rheumatology . 2013, 65*(2). 314–324. doi:10.1002/art.37754.

Okon, L.G., Werth, V.P. (2013) Cutaneous Lupus Erythematosus: Diagnosis and treatment. *Best Practice & Research Clinical Rheumatology Journal*. *27*(3). 391–404. doi:10.1016/j.berh.2013.07.008.

Omairi, N.E.L., Abourazzak, S., Chaouki, S., Atmani, S., Hida, M. (2014) Drug Reaction with Eosinophilia and Systemic Symptom (DRESS) induced by carbamazepine: a case report and literature review. *Pan African Medical Journal*, 18, 9. doi:10.11604/pamj.2014.18.9.3799

Otto, S., Zirwas, M.J. (2010) Toothpaste Allergy Diagnosis and Management. *The Journal of Clinical and Aesthetic Dermatology*, *3*(5), 42 – 47

Qi, J., Garza, L.A. (2014) An Overview of Alopecias, *Cold Spring Harbor Perspectives in Medicine, 4.* doi: 10.1101/cshperspect.a013615

Rudnicka, L., Olszewska, M., Rakowska, A., Slowinska, M. (2011) Trichoscopy update 2011 *Journal of Dermatological Case Reports*, 4, 82-88. DOI: http://dx.doi.org/10.3315/jdcr.2011.1083

Saeki, H., Nakahara, T., Tanaka, A., Kabashima, K., Sugaya, M., Murota, H., Ebihara, T., Kataoka, Y., Aihara, M., Etoh, T., Katoh, N., Committee for Clinical Practice Guidelines for the Management of Atopic Dermatitis of Japanese Dermatological Association. (2016) Clinical Practice Guidelines for the Management of Atopic Dermatitis. *Journal of Dermatology 2016; 43.* 1117–1145. doi: 10.1111/1346-8138.13392







Salliot, C., Van der Heijde, D. (2009) Long-term safety of methotrexate monotherapy in patients with rheumatoid arthritis: a systematic literature research. *The Annals of the Rheumatic Diseases*, *68*. 1100–1104. doi:10.1136/ard.2008.093690

Shah, A.A., Wigley, F.M. (2013) My Approach to the Treatment of Scleroderma. *Mayo Clinic Proceedings*, 88(4), 377–393. doi:10.1016/j.mayocp.2013.01.018.

Wangy, J., Zhany, Q. & Zhang, L. (2016) A systematic review on the efficacy and safety of Infliximab in patients with psoriasis. *Human Vaccines & Immunotherapeutics* 12(2), 431--437; doi: 10.1080/21645515.2015.1081322.

Wilcox, R.A. (2016) Cutaneous T-cell lymphoma: 2016 update on diagnosis, risk stratification, and management. *American Journal of Haematology, 91*(1), 151–165. doi:10.1002/ajh.24233.

Wilkes, S.R., Nankervis, H., Tavernier, E., Maruani, A. and Williams, H.C. (2016) How Clinically Relevant Are Treatment Comparisons of Topical Calcineurin Inhibitor Trials for Atopic Eczema? *Journal of Investigative Dermatology* 136. 1944-1949; doi:10.1016/j.jid.2016.05.104

Williams, H.C., Wojnarowska, F., Kirtschig, G., Mason, J., Godec, T.R., Schmidt, E., Chalmers, J.R., Childs, M., Walton, S., Harman, K., Chapman, A., Whitham, D., Nunn, A.J. on behalf of the UK Dermatology Clinical Trials Network BLISTER Study Group. (2017) Doxycycline versus prednisolone as an initial treatment strategy for bullous pemphigoid: a pragmatic, non-inferiority, randomised controlled trial. *Lancet 2017; 389*. 1630–38

Zirwas, M.J., Stechschulte, S.A. (2008) Moisturizer Allergy Diagnosis and Management. *The Journal of Clinical and Aesthetic Dermatology*, 1(4), 38-44

Version	Version date	Authorised officer	Amendment details
1	9/11/2017	C Guyler	Added this table to track amendments.
2	16/1/2018	C Guyler	Edited PU postgraduate pathway to reflect no need for examinations for APCL

All changes must be approved by the Head of Course Development/Curriculum.