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高等中医药教育
国际化发展的几个关键问题

广州中医药大学  徐志伟
2011年10月

广州中医药大学对外教育实现跨越发展

- 办学能力增强
  - 国外开办学衔教育(2006年)
  - 国际学生生源质量(2007年)
  - 全球教育(2007年，研究生2009年)
  - 跨国联合培养研究生(2009年)
  - 与海外主要大学签署教育合作协议49项

- 办学规模扩大、层次提高
  - 2005年
    - 合计 637
    - 博士生 65(10.2%)
    - 硕士生 100(15.7%)
    - 本科生 472(74.1%)
  - 2011年
    - 合计 1700(增长267%)
    - 博士生 351(20.7%)
    - 硕士生 372(21.5%)
    - 本科生 977(57.5%)

- 办学声誉提升
  - 入学率已获得20%学生的认可
  - 境外留学生的来源国家和地区由9个增加至30个
  - 跨学科研究生生源点由亚洲拓展至美洲
  - 公费留学生由亚洲拓展到欧洲、非洲

- 办学效益凸显
  - 促进祖国统一，多次受到中联办、国台办等
  - 政府部门表扬和赞扬
  - 对外教育收入占全校学费收入近1/3

当前中医药对外教育发展的关键问题

主要观点看法

- 提升对外教育战略定位正当其时
- 加强对外教育资源建设尤为紧迫
- 必须重视中医药教育标准
- 切实加大对外教育宣传推广力度

- 大学国际化水平已经成为反映国家核心竞争力
  的重要指标，留学教育更成为知识经济时代的
  重要产业
- 发展对外教育，既顺应世界发展潮流，也符
  合国家发展战略
各国纷纷把对外教育纳入国家战略

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<td>教育预算增加10%，提高奖学金额度</td>
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<td>实施“留学生30万人计划”，促进大学国际化</td>
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我国在加速迈向高等教育服务贸易大国

2010年，我国教育部发布《中国教育白皮书》

主要任务
- 建设50万留学生（含15万学历教育）
- 2020年成为亚洲最大留学目的国

发展趋势
- 中国教育对外战略定位亟待升级

三、加强对外教育资源建设势在必行

- 境外中医药教育起步较晚，发展薄弱，受诸多条件限制
  - 师资队伍
  - 课程设置
  - 实践基地
  - 国家政策

- 国内中医药教育优势明显，发展对外教育仍需加强建设
  - 加大投入
  - 加强对外教育资源建设
  - 对外教育管理
  - 质量保障能力

三、必须重视国际中医药教育标准

- 标准是深化国际竞争、开展技术外交的有力武器，事关国际话语权的争夺

- 中医药具有原创优势，是中华传统文化的精华代表，应该主导全球相关标准的制定

- 发挥国际中医药教育领域的优势地位，将中医药教育的中国自主标准发展成为国际事实标准
  - 在对外教育加强推广国际中医药标准（教、考）
  - 国内高校带头执行基本教育标准（国际认证）
  - 实力高校建立更高级的对外教育标准（国际标准）
四、切实加大对外教育宣传活动力度

- 中医药对外教育是高等教育国际服务贸易的一部分，需要大力“吆喝”、彰显品牌。
- 受历史条件、相关经验、思想认识等制约，中医药对外教育的宣传推广普遍投入不足、营销不够专业，提升空间很大。

高等中医药教育是我国参与国际教育竞争的一大亮点，发展潜力巨大，但全球对外教育竞争激烈，中医药对外教育任重道远。

愿与诸君携手奋斗，出精品、显特色、上水平，大力提升中医药教育国际竞争力，共同开创我国中医药对外教育新局面！

敬请批评指正！

盼望诸君发表真知灼见，共同发展教育。
The Apparent Function of Standard

As a new international standard, Standard has the feature of scientific nature, feasibility, openness, authority, worldwide applicability, and compliance with law in different countries. Hence, it enjoys trust, acceptance, and concern from many educators and Chinese medicine educational institutions in many countries.

The establishment of a worldwide standard is under the guidance of the World Federation of Traditional Chinese Medicine (WFOT) and the development of traditional Chinese medicine has undergone significant changes at the global level in recent years. This has resulted in an increase in the number of traditional Chinese medicine educational institutions around the world. The establishment of Standard has also contributed to the development of traditional Chinese medicine.

In the process of establishing the Worldwide Standard of Chinese Medicine Undergraduate (CMD) Education, experts from 33 countries/districts participated in the process of drafting, discussion, and argumentation. The Standard has adopted suggestions from a majority of educators of Chinese medicine and it conveys the common wishes of educators from a large portion of countries/districts.

The implementation of Standard has received widespread attention and support from various educational institutions, government departments, and international organizations. It has also been incorporated into various international educational frameworks and standards.

The implementation of Standard has played a significant role in promoting the development of traditional Chinese medicine education around the world. It has contributed to the establishment of a unified and standardized educational framework, facilitating the exchange of knowledge and experiences among countries and educational institutions.

This Standard will undoubtedly play a crucial role in the development of traditional Chinese medicine education, both at the national and international levels.
二、认证是落实标准的有力保障

Accreditation is a Guarantee for the Implementation of Standard

The fulfillment of Standard depends on the initiative of the users which is the interior factor and depends on external encouragement and supervision through accreditation as well.

世界中医教育市场的复杂性，使得开展专业认证工作显得更为必要

Due to the complexity of world Chinese medicine educational market, it has become more urgent to conduct accreditation.

Firstly, accreditation can effectively guarantee the quality of Chinese medicine education and protect the reputation of Chinese medicine education, providing better service for the whole society.

Secondly, accreditation helps to realize competition with order and fairness, promoting sustainable development of world Chinese medicine education.

三、开展认证工作的组织体系成熟

The Right Time to Conduct Accreditation
四、《本科标准》为专业认证奠定基础

Standard is the Basis for Accreditation

在世界中医药学会联合会世界中医药专业认证的基础上，也依据《本科标准》作为专业认证的基础标准。
In accordance with Item 41 Volume III in Essential Requirements for Evaluation of Chinese Medicine Undergraduate (Pre-CM) Education and from 25 Volume IV in Essential Requirements for Graduates of Chinese Medicine Internship (Pre-CM) Education, the content can be listed as purposes and objectives, schooling length and credit hour, educational program, student assessment, student teaching faculty, educational resources, evaluation of educational program, management and administration, and development plan.

5. Conclusions

Accreditation is a crucial way in implementing Standard, and it is a necessity in the development of world Chinese medicine education. We are supposed to make preparations (including organizational and logistical preparations) for the conduct of accreditation on the basis of Standard. At the same time, right and obligation of examiner and examinee in accreditation should be researched and ensured for effective implementation and further advancement of world Chinese medicine accreditation.
QUALITY OF HIGHER TCM EDUCATION IN EUROPE
The future role of the TCM Teacher

Introduction

- Education specialist
- Educationist
- Advisor TCM education:
  - higher education policy
  - accreditation
  - curriculum design
  - assessment
- Teacher in Higher Education

Traditional Chinese Medicine

- Fundamental Theory of Chinese Medicine
- TCM and Acupuncture
- Chinese Herbal Medicine
- Classical and Advanced Chinese Medicine

Program

TCM

TCM Education in Europe (current)

TCM Education in Europe (future)

Future role of the TCM teacher

Traditional Chinese Medicine and western traditional

Craftsmanship

Mastery

Regular Higher Education (subsidized system):
- full-time and part-time education
- Bachelor/Master system (5+4 years)
- International bachelor level
- Focus on:
  - internationalization
  - empirical research in higher vocational education
  - mercy courses (general)
  - more and more students in higher education
  - merged tuition structure
  - Study behavior of students

TCM Higher Education (non-subsidized education):
- individually paying education
- different counties, different guidelines for teaching
- different requirements for admission (Western medicine)
- differences in graduation levels
- different ways of conducting practical
- growing number of schools (outside of Europe)
- more and more students in TCM
- how to become a medical practitioner (therapist)
European study features (TCM education)
- Adult
- Critical
- Mentality
- Career switch
- Teaching techniques (constructivism)
- Non-subsidized

Input levels for each program
- Master course
- Bachelor course
- Vocational education

- Changing attitude of government
- Changing attitude of insurance companies

Teacher beliefs:
- Senior experts, master degree in TCM
- Excellent teacher skills
- TCM research
- Research into educational practice
- Constructivist-inspired teaching
- Self-regulated learning
- Master – Apprentice

Recognition by you of good Chinese medical education in Europe, that makes the difference!

