



British Mountain Medicine Society Report and Recommendations. Continuing Professional Development for Mountain Medicine Professionals.

Introduction.

Practitioners actively involved in mountain medicine must declare this in their scope of practice. They are responsible for undertaking mountain medicine continuing professional development (MMCPD). However, there is no specific advice about CPD for mountain medicine professionals. This report reviews CPD practice for health care and mountain professionals. It makes recommendations for MMCPD for members of the British Mountain Medicine Society. It does not address the issue of competency for the practice of mountain medicine.

Background.

The regulators of health care professional practice are the Health Professional Council and General Medical Council. Professional bodies such as the Royal Colleges of Surgery, Medicine and Nursing provide oversight of CPD. Mountain professionals are regulated by organisations such as the British Association of Mountain Guides. It is the responsibility of professional bodies and regulators to use established mechanisms to monitor and revalidate practitioners.

The British Mountain Medicine Society (BMMS) is a membership organisation for the community of mountain medicine. It is not a regulator and can only make recommendations, based on expert opinion, to guide its members.

In March 2024 the BMMS Committee commissioned a report into CPD for mountain medicine with the purpose of producing a framework that could be used by all its members.

Holders of the Diploma in Mountain Medicine (ICAR/UIAA/ISMM) are required to maintain their CPD. Historically, this was through a logbook of activity but in 2024 a requirement was introduced, by the DiMM Administrative Group, to complete 40 hours of CPD in mountain medicine topics over a 5 years cycle (8 hours per year). This was introduced in order to provide Diploma “recertification”. In the UK the DiMM is an academic diploma and is held for life, it cannot be recertified. However, all Diploma holders are responsible for meeting their professional obligations and to complete appropriate MMCPD for their own scope of practice.

Method.

The BMMS Chair, Dr D Hillebrand, brought together a multi-professional group representing different interests in mountain medicine and education.

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The working group met virtually three times from April – June 2024. Group members contributed to various items of work and discussed outcomes to reach a consensus agreement. This report has unanimous support from the members of the working group.

Scope of the Project.

To propose a framework for CPD for practitioners of mountain medicine who are members of BMMS or holders of DiMM.

Notes:

- The method of recording CPD was discussed at the start of the project (e.g., database etc.). It was noted that it is the responsibility of the individual to record CPD. The professions have different requirements for recording CPD. This was therefore not considered to be within the scope of this project.
- All mountain medicine practitioners are welcome to use these recommendations, but it is beyond our remit to make recommendations outside BMMS or DiMM.

The items of work were:

- **Definitions of terms** -such as, revalidation, recertification, CPD. This was important to provide unambiguous conclusions that could be understood by multiple disciplines and across international borders.
- **Current CPD Practice Summary** -this work surveyed the structure and requirements for CPD for professionals in Health Care and Mountain activities in the UK. This was a baseline for our framework.
- **Review of DiMM proposal of CPD 2024.**
This work was undertaken to enable the two UK DiMM to make a joint recommendation to the DiMM Administrative Group for July 2024. This will be based on the BMMS framework. The 2024 DiMM proposal for CPD was taken considered during our discussions.

- **Proposal for Mountain Medicine CPD framework in UK.**

The framework includes recommendations on:

- The principles for mountain medicine CPD
- Length of the CPD cycle
- Numbers of hours CPD / year
- Contents, domains and core topics for mountain medicine CPD.
- Suggestions of managing special circumstances, career breaks, illness etc

Part 1. Definitions.

Continued professional development.

A generic definition is:

CPD stands for Continuing Professional Development and is the term used to describe the learning activities professionals engage in to develop and enhance their abilities. CPD is a holistic approach towards the enhancement of personal skills and proficiency throughout a professional's career.

The General Medical Council defines CPD as:

“CPD is any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities”.

CDP should reflect the individual's scope of practice and be driven by personal learning objectives. CPD is part of the process and evidence used during the revalidation process.

Revalidation.

