

Professional Diploma of Dermoscopy



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 PROFESSIONAL DIPLOMA LEVEL

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

- ✓ Comprehensive factual knowledge (A1)
- ✓ Comprehensive procedural knowledge (A2)
- ✓ 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 complex problems (A2)
- ✓ Identification of limitations and referral to others (A2)



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5. COURSE OVERVIEW

This course is designed for medical practitioners who wish to build on the knowledge gained from the Professional and Advanced Certificates of Dermoscopy. There will be greater focus on difficult and complex dermoscopy cases. The importance of accurate screening and the rules to avoid missing melanoma are essential learning. Submission and analysis of medical practitioners' own cases are a key feature of this course. This qualification is stage three of the Professional Diploma of Dermoscopy. The pathway is (1) Professional Certificate of Dermoscopy, (2) Advanced Certificate of Dermoscopy, (3) Professional Diploma of Dermoscopy.

6. DELIVERY METHOD

This final stage of the Professional Diploma of Dermoscopy is a fully online course with eight units. It is delivered in one trimester (15 weeks) with 12 weeks of teaching followed by three weeks for revision and final examinations. The course includes online presentations from field experts followed by patient case discussions and decision-making. Participant questions are answered in a final webinar prior to the examinations.

7. ENTRY REQUIREMENTS AND COURSE REQUISITES

This course is for General Practitioners and degree-qualified nurses who work under their supervision. The prerequisite for this Professional Diploma course is the successful completion of a HealthCert Advanced Certificate of Dermoscopy (or a qualification deemed equivalent). HealthCert also highly recommends successful completion of at least 50 cases of dermoscopy prior to enrolment. Professional Diploma courses are the highest level at HealthCert, so there are additional professional requirements and submission of online cases. A literature review must also be completed of journal articles available online (links provided).

8. INCOMING COURSE PATHWAYS

Graduates of The University of Queensland Certificate of Advanced Dermatoscopy and Histopathology who also successfully complete the examinations for the Professional Certificate of Dermoscopy and Advanced Certificate of Dermoscopy are eligible to enrol directly in the Professional Diploma of Dermoscopy.

Other professionally recognised 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. Determine the correct steps for the screening of young children.
- 2. Make decisions that lead to the effective screening of young adults.
- 3. Determine the correct steps for screening of older patients.
- 4. Detect lesions in different skin types.
- 5. Detect types of lesions including flat/nodular and pigmented/non-pigmented.
- 6. Effectively manage patients with multiple moles.



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- 7. Clarify how dermoscopy is used for the management of NMSC.
- 8. Apply the rules to avoid missing melanoma.
- 9. Utilise dermoscopy programs and applications, including Interactive Atlas and YouDermoscopy.
- 10. Provide solutions to complex problems of dermoscopy.
- 11. Critically examine dermoscopy issues, consider and evaluate them.
- 12. Perform specialised technical and creative problem solving skills in dermoscopy.
- 13. Make independent technical judgements in dermoscopy at a specialised level.
- 14. Make independent management judgements in dermoscopy at a specialised level.
- 15. Initiate, plan, implement and evaluate dermoscopy.
- 16. Communicate understanding of theoretical concepts with professional colleagues in dermoscopy.
- 17. Determine personal responsibility and accountability for work tasks and results in dermoscopy.
- 18. Determine responsibility and accountability for work tasks and results of others in dermoscopy.
- 19. Communicate and explain dermoscopy knowledge and ideas to different audiences. For example, patients, staff, families, and colleagues.
- 20. Consolidate knowledge of dermoscopy through evaluation of peer reviewed journal articles.
- 21. Review, analyse and apply knowledge of dermoscopy to scenarios of practitioners and patients with problems that require dermoscopy.

10. SAMPLE COURSE TRAINING PLAN

Module 1: Screening children

Learn to recognise the characteristic patterns of presentation of melanocytic lesions in children. Learn to identify dermatoscopic clues to diagnose problematic lesions and the common evolution patterns of benign melanocytic lesions in children.