Thank you for your attention
浅思中医药教育及中医药人才培养模式

问题中医药教育现存问题

我国高等中医药人才培养模式的思考

中医药教育现存问题

（一）这些问题中医药教育的根源

1. 以培养高科技人才为目标，忽视了中医药的特色和文化内涵。
2. 课程设置偏向于西医，忽视了中医疗法和理论。
3. 教学方法过于理论化，缺乏实践操作和临床经验。
4. 教师队伍中西医观念差异大，难以形成完整的中医药教育体系。

（二）对我国中医药人才培养模式的反思

1. 中医药教育应充分尊重传统，传承和创新并重。
2. 教材内容应全面反映中医的理论体系和实践经验。
3. 增加临床实践环节，提高学生的实际操作能力。
4. 加强教师队伍建设，提高教师的综合素质。

浅思中医药教育及中医药人才培养模式

1. 中医药教育的核心——中医药自身的传承和发展特点

中医药教育应充分尊重和传承中医药的特色和文化内涵，注重中医疗法和理论的培养，增强学生的实际操作能力和创新能力。
(二) 推进中医药的人才培养模式改革与创新

1. 建构“师承+成长”模式，建立中医药人才评价体系，完善教育教学质量保障体系，整合资源形成中医药人才培养模式。

- 师承教育：以老带小，以师带徒，传承中医药学精髓。
- 科学教育：综合运用现代教育理念和方法，推进中医药教育现代化。

(三) 中医药学生的培养重点：

1. 师承教育——人文素养教育
2. 师承教育——思维方法教育
3. 师承教育——创新能力教育

结合中医药人才培养模式，建立中医药人才培养模式，重点从中医药学教育、中医药学人才培养和中医药学研究三方面，构建中医药人才培养模式，推进中医药教育现代化。
4. 构建“平台+模拟”的培养模式，着力培养学生的科研能力、创新能力。

思考思考：

思考是基础，创新促进发展。

具体措施：

- 建立并实施人才培养计划，保障学生全面发展的个性需求，
- 在模拟实验室中，鼓励学生参与实验室学习。
- 创建学生科技创新平台，举办科技创新大赛。
- 设立学生科技创新基金，资助学生参与科技创新。
- 鼓励学生进行科学研究，提高学生科研创新能力。
- 设立学生科技创新基地，满足学生创新创业的个性化需求，
  不同需求，不同培养。
美国针灸中医教育概况

Current Status of TCM Education in the United States

前言

- 通过对美国针灸教育的调查研究，发现不同地区及机构
  在教育方面，存在差异和分歧。从而使我们更清楚地
  认识到这个领域。这也是了解美国针灸教育世界的一个要
  素组成部分。

美国针灸中医教育背景介绍

1. 针灸教育的基本情况
   - 在20世纪80年代，针灸教育在美国得到迅速
     发展。最早是在1973年，美国的州立法会议通过
     了《针灸教育法案》（New England School of Acupuncture）。
   - 20世纪80年代末，美国的个别学校和学院开始
     陆续设立针灸课程，形成了针灸教育的初步形
     成。这些课程主要集中在东部地区。

美国针灸学校发展历程

- 20世纪70年代，美国的针灸教育开始形成
  初步。美国的针灸教育课程主要以学位教育
  为主，包括针灸学士（BS）、针灸硕士（MS）
  和针灸博士（PhD）。
- 20世纪80年代，美国的针灸教育发展迅速，
  涉及到了多个领域。包括针灸医学、针灸
  药理学、针灸心理学等。

美国针灸学校发展的现状

1. 美国针灸学校数量
   - 截至2004年，美国共有41所ACOM审
     核的针灸学校。
   - 2005年，美国共有36所针灸学校
     在招生。

美国针灸学校分布

1. 美国针灸学校分布
   - 在美国41所ACOM审核的针灸学校中，
     中部地区18所，西部地区10所，东亚地区1所，
     东部地区1所，其他国家地区1所。
   - 其他地区包括11所，除了8所，佛罗里达
     7所，这5所的学校
     率共计8所的47.5%。
### 美国针灸中医学校的分布特点

- 一、通过NCAOM审核的中医学校，30%为是集中在东、南、西和中部地区，所以我们的结论：美国针灸中医学校主要分布在
  密集的海岸线。
- 二、到2020年，有关中医学校的针灸中医学校设立数目是在
  规模较小的，约47。
- 三、我们还要说：美国针灸中医学校主要分布在沿海地带。
  沿海地区有佛罗里达、芝加哥是针灸教育的集中地带，
  其中以加利福尼亚为最大。

### 当前针灸从业人员的数字和分类

美国有32000多名注册针灸师，其中包括五分之四为针
  灸医生。

从1982年的3000人，美国注册针灸师人数至2002年
  为253515和474428人。在2011年，这说明在北加州针灸业的兴起。

在硅谷的不到50万里，针灸在西方发展迅速，在美国已经
  成为一种受到保护的职业之一，并成为医疗保健体系的一
  部分。

### 美国针灸中医学教育的种类

1. 硕士教育
   - 教育学时标准：硕士2175小时，中等3525小时
2. 博士教育
   - 教育学时标准：603小时，其中625小时临床
3. 硕士教育
   - 教育学时标准：500小时，其中650小时临床

### 美国的针灸立法

- 立法的一些情况:
  - （一）在2016年，美国有立法的州数：约30个州
  - （二）立法过程中，美国的州：美国，为各州立法时间
    是在1973年直到通过针灸法的时间。
  - （三）由于通过针灸法的州：亚利桑那州、俄勒冈州、新泽
    西州、西奥多拉州，通过而达到好的效果。

### 美国的针灸立法

- 立法的内容包括：针灸原因范围，教育标准和职业准则。
  - 社会对针灸和中医的需求推动了相关的医疗行业（如诊所）
    和教育行业（针灸中医学）的发展，而这些行业的合作
    与未来发展法律和制度亦有所规划。

### 美国针灸中医学校培养目标和方向

1. 针灸及西方医学院校理事会（CCOM）
2. 针灸及西方医学教育协会委员会（ACOM）
3. 国家针灸及东方医学委员会（NCCAOM）

它们为美国针灸学的制定，课堂：为针灸临床和教
  育的规划和改革提供了不可替代的途径。
美国针灸证书考试

一、针灸证书和医学证书考试（NCCAOM）

二、考试资格

(一) 在美国完成针灸或中医医学的培训，获得学位证书。

(二) 中国高校的合格中医或针灸学位毕业

考试要求：

针灸证书由（始于1975年），维他命证书（Asian
Bodywork Therapy 始于2000年）和东方医学证书

讨论

１．在美国针灸考试的结构

２．针灸教育和标准的定义

3．22 个州的针灸培训。1993-2000 年美国的培训课程

4．美国针灸教育的现状变化和影响因素

5．美国针灸教育的变化和影响

6．中国针灸教育的现状，影响中国针灸教育的发展和推广

7．在中国针灸教育

8．中国和加拿大的针灸教育背景和现状

9．高需求的特性

10．提高效率和质量管理的讨论

美国针灸教育改革方向和展望

一、美国针灸教育改革方向

二、改革针灸教育的方向和展望

1．针灸教育者在改进行动的现状

2．针灸教育的改革和

3．教育形式、场所以的变革

4．针灸教育的规范，教育标准不断提高

5．国际合作

结论

1．改革针灸教育的方向和改革目标

2．美国、日本和加拿大的针灸教育的改革和现状

3．美国针灸教育的改革和挑战

4．1993-2000 年和美国针灸教育改革的改革，也应发现针灸教育的现有改革和方向

5．改革针灸教育的方向和影响的改革

6．美国针灸教育的改革和发展

7．针灸教育的改革和发展
卓越中医师人才培养模式改革探 讨

江西中医药大学
韩立民
2011年10月29日

培养模式改革现状

- 计算机
- 中药
- 中医

4+1+2+1
- 科研实践
- 卓越医师

双维素质教育模式改革

卓越中医师培养目标

借鉴中医学师“精素养，传经典，跟名师，做临床，悟真传，重师德”的成才经验，探索中医临床型优秀人才的培养路径与卓越中医师培养目标、培养方案、培养模式的关系。为培养名中医，省级名中医，国家级名中医，国医大师的成长阶梯，打造一个有中医培养的描述。