In the UK revalidation refers to the mechanism used to affirm or establish the continuing competence of healthcare professionals. The purpose is to demonstrate to patients, employers and other professionals that individuals have skills that are up to date and they are fit to practice.

Doctors, nurses and midwives, are required to revalidate on a regular cycle with their professional licencing body or employer.

As part of that process, they must declare their scope of practice and provide evidence of CPD. Revalidation is the responsibility of a professional regulator and not an academic institution.

Recertification.

The generic definition is the process of “earning a certificate to prove that something has happened or been done again” (Oxford English Dictionary).

The purpose is to demonstrate current up to date knowledge or experience.

Certificates are usually provided at the completion of a course of learning on a limited topic with or without an assessment. They are usually time limited. For example, Life Support or First Aid courses. In health care these courses are usually professionally or employer based.

Paramedics, who are regulated by the Health Care Council, must engage in a “recertification”. This is a process with features similar to revalidation. It will often require regular training or supervision by employers on a cyclical basis.

Reaccreditation.

Accreditation is the independent, third-party evaluation of conformity, against recognised standards, conveying formal demonstration of an organisation’s competence to carry out particular tasks. Accreditation usually applies to an organisation or a course and not to individuals. For example, a DiMM programme of study would be accredited against regulation or standards described by the ICAR/UIAA/ISMM Administration Group.

Diploma.

There is no internationally standard definition of a Diploma.

In the UK a “Diploma” can refer to the award of a qualification at graduate (Level 6 FHEQ /SCQF 9) or postgraduate level (Level7/SCQF 11).

A Diploma signifies study equivalent to at least two thirds of a full-time academic year.

The standard of a qualification in the UK is described by a level of study and the volume of work required. The level is defined by the descriptors of the National Qualification Framework for which there is one for England, Wales and Northern Ireland (FHEQ) and another for Scotland (SCQF). The volume of

work is defined by time and the hours of study required at that level. Not all countries have national qualifications frameworks (NQF) and therefore it is difficult to compare a Diploma obtained in one country from another. The USA does not have a NQF.

Once awarded, a UK academic Diploma is not limited by time and does not require recertification. It is held for life and professional CPD is the responsibility of professional organisations and regulators.

Part 2. Current Practice of CPD.

Overview of CPD for Mountain Professionals.

All four bodies overseeing the professional activities of mountain professionals have CPD policies and frameworks for implementation. These are summarised in Table 1.

Organisation	CPD Cycle Years	Hours each year Assuming 1 day = 6/8 hours of activity	Total hours over cycle Hours	Notes.
BMG	2	(1 day) 8	16	Complies with IFMGA recommendations. Expected to exceed this recommendation. Individual responsibility. To undertake and record CPD. Non-compliance – no IFMGA recognition. Suitable CPD is approved centrally before delivery. Topics: Technical or understanding of issues related to work as a guide or client care.
BAIML	4	8	32	Rolling calendar year. Non-compliance – membership withheld. Any topic that supports professional development. Excludes mandatory first aid. Core areas are defined by BAIML. Significant number of CPD activities approved and advertised to members on BAIML site.

AMI	3	8	24	Excludes mandatory training such as first aid. Applies to all members including Honorary. Rolling -so not valid after 3 calendar years. If not completed membership will not be renewed until completed. Significant number of CPD activities approved and advertised on website
MTA	5	1.6	8	Many mountain leaders are voluntary or part time. Significant number of CPD activities approved and advertised to members on website.

Table 1. Summary of Mountain Professional CPD

Most mountain professionals are required to complete a minimum of 8 hours of CPD each year. The individual practitioner is responsible for identifying, completing and recording CPD suitable for their needs. In general, all activities that support the technical aspects of their work and those that enhance the delivery of their professional responsibilities are suitable. The IT management systems that support these organisations provide a portal to advertise CPD activities. Some organisations “approve” suitable educational activities others do not.

Overview of CPD for Health Care Professionals.

The Health Professionals Council is the regulatory body for many health care professionals. They published their report into good practice for revalidation in 2008. CPD is part of the revalidation process and is described as follows:

“Registrants are required to undertake CPD, record their CPD, ensure that their CPD contributes to the quality of their practice and service delivery, and ensure that it will benefit service users.”