Module 2: Screening young adults

Learn the main diagnostic strategies that should be applied when screening individuals after puberty and until 50 years of age. These strategies are particularly useful when evaluating morphologically dubious lesions and they are based on characteristics of the lesion(s) and the overall context of each individual.

Module 3: Screening older patients

Learn how to manage elderly patients with pigmented and non-pigmented skin lesions including melanocytic and non-melanocytic neoplasms. Specific dermoscopic diagnostic clues will be highlighted in order to catch early melanomas while recognising the myriads of benign lesions.

Module 4: Lesions in different skin types

Learn how skin type influences the dermoscopic aspects of melanocytic and non-melanocytic skin tumours. Learn clues for risk assessment of skin cancer and the frequency of different types of skin lesions in relation to differently sun-exposed areas.

Module 5: Flat/nodular and pigmented/non-pigmented lesions

Learn the main dermoscopic clues to differentiate pigmented and non-pigmented variants of melanocytic and epithelial skin cancer. Identify common and uncommon dermatoscopic clues to diagnose nodular skin tumours.



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Module 6: Patients with multiple moles

Learn to manage patients with multiple moles. Get familiar with the benefit and risks of sequential imaging with digital dermatoscopy and identify clues to differentiate between growing naevi and melanoma.

Module 7: Dermoscopy for the management of NMSC

Learn how dermoscopy can be useful in the management of basal and squamous cell carcinomas. In addition to it unquestionable diagnostic value, dermoscopy provides valuable information that might significantly enhance the choice of the optimal treatment and the more accurate monitoring of treatment response.

Module 8: Rules not to miss melanoma

Learn important management rules that minimise the possibility of missing melanoma. These rules are not based only on dermoscopic morphology, but on a more general approach, integrating information from clinical and dermoscopic examination, patient's history and overall clinical context.

11. COURSE ACTIVITIES

Course participants will:

- Utilise Interactive Atlas international dermoscopy program.
- Utilise YouDermoscopy application (app).
- Participate in webinars with experts and professional colleagues.
- Observe professional clinic/patient interactions via video.
- Evaluate dermoscopy cases in an online discussion board.

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. The Course Development Committee and Presenters are:

- Prof Harald Kittler, MD, Professor of Dermatology at Medical University of Vienna, Austria
- A/Prof Caterina Longo, MD PhD, Scientific Coordinator, Skin Cancer Unit, ASMN-IRCCS, Reggio Emilia, Italy
- A/Prof Iris Zalaudek, MD PhD, Research Director of the Non-Melanoma Skin Cancer Unit, Division of Dermatology and Venerology, Medical University of Graz, Austria
- **Dr Aimilios Lallas**, MD PhD MSc, Dermatologist-Venereologist, First Department of Dermatology, Aristotle University, Thessaloniki, Greece
- Dr Elvira Moscarella, MD, Dermatologist, Arcispedale S.Maria Nuova, IRCCS, Reggio Emilia, Italy

13. ASSESSMENT REQUIREMENTS: ONLINE EXAMINATIONS

There are two online examinations for assessment:

1. 120 knowledge questions based on a scenario of a medical practitioner undertaking special interest training.
i. 15 per module

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







- 2. 120 authentic scenario-based questions based on cases of patient care at a clinic
 - i. 15 per module