卓越中医师培养思路

根据医学教育发展趋势及中医人才成长特点与规律，坚持“文化内涵与创新、中医临床综合技能”的培养理念与“文化内涵与创新、中医临床综合技能”的培养理念，创新医学模式与评价机制，探索院校教育与师承教育有机结合的卓越中医师培养的有效模式，努力培养中医临床与创新、中医临床综合技能的中医临床优秀人才。

培养方案

设立“平台+模块+基地”的思路，制定卓越中医师的培养方案，设计综合化、公共课程体系、模块化“4+1”的专业基础与专业课程体系、医学化“1+1+4”的实训、实习课程基地化教学体系的培养方案。

卓越中医师人才培养模式的构建

一个中心：培养模式

五个工程：
- 培养模式
- 两个主体
- 四个层面

十个成员：
- 书本
- 实践
- 研究
- 临床
- 师承
- 考试
- 实习
- 实践
- 研究
- 临床
突出一个中心
以强化学生的中医素质（传统文化素养、中医疗信、中医思维与中医应诊能力）为核心

坚持两个主体
坚持育人为本，以学生为主体
坚持人才为本，以教师为主体

重视三个层面
奠定中医文化素养
夯实中医基础理论
强化中医临床技能

实现四个贯通
中医、中修、中药、方剂四大学科知识贯通
内经、伤寒、金匮、温病四大经典理论贯通
中西内科、外科、妇科、儿科四大临床课程贯通
中医文化，思维，其他，学术贯通

实施五个教学工程
以中成药学系列课程为龙头
以中成药学系列课程为龙头
以中成药学系列课程为龙头
以中成药学系列课程为龙头
以中成药学系列课程为龙头

开设系列特色课程
开设《内经》、《伤寒论》、《中药学》、《中医诊断学》、《中成药学》、《中医临床技能》等系列特色课程。

开展中医学科亚科性训练
以中医学科亚科性训练为主导
以中医学科亚科性训练为主导
以中医学科亚科性训练为主导
以中医学科亚科性训练为主导
以中医学科亚科性训练为主导

传播
中医

感受
中医

体味
中医

感悟
中医
#print natural text here #이 부분에서 자연어로 텍스트를 추출한 후에 적어줍니다.
三。
高麗時代(918~1392)의 韓醫學敎育

四。
朝鮮時代(1392~1910)의 韓醫學敎育

四。
朝鮮時代(1392~1910)의 韓醫學敎育

四。
朝鮮時代(1392~1910)의 韓醫學敎育
五. 日本統治
時期의 韓醫學教育

- 韓醫學教育이是의 방법으로 韓醫學教育是의 학문이是의 방법으로
- 韓醫學教育이是의 방법으로 韓醫學教育은是의 방법으로
- 「日本統治」是의 방법으로 「日本統治」은是의 방법으로
- 「日本統治」은是의 방법으로 「日本統治」은是의 방법으로

五. 日本統治
時期의 韓醫學教育

- 그 후 1909年에 韓醫師 is의 東洋醫學研究會가
- 1922年에 韓醫師 is의 東洋醫學研究會가
- 1938年부터 신설된 東洋醫學研究會가
- 1945年10월에 東洋醫學研究會가

六. 解放後 (1945~) 現代 韓醫學教育

- 1964년 6月에 韓醫科大学로
- 1965년에 韓醫科大学로
- 11月에 韓醫科大学로
- 3500名의 韓醫學教育가
来华留学生中医人才培养模式的探索与改革

北京中医药大学 开成国

现状—多层次、多类型的留学生教育体系

教育层次
博士
硕士
硕士

专业类型
中医学
中西医结合

留学类型
全科医学
汉语

现状问题

1. 语言障碍
2. 文化差异
3. 课程设置

改革一：优化课程体系

改革二：分类教学

入学后一年，学生分流，实行A、B模式

A模式—与中国学生合轨

B模式—自成一体，独立成组

境内外学生（通识教育+基础课）对比分析

A模式—与中国学生合轨

B模式—自成一体，独立成组

境内外学生（通识教育+基础课）对比分析

境内外学生（通识教育+基础课）对比分析
中医学（五年制）

A模式——与中国学生合班

- 基础课
  - 必修：8门，486学时，27学分
- 专业主干课
  - 必修：23门，2640学时，96学分
- 毕业论文

- 特色
  - 依据课程安排，增加必修课程比例：中医、中成、基础、临床等
  - 中医基础理论，计算机科学
  - 中医方剂学
  - 中医内科学
  - 中医妇科学
  - 中医儿科学
  - 中医外科学
  - 中医五官科
  - 中医骨伤科
  - 中医耳鼻喉科
  - 中医皮肤科
  - 中医儿科

B模式——自成一体，独立成班

- 基础课
  - 必修：8门，486学时，27学分
- 专业主干课
  - 必修：23门，2640学时，96学分
- 毕业论文

- 特色
  - 依据课程安排，增加必修课程比例：中医、中成、基础、临床等
  - 中医基础理论，计算机科学
  - 中医方剂学
  - 中医内科学
  - 中医妇科学
  - 中医儿科学
  - 中医外科学
  - 中医五官科
  - 中医骨伤科
  - 中医耳鼻喉科
  - 中医皮肤科
  - 中医儿科

谢谢！

针灸推拿专业（五年制）

A模式——与中国学生合班

- 基础课
  - 必修：8门，486学时，27学分
- 专业主干课
  - 必修：22门，1908学时，106学分
- 毕业论文

- 特色
  - 依据课程安排，增加必修课程比例：中医、中成、基础、临床等
  - 中医基础理论，计算机科学
  - 中医方剂学
  - 中医内科学
  - 中医妇科学
  - 中医儿科学
  - 中医外科学
  - 中医五官科
  - 中医骨伤科
  - 中医耳鼻喉科
  - 中医皮肤科
  - 中医儿科

B模式——自成一体，独立成班

- 基础课
  - 必修：8门，486学时，27学分
- 专业主干课
  - 必修：23门，2322学时，129学分
- 毕业论文

- 特色
  - 依据课程安排，增加必修课程比例：中医、中成、基础、临床等
  - 中医基础理论，计算机科学
  - 中医方剂学
  - 中医内科学
  - 中医妇科学
  - 中医儿科学
  - 中医外科学
  - 中医五官科
  - 中医骨伤科
  - 中医耳鼻喉科
  - 中医皮肤科
  - 中医儿科

谢谢！
Session Outline (大纲)

- TCM Development in USA
- TCM Education in USA
- TCM Practice 
- TCM Challenges in USA

TCM Development in USA

- 1997: Maryland, Nevada, & Oregon
- 1994: Hawaii, Montana, & South Carolina
- 1995: Louisiana & California
- 1996: Rhode Island, Utah, & Kentucky
- 1993: New York

TCM is Gaining Momentum

- American Academy of Medical Acupuncture was formed in 1992
- Dedicated to the advancement of acupuncture in USA
- Dedicated to the advancement of traditional Chinese medicine

- 1993:
  - American Academy of Medical Acupuncture was formed
  - Dedicated to the advancement of traditional Chinese medicine

- 1996: National Institute of Health (NIH) and Federal Drug Administration (FDA) issued guidelines for the research of acupuncture

- 1998: FDA released acupuncture needles as Class II Medical Devices

- 1999: National Cancer Institute (NCI) and the National Center for Complementary and Alternative Medicine (NCCAM) funded research on acupuncture and other CAM therapies

- 2001: The California State Board of Acupuncture Examination was established

- 2003: California became the first state to regulate acupuncture practice under state law

- 2005: California Acupuncture Board was established to oversee the practice of acupuncture in the state
2007 NCCAM National Survey

- Estimated 3.4 million US adults & 150,000 children used acupuncture in previous year.
- Acupuncture use among adults increased 3.0 million people between 2002 and 2007.