There are several methods used for professional revalidation in the UK. Paramedics are the only HCP regulated by the council that uses recertification. This model is employer led rather than by a national regulator and requires an individual to undertake training and assessment in order to demonstrate their continuing competency.

The General Medical Council is the Regulatory for doctors in the UK. They provide the following principles which are a reasonable framework for all health care professionals:

- The purpose of continuing professional development (CPD) is to help improve the safety and quality of care provided for patients and the public.
- You are responsible for identifying your CPD needs, planning how those needs should be addressed and undertaking CPD that will support your professional development and practice.
- You must remain competent and up to date in all areas of your practice.
- Your CPD activities should aim to maintain and improve the standards of your own practice and also those of any teams in which you work.
- Your CPD activities should be shaped by assessments of both your professional needs and the needs of the service and the people who use it.
- You must reflect on what you have learnt through your CPD and record any impact (or expected future impact) on your performance and practice.

The GMC does not specify how CPD must be obtained but suggests that:

“Your CPD should be a mix of formal and informal learning. It should include activities that take place locally where you work, as well as at regional, national or international levels. You should participate in peer-based learning in your specialty or field of practice. There are many ways to do this, such as peer reviews and peer tutoring”.

The GMC does not specify how much CPD must be undertaken:

“It is your responsibility to do enough appropriate CPD to remain up to date and fit to practise in your work and to be able to demonstrate this at your appraisals. This applies whether you are in full-time or less than full-time practice”. The medical colleges and professional bodies use the GMC principles to design a framework of CPD practice for their members. These are summarised in Table 2.

Organisations	Cycle (Years)	Unit	Hours /year	External Required Hours	Internal Allowed Hours	Personal Study Allowed	Comment
AMPC	5	1 credit = 1 hr Max 6/day	50	Y	y	Y	Framework referenced by most colleges. Provide a framework for reflection with CPD portfolio.
RCSEng	5	1:1	50 (250/5yr)	25	Y	Y	Max 20/y in single domain
RC Anaesthetists	5	1:1	50		Y		
RCPEd	5	1:1	50	25	Y	Y but must justify	CPD responsibility belongs to individuals
RCPLon	5	1:1	50	25	Y	Y 10 max	
RCSEd	5	1:1	50	25	Max 10 / yr distance learning MSc max 12 /year of study	Y Evidenced and justified Max 10 / year	Must include some evidence of reflection. Accredited activities are not mandatory Helpful checklist
RCRadiologists	5	1:1	50	25	Y		Must be genuinely developmental
RCGP	5		50 Regardless of hours worked	Appropriate to individuals educational need	Balanced to be appropriate to need	Balanced to be appropriate to need	Linked to PDP. Must cover whole scope of practice.
Dentist	5		100 hours Min of 10 hours over 2 year rolling period	No specification on internal /external/ personal learning			
RCEM	5	1:1	50	25	Y	Y	

Table 2. Summary of CPD for Doctors and Dentists.

Notes:

Internal CPD refers to activity arranged in the organisation in which the person works.

External CPD refers to activity outside the normal place of work such as meetings, courses, conferences etc. This helps ensure that the individual has a broad and up to date exposure to current practice. This may or may not involve external accreditation of the event.

Summary of medical CPD requirements.

The standard cycle is 5 years and the requirement is 50 hours each year. Most professional bodies require a mix of internal and external CPD. All allow a portion of CPD to be personal (reading, research etc) this is usually to maximum of 20% and must be justified by a personal development plan (PDP). External verification of a CPD activity is generally not required. The individual practitioner must take responsibility for their CPD and this must be driven by a PDP.

Summary of CPD for other Health Care Professionals.