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

1.	Determine the correct steps for the effective screening of young children.	GA2, A2	
2.	Make decisions that lead to effective screening of young adults.	GA2, A2	
3.			
4.	Detect lesions in different skin types.	GA1, A1	
5.	Detect types of lesions including flat/nodular and pigmented/non-pigmented.	GA1, A1	
6.	Effectively manage patients with multiple moles.	GA2,A2	
7.	Clarify how dermoscopy is used for the management of NMSC.	GA1,A1	
8.	Apply the rules to avoid missing melanoma.	GA3, A1, A2	
9.	Utilise dermoscopy programs and applications like <i>Interactive Atlas</i> and <i>YouDermoscopy</i> .	GA2, PR	
10.	Provide solutions to complex problems of dermoscopy.	GA2, A2	
11.	Critically examine dermoscopy issues, consider and evaluate them.	GA1-3. A2	
12.	Perform specialised technical and creative problem solving skills in dermoscopy.	GA2, A2	
13.	Make independent technical judgements in dermoscopy at a specialised level.	GA1-3, A2	
14.	Make independent management judgements in dermoscopy at a specialised level.	GA1-3, A2	
15.	Initiate, plan, implement and evaluate dermoscopy.	GA1-3, A2, PR	
16.	Communicate understanding of theoretical concepts with professional colleagues in	GA1, PR	
	dermoscopy.		
17.	Determine personal responsibility and accountability for work tasks and results in	GA2, GA3, PR	
	dermoscopy.		
18.	Determine responsibility and accountability for work tasks and results of others in	GA2, GA3, PR	
	dermoscopy.		
19.	Communicate and explain dermoscopy knowledge and ideas to different audiences. For	GA1-3, PR	
	example, patients, staff, families, and colleagues.		
20.	Consolidate dermoscopy knowledge through evaluation of peer reviewed journal articles.	GA1, A1	
21.	Review, analyse and apply knowledge of dermoscopy to scenarios of practitioners and	GA2, GA3, A2	
	patients with problems that require dermoscopy.		

15. PRE-COURSE REFLECTIVE ACTIVITY

There is a mandatory professional requirement for this course.

GA = Graduate Attributes, A = Assessment Examination, PR = Professional Requirement

- Provide an explanation of how the learning from this course will help you with your professional development. In your description refer to:
 - o How you are using applications and programs such as *Interactive Atlas* and *YouDermoscopy* for your professional development.



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- Explain how you plan to use the learning from this course in your professional practice.
- o How you will communicate theoretical understanding with professional colleagues in this specialist field.
- o How you will communicate and explain information and concepts regarding this specialist field to different audiences.
- o Your responsibility and accountability for personal work/results in this specialist field.
- Your responsibility and accountability for the work/results of others in this field.
- Select one of the pre-reading articles below and explain why it is of interest and how it will help you in your professional practice.

16. PROFESSIONAL LITERATURE REQUIREMENT

Review and evaluate articles regarding dermoscopy from a peer-reviewed medical journal. Select two articles from the three articles provided.

- Title and reference
- Introduction and purpose
- Methods and procedures (if appropriate)
- Findings and results
- Conclusions
- Evaluation

17. PROFESSIONAL CASE FILE

Your HealthCert professional case file

This is a mandatory professional requirement. At the end of this course, you will document your own dermoscopy cases as part of a reflective audit and describe selected cases in detail. The cases will be subject to review. Your cases should aim to demonstrate:

- 1. Critical examination of dermoscopy issues, generation of ideas and evaluation of them.
- 2. Identification and provision of a solution to a complex problem of dermoscopy.
- 3. Performance of specialised technical and creative problem solving skills in dermoscopy.
- 4. Independent technical judgements in dermoscopy at a specialised level.
- 5. Independent management judgements in dermoscopy at a specialised level.
- 6. Initiation, planning, implementation, evaluation and review of dermoscopy.

18. HEALTHCERT PROFESSIONAL QUALIFICATION

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From HealthCert – An accredited CPD provider with university connections.

19. 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 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).



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20. RECOMMENDED STUDY HOURS

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

Support: 12 months web-based

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.