TCM Education in USA

- 1993: First TCM school established
- New England School of Acupuncture

2007 NCCAM National Survey

- CAM Use by Dissector (2007)
- Complementary and Alternative Medicine Use, 2007

CAM Used by U.S. Adults & Children

- US CAM Use By Dissector (2007)
- Complementary and Alternative Medicine Use, 2007

NCCAM Funding

- Final Year 2000 2007 2008 2009 2010 2011
- Budget (millions) 68.4 112.4 122.2 125.5 127.2 127.7

TCM Education in USA

- New England School of Acupuncture

NCCAM National Survey 2007

- NCCAM 2007年全国訪問調査
- NCCAM National Survey 2007
- NCCAM2007年全國訪問調查

An estimated 3.4 million US adults & 150,000 children used acupuncture in previous year.

Acupuncture use among adults increased 3.0 million people between 2002 and 2007.

2007 NCCAM National Survey

- NCCAM National Survey 2007
- NCCAM2007年全国訪問調査

NCCAM National Survey on CAM

- NCCAM 全国複合療法訪問調査
- CAM Used by U.S. Adults & Children

2007 National Health Interview Survey (NHIS) conducted by National Center for Complementary & Alternative Medicine (NCCAM) & NCHS.

32,700 interviews
32,700 nationally representative interviews
23,300 interviews conducted in person
9,400 interviews conducted using computer-assisted telephone interviewing
5,000 interviewers

2007 National Health Interview Survey

- NCCAM National Survey on CAM
- CAM Used by U.S. Adults & Children

5.0% CAM
38.2% CAM Used by Adults
38.1% CAM Used by Adults
38.1% CAM Used by Adults
Regulation of TCM Programs in USA

- State licensing & regulatory boards
- Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM)
- Over 60 programs recognized in the USA

Regional Accreditation Bodies

- Six (6) Regional Accreditation Bodies
- Only one TCM program accredited by one of the regional associations

Western Association of Schools & Colleges (WASC)

- Established in 1912
- Recognized by the US Department of Education

Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM)

- Established in 1981
- Recognized by USDOE

National Certification Commission for Acupuncture & Oriental Medicine

- Established in 1982
- NCCAOM certification is required for licensure in 43 states & the District of Columbia

TCM Practice & Education in California

- First state to recognize qualified practitioners as Primary Health Care Professions
- Over 14,000 Licensed Acupuncturists (L.Ac)

TCM Education in California

- Admissions
- Total Education: 3,000 hours
- Short pass comprehensive licensing exams
- Continuing Education: 50 hours in 2 years

Regional Accreditation Bodies

- Six (6) Regional Accreditation Bodies
- Only one TCM program accredited by one of the regional associations
Southern California University of Health Sciences
南加州健康科学大学

College of Acupuncture and Oriental Medicine
针灸中医学院

SCU Vision & Mission
SCU愿景与使命

Vision (愿景)
SCU will be recognized as the premier evidence-based integrative healthcare university.
南加州健康科学大学将被公认为集证据和综合医疗于一体的领先大学

Mission (使命)
One mission is to educate students as competent, caring and successful integrative healthcare practitioners. The University is committed to providing excellence in academics, service, scholarship, and leadership through the Los Angeles College of Chiropractic, the College of Acupuncture and Oriental Medicine, and the School of Professional Studies.
一项使命是教育学生成为有才能、关心和成功的综合医疗实践者。这所大学致力于通过洛杉矶脊医学院、针灸中医学院和专业学院提供卓越的学术、服务、奖学金和领导力。

SCU has...

- Beautiful campus & facilities!
- Location! California!
- Impressive alumni!
- Great curriculum!
- Remarkable students & faculty!

Masters of AOM Program (MAOM)
针灸中医硕士课程

- Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM) Accredited
- California Acupuncture Board approved
- 36.00 Hours (9 months, 12 trimester units)
- 2,615 Hours
- CA Board: 2,615 Hours

SCU-MAOM Curriculum (www.scuhs.edu)
SCU针灸中医硕士课程大纲

<table>
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<tr>
<th>Subject Area</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>375</td>
</tr>
<tr>
<td>Herbs / Formula</td>
<td>360</td>
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<tr>
<td>Oriental Medicine</td>
<td>570</td>
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<tr>
<td>Western Medicine</td>
<td>560</td>
</tr>
<tr>
<td>Internship Training</td>
<td>1,020</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,285 (172 Units)</strong></td>
</tr>
</tbody>
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TCM Challenges & Future Directions in USA
中西在美国面临的挑战与未来的方向
Challenges of TCM Education in USA

- Full acceptance of TCM in US healthcare system
- Integration of western medicine competencies in TCM curricula
- Accreditation & regulation standards

Future Directions for TCM Education

- Need for a modern TCM hospital and training center
- Acceptance of contemporary teaching & learning methodologies

- Increased TCM scope of practice
- Accreditation of educational standards and research
- Professions need to be unified with message
- Increased TCM services in hospitals

Thank You
高等中医药教育人才培养模式探析

李洪生 张晓光

一、我国医学教育的现状

1. 高等医学教育的人才培养模式

2. 高等教育人才培养模式的改革

二、高等教育人才培养模式的几点探索性建议

3. 高等中医药教育人才培养模式的几点探索性建议
所以，建立毕业生信息反馈系统一方面有利于社会对人才培养需求的信息反馈，为学校提供及时专业设置和专业培养目标、培养规格的依据；另一方面有利于学校对人才培养质量是否与专业的培养目标、培养规格相符合的信息反馈，为学校提供调整专业培养方案，培养途径和人才培养质量与培养目标的符合度的依据。

我们力求建立的是符合我国实际情况的以提高“综合素质”为根本的“综合性强型”高等中医药人才培养模式。综合我国国情和医学人才培养的需要，这将需要我们积极而实际地探索适合我国国情的高等中医药教育人才培养模式的改革道路。
Teaching Acupuncture – Brazilian Residency Program on Acupuncture

Li Shih Min (李世民), MD, MSc, PhD.
lishimin@gmail.com

2nd World Education Congress of Chinese Medicine
Beijing, China

Acupuncture in Brazil

1988 – Legal act supporting use in the public health system
1995 – Acupuncture as medical specialty
1999 – Introduction of an annual board examination
2002 – Creation of the official medical residency program
2004 – First program begins
Present – 9 programs functioning

Brazilian Official Residency Program

Law No. 6932 of July 7, 1981

Article 1. "... type of graduate education teaching for medical doctors, in the form of specialization courses, characterized by in-service training, working under the responsibility of health care institutions, linked to universities or not, and under the guidance of medical professionals with high qualified professional and ethical standards."

Residency Program on Acupuncture

Pre-requisites: med school graduation and exam
Entry: written exam, interview, curriculum analysis
Hospital: clinical and surgical residency programs

R1 – First Year

Compulsory clinical trainings:
at least 50% of the annual workload in
Internal Medicine
Gynecology/Obstetrics
Orthopaedics/Traumatology
Neurology

Residency Program on Acupuncture

2-year long

48 working weeks/year
up to 60 working hours/week
Up to 2880 working hours/year

Brazilian Official Residency Program

National Commission of Medical Residency (Comissão Nacional de Residência Médica – CNRM)

Resolution CNRM no. 02/2006, May 17th, 2006

About minimal requirements of the Programs of Medical Residency

- - -
**R1 – First Year**

Acupuncture outpatient clinics

at least 30% of the annual workload in

basic health units or
general practice,

being 10% in Pain Medicine and
20% in clinical problems;

Compulsory courses:

- Introduction to Acupuncture,
  5% of the annual workload;
- Pathophysicsology and physiopathology,
  3% of the annual workload;
- Diagnosis and treatment in Acupuncture,
  7% of the annual workload.