Organisations	Cycle (Years)	Hours /Year	External Required Hours	Internal Allowed Hours	Personal Allowed	Comment
RCN (Use revalidation)	3	35				20 hours of CPD must be participatory (e.g. attending a course F2F)
Paramedics (Use Recertification)	2		Not specified	Not specified	Not specified	Work-based learning. Professional activity. Formal education. Self-directed learning.
Physiotherapists	2		Not specified	Not specified	Not specified	
Physicians Associates	5	50				

Table 3. Summary of CPD for Health Care Professionals.

Part 3.

Review of DiMM proposal of CPD 2024.

1.Regulations Page 3.

The Foundational DiMM must be recertified every 5 years.

The DiMM Administrative Group published a new structure for mountain medicine CPD that also includes individual recertification of a DiMM every 5 years. This is not compatible with the system in the UK used to award an academic Diploma. In the UK, a Diploma cannot be recertified in the higher educational system. An academic diploma cannot be withdrawn if there is a failure to maintain CPD.

The DiMM in the UK does not provide a licence to practice mountain medicine and is not part of the “revalidation” or “recertification” system for professional activities. It is an educational qualification.

The new Regulations (2024) are therefore not compatible with the UK educational system. They do not follow the principle of the DiMM Regulations, which state that cultural difference in educational systems, must be taken into account.

2.Page 4 Para 3.

“Submitting it to their DiMM granting institution for review”.

In the UK regulating bodies are responsible for the review of professional CPD. Universities and membership bodies (such as BMMS) do not have this role. Therefore, it is not the role of a university or non-regulatory body to “review” a health care professional’s CPD and DiMM holders could not be required to submit their CPD to such review.

3.Page 3 Para1.*Diploma holders may choose to recertify with any Foundational DiMM program offering a re-certification course.*

The suggestion that DiMM providers should be sole providers of recognised CPD courses is problematic. There is a conflict of commercial interest. The DiMM Administrative Group have recently expressed concern over “commercial interest” in the DiMM.

4.Page 4.Para 4.

Active DiMM course instructional faculty may re-certify their DiMM by teaching/participating in a minimum of 40 DiMM course hours.

We question if simply instructing on a course is always valid CPD. CPD should be developmental we suggest this needs to be clarified.

The BMMS and UK DiMM providers fully support the need for mountain medicine CPD. The requirement that DiMM holders complete a minimum of 40 hours over 5 years (8 hours / year) on specific topic has been considered in this review. The proposal exceeds this expectation.

The working group strongly supported the need for medical and mountain skills-based CPD. The proposed structure however was heavily weighted towards mountain rescue which is only part of the DiMM syllabus. We propose an approach more compatible with the whole syllabus. The proposed methods to obtain CPD were also weighted to conferences and did not take into account the much wider value of other methods of learning available for CPD. It did not emphasise the need for a personal development plan or reflection on practice which are educationally sound principles incorporated into UK CPD.

Part 4. Proposal for Mountain Medicine CPD framework in UK.

Principles.

- If you practice any form of mountain medicine in a professional or voluntary capacity you must declare this as part of your scope of practice to your regulatory body.
- You must carry out CPD for all aspects of your scope of practice.
- CPD activity should be aligned to your learning and development needs identified through a personal development plan.
- CPD should include reflection on your current practice.
- You should choose a mixture of CPD activities that are relevant to your mountain medicine activity.
- It is your responsibility to maintain a record of CPD and present this, as required, at appraisal for revalidation or recertification according to your professional regulations.
- If you hold a mountain medicine qualification such as the DiMM you must ensure you remain update will the content of the award if you use it as evidence of your suitability to be engaged in mountain medicine. *
- Your CPD must include mountain-based skills to enable you to function safely and efficiently in the environment in which you are operating.

- *The DiMM does not provide a licence to practice mountain medicine. All practitioners must ensure they have the suitable expertise and only practice within their range of competency.*

Recommendation Overview.

CPD Requirements.

Topic	Minimum Hours in 5 years period	Minimum Average Hours each year	Notes
Mountain Medicine	40 hours	8	Subjects determined by personal development plan and hours balanced across a range of topics.
Mountain based skills	20 hours	4	To maintain the skills required to operate safely and effectively in the environment in which you practice.