21. 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).
- Meets World Federation of Medical Education standards.
- 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.
- Is accredited by the Skin Cancer Institute and may be used as part of an application for Membership or Fellowship at www.skincancerinstitute.com.
- Has been collaboratively designed with and reviewed by Professor Giuseppe Argenziano, Head of the Dermatology Unit, Second University of Naples, Italy, a prolific author of scientific articles.
- Is recognised by the International Dermoscopy Society worldwide membership. More: <u>dermoscopy-ids.org</u>.
- Is recognised by Medical University of Graz for the MSc in Dermoscopy and Preventative Dermato-Oncology.
- Is recognised by The University of Queensland for a postgraduate RPL pathway.

22. OUTGOING COURSE PATHWAYS

Australian postgraduate pathway

The Professional Diploma of Dermoscopy is guaranteed for RPL for the unit IMED7003, part of the Graduate

Certificate of Medicine (Skin Cancer) which is the first step of the **Master of Medicine (Skin Cancer)** at The University of Queensland. There are no further requirements for this RPL, it is automatic and guaranteed and provides a saving on fees. More information at www.uq.edu.au/study/program.html?acad prog=5398.



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International postgraduate pathway

A postgraduate RPL pathway exists with the Medical University of Graz towards the **MSc in Dermoscopy and Preventative Dermato-Oncology**. This pathway provides RPL of over 50 per cent of a Master degree (i.e 10 units out of 19). For more information, contact Associate Professor Iris Zalaudek at iris.zalaudek@medunigraz.at.

The Master program at the Medical University of Graz is a distance learning program delivered predominantly online. The program guides participants through three different education levels and consists of 19 teaching modules. The modules can be completed in six semesters but graduates have the possibility to take an early exit and receive an International Dermoscopy Diploma after three semesters or become certified as an Academic Expert in Dermoscopy and Preventive Dermato-Oncology after four semesters. HealthCert graduates will receive RPL for modules 4 to 13. The three units required to obtain the International Dermoscopy Diploma from the University of Graz (Modules 1-3) can be obtained fully online.

Education Level 1: International Dermoscopy Diploma

Module 1: Epidemiology of melanoma and non-melanoma skin cancer

Module 2: Primary skin cancer prevention

Module 3: Secondary skin cancer prevention

Module 4: Introduction to dermoscopy

Module 5: Dermoscopic criteria (overview) + histopathologic correlation

Module 6: Diagnostic relevance of patterns

Module 7: Diagnostic algorithms

Module 8: Dermoscopy in the daily routine

Module 9: Special issues

Module 10: Future aspects

Module 11: Dermoscopic-pathologic correlation

Module 12: Dermoscopy Atlas

Module 13: Consultation on the job

Education Level 2: Academic Expert in Dermoscopy and Preventive Dermato-Oncology*

Module 14: Advanced dermoscopy

Module 15: Update on recent research

Module 16: Rare skin tumours

Education Level 3: Masters of Science in Dermoscopy and Preventive Dermato-Oncology

Thesis

Topic-Pool

*Requirements: 1) One week on-campus at the University of Graz, Austria completing the "International Short Course on Dermoscopy". 2) Two weeks attendance at a Centre of Excellence which are located all over the world.

Fees: HealthCert graduates will pay €1500 for modules 1-3. Modules 4 to 13 will be free of payment. For the Academic expert level and the Master level payment of €5000 each is necessary.

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



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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.

23. 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.

24. HEALTHCERT PROFESSIONAL DIPLOMA 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.

25. COURSE MANAGER CONTACT DETAILS

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

26. BIBLIOGRAPHY: DERMOSCOPY

Supplementary readings include:

Argenziano, G., & Soyer, H. P. (2001). Dermoscopy of pigmented skin lesions – a valuable tool for early. *The Lancet Oncology*, 2(7), 443-449. doi:10.1016/s1470-2045(00)00422-8

Bafounta, M., Beauchet, A., Aegerter, P., & Saiag, P. (2001). Is Dermoscopy (Epiluminescence Microscopy) Useful for the Diagnosis of Melanoma? *Arch Dermatol*, *137*(10). doi:10.1001/archderm.137.10.1343