---

**R2 – Second Year**

Internal Medicine inpatient unit:

5% of the annual workload

Acupuncture outpatient clinic:

60% of the annual workload

Emergency unit:

13% of the annual workload

Optional traineeship:

7% of the annual workload in

- Physical Medicine and Rehabilitation
- Dermatology
- Rheumatology
- Electrophysiology
- Otorhinolaryngology
- Psychiatry

Compulsory course:

10% of the annual workload in

Acupuncture in the treatment of diseases
according to Western medicine

Complementary theoretical activities:

10% of the whole program workload,
distributed over the 2-year-long duration
of the program

---

**Equipments and Installations**

- Acupuncture needles;
- Moxibustion;
- Glass cups;
- Electroacupuncture devices;
- Basic library with books and periodicals, and electronic access to information;
- Rooms for acupuncture treatment in health units, outpatient centers, hospitals, and emergency units.
Short training course

Secretariat of Health, city of Planalto, Brasil

Community And Family Physicians

72-hour: 32 h theoretical
40 h ‘hands-on’ clinical practice

Beginning: 13th, Oct, 2011

Acknowledgment:
Beijing University of Chinese Medicine
World Federation of Chinese Medicine Societies

Universidade Federal de Santa Catarina
Hospital Universitário
Colégio Médico Brasileiro de Acupuntura

Jéssica Maria Costi, MD
1. Current Status of Undergraduate CM programme Duration In Western Countries

- UK: 3–4 year Undergraduate
- US: 3 year post undergraduate (No undergraduate)
- Australia: 4 year undergraduate, (RMIT 5 years double Degrees)
- NZ: 3–4 year undergraduate

2. Features of Undergraduate Programme in Western Countries

- Research papers
- Focus on Student's ability of analysis and critique
- Includes both CM and fundamental Biomedicine courses which are required by the undergraduate education of China
- Does not include PE, English, Politics and clinical medicine of Biomedicine which are required by the undergraduate education of China

3. Chinese Medicine Education in New Zealand

- Private training establishments (PTE):
  - quality assured by the New Zealand Qualifications Authority (NZQA)
  - must be given responsibility under the 1999 Education Act 525 for national qualifications and the setting of standards
  - including the Chinese qualification of CM, Acupuncture, and Certificate or Diploma level qualifications of Tuina and Yang Sheng (Health preservation)
- University education:
  - quality assured by the Committee on University Academic Programmes (CUAP)
  - CMAT is a standing committee of the Vice-Chancellors Committee, approved new academic programmes and has responsibilities under the 1999 Education Act EAN, providing internationally advanced learning and critical reflection
- There are only two undergraduate Acupuncture programmes and no undergraduate CM programmes currently offered in New Zealand universities

3.1a New Zealand College of Chinese Medicine (NZCCM)

- Two campuses (Auckland, Christchurch)
- 36 week academic year, 20 hours weekly contact time per student
- Qualifications:
  - Bachelor of Health Science majoring in Chinese Medicine (4 years, 480 credits*)
  - Acupuncture (3 years) 360 credits*
  - Chinese Herbal Medicine (3 years) 360 credits*
  - Diploma in Acupuncture Traditional Chinese Medicine
  - Diploma in Chinese Herbal Medicine
  - Diploma in Tuina
  - Foundation Certificate in Health Maintenance - TCM (1 year)
  - General English (English for tertiary study) begins for teaching courses
- *1 credit = 10 hours
3.1b New Zealand School of Acupuncture and TCM (NZSATCM)
- Two campuses (Auckland, Wellington)
- Qualifications:
  - Bachelor of Health Science (Acupuncture) 480 credits
  - Diploma of Acupuncture 480 credits
  - Diploma of Acupuncture (Microsystem) 336 credits

3.1c TCM College NZ
- One campus (Auckland)
- Qualifications
  - Diploma in Acupuncture 482 credits

3.2a Auckland University of Technology (AUT)
- Two campuses (Auckland City, North Shore)
- Qualifications:
  - Postgraduate Certificate in Health Science: Acupuncture 120 credits
  - Postgraduate Diploma in Health Science: Acupuncture (WMS/TCM) 120 credits
  - Master of Health Science, Acupuncture (WMS/TCM) 180 credits
  - Master of Health Science, Acupuncture (WMS/TCM) 240 credits

3.2b Otago University
- One campus (Dunedin)
- Qualifications:
  - Postgraduate Certificate in Physiotherapy, WMS Acupuncture 60 credits
  - Postgraduate Diploma in Physiotherapy, WMS Acupuncture 120 credits
  - Master of Physiotherapy, WMS Acupuncture 190 credits

4. Features of CM education in NZ (1)
- Different Teaching methods:
  - Heuristic education
  - Students freely ask questions
  - Learner centered approach
  - Interactive teaching and learning
- Adult education: Lifelong learning
  - Wide age range
  - Different work experience
  - Other fields of training
  - Cultural diversity: students from different countries

5. Courses of NZCCM Bachelor Programme
- NZCCM Bachelor of Health Science, including 3 majors:
  - Oi major, 4 years (480 credits), includes Chinese herbal medicine, acupuncture, acupoint pressure and illness prevention
  - Acupuncture major, 3 years (360 credits), includes acupuncture, acupoint pressure and illness prevention
  - Chinese Medicine major, 3 years (360 credits), includes Chinese herbal medicine and illness prevention
- The first year of each major is the same which includes fundamental courses of both CM and biomedicine

6. Features of NZCCM Bachelor Programme
- Covers subjects as taught in China
- Additional subjects as required by NZQA
- Cannot include Western Clinical Medicine
- Emphasis on clinical knowledge and practice

6.1 Covers subjects as taught in China
- Fundamental CM theory: TCM basic theory, diagnosis, point location, acupuncture, needling technique and Tung manipulation
- TCM Classical works: Huang Di Nei Jing, Shang Han Lun, Jin Gui Yao Lue, and Wen Bing Xue
- Clinical component of TCM: Therapeutics of CM (internal, trauma, external and gynecological disorder etc.). For Acupuncture major, the therapeutic techniques are also taught according to the above subjects
- Fundamental of Bio-medicine: anatomy, physiology, pathology, diagnosis and pharmacology (it includes CM and acupuncture interaction with Western medication)
6.2 Additional subjects as required by NZQA (1)

- Business Development:
  To meet NZ Industry requirements, the course is designed to teach students how to run a clinic including marketing skills. Students are required to attain these skills before they enter clinical practice.

- Ethics, Culture and Communication Skills:
  Includes skills on how to communicate with people of different cultural backgrounds and knowledge of ethics.

6.2 Additional subjects as required by NZQA (2)

- Scientific research:
  - Includes Research Method and Ethics as well as Chinese Medicine Research
  - To align with other NZ tertiary providers students are taught these subjects in the second year.
  - When students start their clinical practice, they need to know how to search the literature in terms of CM research and how to evaluate and critique in order to improve their practical skills.

6.3 Cannot include Western Clinical Medicine

- NZ regulations do not allow CM practitioners to practice Western Medicine. This is why no Western clinical medicine is taught.

6.4 Emphasis on clinical knowledge and practice

- Emphasis on competency to analyse and practice treatments:
  - Students are involved in the process of consultation, diagnosis, practice.
  - For example, students will first consult with patients, then make the diagnosis and develop a treatment plan. Following this they discuss with the supervisor, and conclude with the treatment under supervision.
  - Students are also required to complete full case reports.

谢谢专家们的指导！

www.chinesemedicine.ac.nz

Any suggestions and advice will be highly appreciated.
TCM education in Germany

1. About 50 societies, institutions and working groups
2. Predominantly education in acupuncture
3. Chinese herbal medicine
4. Tui Na
5. Qigong and Taiji
6. Master of TCM in preparation

Who can do TCM in Germany?
- Medical study in Germany or in EU-States
- License to practice medicine
- Alternative practitioner with license (only in Germany)
- Chinese doctors?