In the framework 1 hour of a learning activity is 1 hour of CPD.

The BMMS recommend that you should complete a minimum of 60 hours of mountain medicine specific CPD over any 5-year period. It is recommended that members aim to complete CPD annually and have the ambition to exceed the minimum requirement (8 hours Mountain Medicine and 4 hours Mountain based skills each year).

The framework below describes examples of the topics and methods of CPD that might be appropriate for mountain medicine. Individuals must demonstrate that they have chosen appropriate CPD to meet the needs of their personal development.

Topic and Types of CPD (Examples)	Recommended hours in 5 year cycle
<p>Mountain Medicine. (Examples)</p> <p>Clinical Topics</p> <ul style="list-style-type: none"> • Mountain Emergency Medicine • Environmental Medicine • Altitude Medicine • Expedition Medicine <p>Different methods can be used such as conferences, workshops, webinars, podcasts, reading of peer reviewed guidelines etc.</p>	<p>These should be a minimum of 60% (i.e.,24 hours of your 5-year total)</p>
<p>Audit and Reflection on clinical practice.</p> <ul style="list-style-type: none"> • Peer review of cases. • Audit of personal mountain medical practice 	<p>Limited to max 10% (i.e.,4 hr of your 5-year total).</p>
<p>Academic Topics.</p> <ul style="list-style-type: none"> • Critical appraisal of current literature e.g. journal club. • Participating in research leading to publication in peer reviewed journal or reviewing for a journal. • Other publication e.g., book chapter related to mountain medicine. • Undertaking formal study resulting in an academic qualification e.g., Certificate, Diploma Masters or PhD 	<p>Limited to max 10% (i.e.,4 hr of your 5-year total).</p>
	<p>Limited to max 20 % (i.e.,8 hr of your 5-year total).</p>
	<p>Limited to max 20% (i.e.,8 hr of your 5-year total).</p>

Teaching delivering Education.

Teaching related to mountain medicine in which the CPD activity has personal development value.

- Time recorded must reflect research of up-to-date knowledge rather than just delivery.
- Developing marking schemes, making and QA of assessment.
- Course governance and design.
- Mentoring students.
- Learning educational knowledge and skills that enhance your development as an educator

**Mountain Based
(Examples)**

- Qualifying climbs should be of UIAA Grade 3 or above in summer or UK Winter Grade 2.
- UK Quality Mountain Days.
See MTA definition **
- Alpine or UK General Mountaineering (Skye Ridge, Tower Ridge etc)
- Off Piste skiing or ski touring
- Formal training in mountain-based activity; (e.g., Avalanche, weather, navigation, ropework, improvised rescue, mountain rescue training, technical skills training etc)

****UK Quality Mountain Days Definition.**

<https://www.mountain-training.org/about/news/quality-day-definitions-update/#:~:text=Quality%20Mountain%20Day%20%2D%20current%20definition,the%20physical%20and%20mental%20challenge>

Special Circumstances.

Part time work.

Most people practice mountain medicine part time. However, all practitioners still have the same obligation to provide high quality care and there should be an equal commitment to CPD. The recommendation for a rolling 5-year cycle can allow average activity to be maintained over this period if a shortfall occurs in any one year.

Sick leave, maternity leave or other career breaks

Any deficit in CPD activity should be made up over the remainder of the five-year cycle. Where the absence is for more than a year, follow the advice from your professional body.

Operating in other remote environments.

Members who operate in other expedition environments e.g., polar, desert, jungle should modify the “mountain-based skills section” to be relevant to the specific environment in which they practice.

Other contributors.

We are grateful for the contributions made by the following individuals:

Graham McMahon – UIAGM Mountain Guide.

Jonty Mills – WMIC and Faculty Member of IDEWM.

Jon Dallimore- IML and Director of IDEWM.

Tim Sanders – Lead of DiMM UCLan.

Dave Hillebrand – Chair BMMS.

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UIAA DiMM Regulations 2023:

https://theuiaa.org/documents/mountainmedicine/2023_UIAA_DiMM_Regulations.pdf