Binder, M., Puespoeck-Schwarz, M., Steiner, A., Kittler, H., Muellner, M., Wolff, K., & Pehamberger, H. (1997). Epiluminescence microscopy of small pigmented skin lesions: Short-term formal training improves the diagnostic performance of dermatologists. *Journal of the American Academy of Dermatology*, *36*(2), 197-202. doi:10.1016/s0190-9622(97)70280-9

Bowling, J., Argenziano, G., Azenha, A., Bandic, J., Bergman, R., Blum, A., ... Braun, R. (2006). Dermoscopy Key Points: Recommendations from the International Dermoscopy Society. *Dermatology*, *214*(1), 3-5. doi:10.1159/000096904

Carli, P., De Giorgi, V., Chiarugi, A., Nardini, P., Weinstock, M. A., Crocetti, E., ... Giannotti, B. (2004). Addition of dermoscopy to conventional naked-eye examination in melanoma screening: a randomized study. *Journal of the American Academy of Dermatology*, *50*(5), 683-689. doi:10.1016/j.jaad.2003.09.009

Cristofolini, M., Zumiani, G., Bauer, P., Cristofolini, P., Boi, S., & Micciolo, R. (1994). Dermatoscopy: usefulness in the differential diagnosis of cutaneous pigmentary lesions. *Melanoma Research*, *4*(6), 391-394. doi:10.1097/00008390-199412000-00008



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Grin, C. M., Friedman, K. P., & Grant-Kels, J. M. (2002). Dermoscopy: a review. *Dermatologic Clinics*, 20(4), 641-646. doi:10.1016/s0733-8635(02)00035-9

Kittler, H., Pehamberger, H., Wolff, K., & Binder, M. (2002). Diagnostic accuracy of dermoscopy. *The Lancet Oncology*, *3*(3), 159-165. doi:10.1016/s1470-2045(02)00679-4

Nachbar, F., Stolz, W., Merkle, T., Cognetta, A. B., Vogt, T., Landthaler, M., ... Plewig, G. (1994). The ABCD rule of dermatoscopy. *Journal of the American Academy of Dermatology*, *30*(4), 551-559. doi:10.1016/s0190-9622(94)70061-3

Rajpara, S., Botello, A., Townend, J., & Ormerod, A. (2009). Systematic review of dermoscopy and digital dermoscopy/ artificial intelligence for the diagnosis of melanoma. *British Journal of Dermatology*, *161*(3), 591-604. doi:10.1111/j.1365-2133.2009.09093.x

Stanganelli, I., Serafini, M., & Bucch, L. (2000). A Cancer-Registry-Assisted Evaluation of the Accuracy of Digital Epiluminescence Microscopy Associated with Clinical Examination of Pigmented Skin Lesions. *Dermatology*, 200(1), 11-16. doi:10.1159/000018308

Stolz, W. (1997). Improvement of diagnostic accuracy in clinical diagnosis of pigmented skin lesions by using dermatoscopy. *Melanoma Research*, 7(Supplement 1), S38. doi:10.1097/00008390-199706001-00132

Vestergaard, M., Macaskill, P., Holt, P., & Menzies, S. (2008). Dermoscopy compared with naked eye examination for the diagnosis of primary melanoma: a meta-analysis of studies performed in a clinical setting. *British Journal of Dermatology*, doi:10.1111/j.1365-2133.2008.08713.x

Watanabe, S., Sawada, M., Ishizaki, S., Kobayashi, K., & Dermatol Pract Concept, 4(4), 47-50. doi: 10.5826/dpc.0404a08

Weedon, D., Mitchell, V. D., & D., & Sosendahl, C. (2012). "Occult" Melanocytes in Nail Matrix Melanoma. American Journal of Dermatopathology, 24(8), 855. doi:10.1097/DAD.0b013e3182545ccd

Westerhoff, K., Mccarthy, W., & Menzies, S. (2000). Increase in the sensitivity for melanoma diagnosis by primary care physicians using skin surface microscopy. *British Journal of Dermatology*, *143*(5), 1016-1020. doi:10.1046/j.1365-2133.2000.03836.x

Zaballos, P., Blazquez, S., Puig, S., Salsench, E., Rodero, J., Vives, J.M., Malvehy, J. (2007). Dermoscopic pattern of intermediate stage in seborrhoeic keratosis regressing to lichenoid keratosis: report of 24 cases. Br J Dermatol, 157(2),266-272.