Conditions for Chinese doctors

Same conditions as for German doctors
1. Medical study in Germany or in EU states
2. License to practice medicine
3. Alternative practitioner with license

Exception: medical scientific public interest

TCM-Therapies

- Chinese drug therapy
- Acupuncture and Moxibustion
- Tui Na
- Qigong
- Dietetics

Concrete example:
TCM-Klinik Bad Kötzting
- Since 1991
- 80 beds
- 120 staff
- International cooperation
- Scientific board

Cooperation partners

Members of the Scientific Advisory Board

- Beijing University for Traditional Chinese Medicine represented by Prof. Dr. Zhao Xin
- University of Witten/Herdecke, represented by Prof. Dr. Stefan Herrmann
- Institute for Pharmaceutical Biology of the University of Munich, represented by Prof. Dr. Josef Zilk
- University of Munich, represented by Prof. Dr. Helmut Hölscher
- Center for Traditional Medicine, represented by the General Management, Dipl. Dr. med. Andrea Steinberger
Additional members of the Scientific Advisory Board

- German Medical Association for Acupuncturists e. V. (practitioners affiliated) (DAEMAG), represented by the President, Dr. Wolfgang Scharl
- School for Traditional Chinese Medicine at the TCM-Klinik Bad Kreuznach, represented by Dr. med. dent. Erich Waßer
- Prof. Dr. Rudolf Bauer from Institut für Pharmakologie at the Karl-Franzens-University of Graz, Dr. med. Dr. rer. nat. Helmut Wolfgang Walter-Steiner, Centre for Pharmacology, Research, 70 (1989) (Technische University of Vienna)
- Dr. med. Stefan Nagel (In his capacity as senior medicinal director of the TCM-Klinik Bad Kreuznach)

SEPP - Sino-European Prevention Program

- Early diagnosis of risk and protection factors
- Periodical medical check-up (western and chinese)
- Lifelong web based record system with control of symptoms and signs, treatments, laboratory values etc.
- Individual or workplace health promotion
- Metabolic syndrome
- Clinical trial

Conclusion

- without scientific work no work permit for chinese doctors in Germany (and Europe)
- Scientific cooperation with TCM-Klinik Bad Kreuznach
- Master of TCM

contents and general goals of the scientific accompaniment

- research and comparison of diagnostic methods
- research and comparison of therapy procedures
- research of the medical preparations used in the TCM Hospital
- organisation and didactic of medical training and further training seminars

Necessary Standards

- 5 years study in BUCM
- Expert in Chinese Herbal Medicine or Acupuncture or Tuina or Qigong
- At least 5 years clinical experience
- Language English, better German

Thank You for your attention!

"The most productive development results, when two different ways of thinking come together."

Werner Heisenberg (1901-1976)
German physicist and Nobel prize winner

Dipl. Kike. Anton Steudinger
As a result, it is clear that it is imperative to make serious efforts to improve the quality of evidence and to make Chinese medicine more accessible to the Western medical world. We believe that this will require a coordinated effort among all parties involved, including researchers, practitioners, policymakers, and the general public. It is our hope that by working together, we can make Chinese medicine a more integral part of the global healthcare system and contribute to the development of a more harmonious and equitable world.

In conclusion, we believe that Chinese medicine has much to offer the Western world in terms of its unique approach to health and disease. By working together, we can develop a more comprehensive understanding of this ancient and valuable tradition, and use it to improve the health and wellbeing of people around the world. This will require a commitment to rigorous research, open-mindedness, and a willingness to learn from one another. But we believe that the benefits to be gained from such an endeavor are well worth the effort.
Development of a Curriculum for Chinese Medicine Education at the Medical University of Vienna

Yan Ma
Vienna General Hospital
Medical University of Vienna
2nd World Education Congress of Chinese Medicine
Oct. 28-30, 2001, Beijing

Medical University of Vienna

- Medical Faculty of the University of Vienna
- Oldest University of German Language Countries
- also the youngest University in Austria (autonomous since January 1st, 2004)

History

The Medical Faculty of the University of Vienna was chartered in 1365

The old Vienna General Hospital was founded in 1794 and established as the leading hospital in Europe

"Vienna School of Medicine" (late 19th/early 20th century)
Theodor Billroth in 1881, first partial gastrectomy named after him

"Vienna School of Medicine" (late 19th/early 20th century)
Karl Landsteiner in 1930 obtained the Nobel Laureate in Medicine for the discovery of human blood groups

Sigmund Freud (1856-1939) was the father of psychoanalysis

Today

Medical Education at MUV

Degree programs:
- MD program: 660 (740) students/y
- Dentistry D program: 80 students/y
- Medical Informatics: MA program, since 2005
- MD/PhD (English language program)

- employees (incl. teaching, admin, clerical, technical): 5,000
- full time academic staff: 2,500
Post-graduate Education

Non-degree/Degree programs:
- Clinical Research (MSc)
- Gender Medicine (MSc)
- Public Health (MPH)
- Interdisciplinary Pain Management (MSc)
- Management in Nursing and Care
- Pedagogical Training in Nursing and Care
- Toxicology (MSc)
- Oral Implantology (MDsc)
- Medical Physics (MSc)
- Health Care Management (MBA)
- Medical Hypnosis
- Dental Hygiene
- Periodontics (MSc)
- Prosthetics (MDSc)
- TCM (MSc)

Post-graduate Education of TCM has been developed since 2006 at MUHV

- Structured intra- and extramural continuing medical education & training program
- Degree program
- National and international teaching staff

Post-graduate Education - TCM

Foundations and Practice of Traditional Chinese Medicine

Modules:
1. Basic Theory and Diagnosis of Traditional Chinese Medicine
2. Fundamental Diagnostics and Chinese Materia Medica
3. Acupuncture and Related Therapies
4. Chinese Medicine Practice
5. Tuina and Qigong Therapy and Complementary Medicine in TCM

Evaluation of the Curriculum of TCM

Based on the Curricula of Beijing, Shandong and Nanjing University of Traditional Chinese Medicine.
- Evaluated by the external TCM experts
- External experts from China (China Academy of TCM, Tianjin University of TCM and Beijing University of Chinese Medicine)
- External experts from Austria (Austrian Medical Association of TCM Healthcare, Austrian Medical Association of Akupunktur, Medical University of Graz and University of Vienna)
- Experts from Austrian Medical Association
- Institute of MUHV
- Legal Department of MUHV
全球化视野下的中医药院校教育

南京中医药大学 吴勤华

中医药院校教育已经走过半个多世纪的历程。针对“为什么需要中医药院校教育？“，我们不得不重新审视几个基本问题：

中药院校教育又如何回应社会发展？

(一) 医学教育全球化是社会历史发展的必然结果

所谓全球化，它是指人类从以往各个地域、各个民族的国家彼此分割的原始闭关自守状态走向一种全球性社会变迁过程。当今世界，全球化已深入世界经济、政治、教育、文化等各个领域，医学教育也不例外。

(二) 院校教育模式成为现代主流医学教育模式

西方医学教育体制大致经历了三个发展阶段。

近代以来，西方“大学—医学院—医学院长期趋向一体化，基本模式即：医学生被要求至少花两年读医科大学的预科以达到本科大学水平，然后在医学院学习两学年的基础课，在医院参加两年的临床工作以及一年的实习期。医院成为主流医学教育模式。

由于中医命运的多变，近代中医药教育改革被染上了过于浓重的民族主义色彩，从而忽略了其本身的意义。

如果试着从全球化这一视角看时，我们发现，近代中医药教育的转型，是努力取得作为“走向世界所需的一个与“、在这一意义上，近代中医药教育的转型是努力的一种尝试，是针对西方主导的医学教育全球化挑战的主动回应。

(三) 中医药事业发展需要促成近代中医药教育模式的转型

近代伊始，中医药教育主要是师承制，在全球现代化的浪潮下，在现代医学教育模式的冲击下，中医药教育从传统师承模式向现代院校模式转型。

(四) 中医药院校教育推进的历史进程

1951年12月，卫生部发布《关于中西医结合学校及进班的建立》。1953年，卫生部召开全国卫生工作会议，决定“采取进班等办法培养中医50万名”。

50年代中旬，国家先后在东、南、中、北、中地区建立了中等中医药院校，将中医教育纳入到国民高等教育的轨道，实现了历史性的突破。

1958年1月，毛泽东提出高等教育院校增设中医课程的建议，并发布了中等医学教育到1960年。

至2010年，我国中医药教育机构48所，专任教师21.86万人，研究生18.66万人，中等医学教育学校50所，860人；中药院校教育体系基本形成。
（三）中医药院校教育的历史性贡献

1. 中医药人才成为中国特色卫生保健体系中的重要力量
   至2010年，全国高等中医药院校中
   中医学专业学生约
   中医学专业教师约
   中医药人才共约
   中医药人才在医疗、科研、教育、生产等方面发挥了重要作用，成为中国特色卫生保健体系中的重要力量。

2. 中医药人才是中医药产业的支撑力量
   中医药现代化产业已形成以
   为支柱，为主体，为
   动力的中医药产业。因此，中医药人才作为中医药产业的支撑力量，担负着推进中医药现代化的重任，培养中医药人才是具有自主知识产权和国际竞争力的产业。

3. 中医药人才承担着中医药文化传承与创新的重要责任
   中医药人才不仅是中医药文化的传承者，更是中医药文化的创新者。中医药文化是中华民族的瑰宝，中医药人才在传承中医药文化的同时，不断进行创新，推动中医药文化的现代化发展。

4. 中医药人才是中医药文化国际推广与传播的使者
   中医药人才在国内外的中医药文化交流中发挥着重要作用，不仅传播中医药文化，还推广中医药技术，推动中医药走向世界。

（一）中医药院校教育存在的问题

1. 课程设置与市场需求的不匹配
   当前中医药院校的课程设置与市场需求不匹配，导致毕业生就业困难。

2. 实践教学与理论教学的脱节
   实践教学与理论教学脱节，难以培养出符合市场需求的中医药人才。

（二）中医药院校教育适应社会发展的思考

1. 在借鉴与继承中不断创新
   中医药院校教育应借鉴现代教育模式，同时尊重中医药传统文化，实现教育的创新。

2. 依据中医药学科内涵、知识体系，加强教材建设
（二）中医药院校教育适应社会发展的思考

3. 增强国家医疗体制改革步伐，培养国家急需的中医药人才。

4. 促进中医药事业发展需要，进一步优化学科专业结构，拓宽专业设置，满足“大中医药”条件下，对预防、医疗、康复、保健等各类岗位的人才需求。

5. 顺应人类对健康长寿的期待，深化中医药教育，共享健康和谐。

结语

近代中医药教育转型是实现中医药现代化的前提。中医药教育要以一个现代科学的形态融入世界的最根本条件，是中医药院校教育模式的创新，以及中医药文化发展，为全球化的教育注入了新的活力，有助于全球化进程向着更加多元化、多维度的方向发展。
The Globalisation of Chinese Medicine Education
- Strategy and Direction

Professor Man Fong Mei
梅方教授

Second World Education Congress of Chinese Medicine
25th October 2011, Beijing

mfm@sci.mcm.com

How to Globalise Chinese Medicine Education

Integrate and synthesise different medical methodologies

Combining various medical methodologies

Current Dynamics in International Medical Education and Science

Current separation in medical education and clinical practice between Chinese medicine and Western medicine prevents integration.

Clinical efficacy of Chinese medicine and let patients speak for themselves

Practical implementation of inheritance and innovation in Chinese medicine

How to Integrate Chinese Medicine with Western Medicine Globally

Emphasise clinical efficacy of Chinese medicine and let patients speak for themselves

How to Globalise Chinese Medicine Education

Critique EBM and its deficiencies with Chinese medicine

Set up a global task force of experts to conduct and direct the research

Make Chinese medicine relevant to the mainstream medical education system to serve the clinical needs of society

Critique EBM and the deficiencies of Western medicine

Current separation in medical education and clinical practice between Chinese medicine and Western medicine prevents integration.
How to Integrate Chinese Medicine with Western Medicine Globally

Future model for medical education depends on a new methodology

Adopting EBM or transforming the current medical systems

Evidential systems to support EBM

Evidence-based Chinese Medicine (EBM)

Possible characteristics of the new methodology, empirical or dialectical structure

The evidence of Chinese medicine is empirical and dialectical.

Chinese Medicine – The CMIR Education Experience

The CMIR education experience is a decade of teaching Chinese Medicine. Integrating the holistic approach and individualistic medicine by using Systematic Differentiation and individualized analysis in comparison and to conjunction with Western Medicine - both in theoretical and clinical training.

Integrating systemic differentiation with evidence-based methodology

The CMIR education experience is a decade of teaching Chinese Medicine. Integrating the holistic approach and individualistic medicine by using Systematic Differentiation and individualized analysis in comparison and to conjunction with Western Medicine - both in theoretical and clinical training.

Establishing the International Chinese Medicine Research Council (CMIR)

Chinese Medicine Research - Establishing the International

CUC - China-UK Collaboration

Establishment of China-UK Consortium (CUC) for Medical Integration.

Legislation and Regulation

Establishing the Chinese Medical Council

Western Medicine and Chinese Medicine should work together.

Report to Ministers from the Department of Health Science Group on the Necessity of Regulating Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine, and Other Traditional Medicine Systems Practiced in the UK.

Legislation and Regulation

Establishing the Chinese Medical Council
A New Integrative Medical Education Methodology
探讨新的医学教育方法

1. Similarity of Problem Based Learning (PBL) and syndrome differentiation in Chinese medicine
基于问题式学习(PBL)与中医辨证论治的相似之处

PBL is in turn with Patients Based Medicine (PBM)
基于问题式学习(PBL)与患者中心医学(PBM)

Individualized medicine requires critical thinking in medical education
医学教育中的个性化医疗要求批判性思维

Clinical Advantages of Chinese Medicine
医药的治疗优势

Immunocompromised scavengers, control group; hyperglycemic and hypercholesterolemic population
免疫抑制的清道夫细胞，对照组；高血糖和高胆固醇的人群

Infection Diseases (感染疾病)

Gynecological Disorders (妇科疾病)

Andrological Disorders (男性科疾病)

Pain, dermatology, neurology, lifestyle diseases, energy medicine related treatments, TENs, electro-acupuncture, cancer, palliative care, etc.
疼痛、皮肤科、神经科、生活方式疾病、能量医学相关治疗、TENS、电针、癌症、姑息治疗等

Towards a Future Medical Education Model & Globalisation of Chinese Medical Education - Strategic Considerations
建立新医学教育模式和实现中医药国际化-策略思考

Establish theoretical basis for East-West medicine of the future:

Combine Chinese philosophical concepts of Qi, Yin & Yang, Balance, Harmony with discoveries in New Physics, like Quantum Mechanics and the Supersymmetry Theory.

东西方医学未来的理论基石—气、阴阳、平衡、和谐与新物理发现的结合，如量子力学和超对称理论。

Imminent CRISIS of TCM Globalisation
中医学国际化面临的危机

EU Directive 2002/73/EC
欧盟传统药物(中药)指令2002/73/EC

Medical Education of the Future
未来的医学教育内容

Concept of Holism
整体医学概念

Less invasive intervention, towards regenerativ and regenerative medicine
非侵入性干预，向再生医学和再生医学转变

Integrate the philosophy and science in medicine
将哲学与科学融合在医学中

Towards a Future Medical Education Model & Globalisation of Chinese Medical Education - Strategic Considerations
建立新医学教育模式和实现中医药国际化-策略思考

Research & develop syndrome differentiation as the key Chinese medical contribution to an integrated patient-centred medicine
研究和发展辨证论治是中医药对整合病人中心医学的关键贡献

Integrate a multi-disciplinary approach and holistic view of the body into medical education
整合多学科交叉和整体医学视角到医学教育中
Summary - The Strategy & Direction for the Global Integration of Chinese Medicine

We must persuade the conventional medical and governmental authorities about the unique clinical contribution of Chinese medicine.

Patient-centred medicine is the next step towards integration.