Zaballos, P., Carulla, M., Ozdemir, F., Zalaudek, I., Bañuls, J., Llambrich, A., Puig, S., Argenziano, G., Malvehy, J. (2007). Dermoscopy of pyogenic granuloma: a morphological study. Br J Dermatol, 163(6),1229-1237. doi: 10.1111/j.1365-2133.2010.10040.x

Zaballos, P., Daufí, C., Puig, S., Argenziano, G., Moreno-Ramírez, D., Cabo, H., Marghoob, A.A., Llambrich, A., Zalaudek, I., Malvehy, J. (2007). Dermoscopy of solitary angiokeratomas: a morphological study. Arch Dermatol, 143(3),318-325



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Zalaudek, I., Kreusch, J., Giacomel, J., Ferrara, G., Catricalà, C., Argenziano, G. (2010). How to diagnose nonpigmented skin tumours: a review of vascular structures seen with dermoscopy: part II. Nonmelanocytic skin tumours. J Am Acad Dermatol, 63(3), 377-386

Zalaudek, I., Kreusch, J., Giacomel, J., Ferrara, G., Catricalà, C., & Argenziano, G. (2010). How to diagnose nonpigmented skin tumours: a review of vascular structures seen with dermoscopy: part II. Nonmelanocytic skin tumours. *Journal of the American Academy of Dermatology*, 63(3), 377-86; quiz 387-8. doi: 10.1016/j.jaad.2009.11.697

Zalaudek, I., Kreusch, J., Giacomel, J., Ferrara, G., Catricalà, C., & Argenziano, G. (2010). How to diagnose nonpigmented skin tumours: a review of vascular structures seen with dermoscopy: part I. Melanocytic skin tumours. *Journal of the American Academy of Dermatology*, 63(3), 361-74; quiz 375-6. doi: 10.1016/j.jaad.2009.11.698

Zalaudek, I., Lallas, A., Moscarella, E., Longo, C., Soyer, H. P., & Argenziano, G. (2013). The dermatologist's stethoscope—traditional and new applications of dermoscopy. *Dermatology Practical & Conceptual*, *3*(2), 67-71. doi:10.5826/dpc.0302a11

Zalaudek, I., Argenziano, G., Soyer, H.P., Corona, R., Sera, F., Blum, A., Braun, R.P., Cabo, H., Ferrara, G., Kopf, A.W., Langford, D., Menzies, S.W., Pellacani, G., Peris, K., Seidenari, S. (2006). Three-point checklist of dermoscopy: an open internet study. Br J Dermatol, 154(3), 431-437.

Zalaudek, I., Docimo, G., & Dermoscopic Criteria and Patient-Related Factors for the Management of Pigmented Melanocytic Nevi. Arch Dermatol, 145(7), 816–826. doi: 10.1001/archdermatol.2009.115

Zalaudek, I., Giacomel, J., Schmid, K., Bondino, S., Rosendahl, C., Cavicchini, S., Tourlaki, A, Gasparini, S., Bourne, P., Keir, J., Kittler, H., Eibenschutz, L., Catricalà, C., Argenziano, G. (2012). Dermatoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: a progression model. Journal of the American Academy of Dermatology, 66,589-5897

Version number	Version date	Authorised officer	Amendment details
1	9/11/2017	C Guyler	Added this table to track amendments.
2	17/04/2018	C Guyler	Added alternative exit point for melanographers.

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