Thank you!
谢谢，欢迎指导！

Comments are welcome:
mfm@acumedic.com
www.cmir.org.uk
二、加强中医药人才队伍的建设

随着社会主义市场经济体制的确立和完善，市场、分配格局、竞争方式等方面发生了深刻的变化，要求中医药人才队伍建设也必须加快改革与创新的步伐，中国的医药卫生事业发展面临更加开放的环境和挑战。中医药卫生事业的发展应在更大、更宽广的舞台上参与国际竞争。

二、加强中医药人才队伍的建设

国家对中医药的发展以明确提出，要坚持以人为本的发展方针，充分发挥中医药作用。进一步扶持和促进中医药事业不断发展，完善医药卫生体制改革任务，充分发挥中医药特色，使中医药文化得到继承与发展。

（一）中医药事业发展的重要性

随着科技进步和现代医学的快速发展，中医药发展环境发生了深刻的变化，中医药特色优势逐渐突出，服务领域趋于萎缩；中医药专家很多学术思想和经验得不到传承，中医药理论和技术方法创新不足；中医药发展缺乏人才。我们应认识到中医药事业发展的重要性，采取有效措施，加强中医药工作，开创中医药事业持续健康发展新局。

（二）中医药事业应遵循的规律和原则

1. 遵循中医药发展规律。

保持和发扬中医药特色优势，推动继承与创新，丰富和发展中医药理论与实践，促进中医药协调发展，提高全民健康服务水平。
（三）加强社区服务建设

发展社区服务站、村卫生室和社区卫生服务中心的中医药服务。在医疗卫生机构中积极推广使用中医药适宜技术。推动中医药进社区、进家庭。

（四）建立中医药人才培养模式

1. 与各高校建立长期合作关系
2. 定期开展培训班

步骤：

- (1) 确定人才培养目标
  - 遵循教育外部和内部关系规律，突出专业特色

- (2) 构建模块化知识体系
  - 进修目标化原则、综合化原则、弹性化原则、动态化原则

- (3) 优化教学方案设计
  - 明确需要和目的，确定内容和目标，采用何种策略，评价教学效果。

- (4) 提高学生自身品质
  - 培养学生要有上进心、责任心、自信心、意志力和自制力。
2. 定期开展培训班

（五）小结

为响应卫生部、农业部和城乡社区推广医药卫生适宜技术十年百项计划，提高农村和城市社区医疗卫生技术、服务质量和管理水平，由中华中医药学会主办的北海医院作为全国首批基层技术援助教育基地，全国基层技术援助技术高级研修班已成功举办了15期，有近200人次参加学习培训。培养了一批具有中医药特色和健康管理临床经验和实际操作技能并掌握临床实践技能的基层理论、标准化的临床诊疗技术，采用特色“1+7”治疗新模式诊疗omination疾病，全面提高了临床技术水平。

根据经济社会发展和中医药事业发展，规划发展中医药院校教育。包括部分高等中医药院校进行中医药本科生教育培养改革试点，加强中医药职业教育，加快技能型人才培养。
早期新加坡中医教育的概况

- 新加坡中医教育始于民间中医团体。
- 在1953年之前主要有祖传及师承两种教育模式。
- 当时随着中国移民迁入新加坡，许多中医也接踵而来，其中新加坡的陈光洋、吴瑞南等一代名医，他们
  的门人在新求道，成为新加坡的中医医疗骨干，后发展成为
- 在1950年间，新加坡英殖政府的移民局编列
  新加坡的中医医疗，故本地中医师日益增多。
- 1953年医事委员会创办了中医专门学校（1976年
  转名为新加坡中医学院）。

新加坡中医学教育概况

- 70-80年代期间，陆续开办的中医学科的
  有中医学士院、中医、中医等中医学院。
- 各校院开设了学制3-5年的中医专业（包括针炎
  ）或针灸课程。
- 各校院院制同时设立了慈善诊所，如中华医院
  、大众医院等，为学生提供了临床基地。
- 各校院院制之间的课程设置，学生的入学资格、
  师资及学员的考核均没有统一的标准。

中医教育的改革与统一

- 1996年10月2日卫生部公布“新加坡中医学教育
  目录”，提出“校本部分时间制中医专业文凭”课
  程。
- 现包含了新加坡中医学教育的办学资格，学制，课程
  设置，学生的入学资格及毕业资格等。
- 由新加坡中医学院与中医学研究院主办。
- 统一入学资格为高中或同等或更高学历。

中医教育与注册

- 2001年2月7日，中医学管理委员会成立，中
  医专业文凭成为受认可的中医学注册资格的
  中医课程。
- 2004年起，符合条件注册要求的申请人方
  能参加每年一度的中医师注册资格考试。

中医教育与注册
中医教育的提升

- 2006年中医药管理局将中医药教育提升至本科教育水平。

- 由省卫生厅、中医药管理局提出申请及推荐，经委医教处学点评估及推荐为注册的中医药课程。

- 两间院校分别与北京、南京、广州中医药大学合作开办五年制、七年制本科课程。

中医教育的提升

- 南京中医药大学生命科学学院与北京中医药大学联合办了双学位的中医药学学位课程。

- 中医学院举办405学时的西医和牙医针灸培训课程

中医学院学位课程

- 中医学士学位课程

- 西医和牙医针灸培训课程

ACUPUNCTURE TRAINING COURSE FOR DOCTORS AND DENTISTS

- 2006年开始由中医院学院开办

- 语言：英语

- 课程设置COURSE SYLLABUS

- 中医基础理论BASIC THEORIES OF TCM

- 中医诊断学DIAGNOSICS OF TCM

- 针灸学ACUPUNCTURE

- 初级临床实习CLINICAL PRACTICE

- 专题讲座SPECIAL LECTURES/SEMINARS

- 课程总时长TOTAL COURSE HOURS：405 HOURS

中医师注册资格考试

- 2004年起，只有符合注册要求的申请者才能参加

- 每年举行一次

考试内容与形式

- 一、综合笔试
  - 试卷一：中医基础学科综合试卷
    - 包括中医基础理论、中医诊断学
      - 中药学、方剂学
  - 试卷二：中医临床学科综合试卷
    - 包括中医内科学、中医外科
      - 中医诊断学、方剂学
      - 中医内外科

- 二、临床技能考试：分三站进行
  - 第一站：辨证论治
    - 考核形式：书面考试
    - 考核内容：中西医基础、中医诊断学、中医外科

- 考核要点：中医诊断、证型诊断：治法：处方（用药
  - 配方、配穴或针灸手法）：医嘱

56
中考内容与形式

第二站：临床答辩

考核科目：中医内科学、中医外科、中医妇科学、中医儿科学。

答题要点：中医病名、证型诊断；中医治法；选方用药（辨证、辨病法）；中医鉴别诊断；法规；其他临床问题。

第三站：针灸取穴与操作

测试内容
取穴：应根据所述各种穴的准确位置、取穴方法，同时进行体表取穴。

针灸操作：按随机顺序，进行患者取穴、针灸、拔罐、艾灸等操作，并结合实际病例讲解。

以上所有答题内容，均需根据临床病例进行现场模拟，并对诊断与治疗进行详细阐述。

谢谢

中医师延续教育

- 自2002年中医药注册已近10年，管理委员会认为应提高中医师的综合素质，提升中医药教育的规范性。

- 2011年中医医师专业委员会成立中医药教育咨询组

- 目前正制定中医药延续教育工作的策划与内容。
A LITTLE BIT OF HISTORY

The 1960s:
Beginning of interest and practice of the first Brazilian doctors in Acupuncture

The 1970s:
Congress of medical students turned their attention to Acupuncture
Those MD went to China to learn Acupuncture

1981:
First Acupuncture Unit at a public hospital (Rio de Janeiro City)

1984:
Foundation of CMBA (SMBIA)

1988:
Federal Government implementation of Acupuncture provided by physicians in Brazilian public health care system (SUS)

1988:
Federer Government implementation of Acupuncture provided by physicians in Brazilian public health care system (SUS)

The 1990s:
Several university hospitals created acupuncture services and specialization courses

1995:
The Federal Council of Medicine officially recognized Acupuncture as a medical specialty in Brazil

1999:
First official contest for certification as MD specialist in Acupuncture
A LITTLE BIT OF HISTORY

2002
Federal Council of Medicine and Ministry of Education jointly established and regulated Medical Residency in Acupuncture.

OFFICIAL PROCEEDINGS

In Brazil, to be certified as Medical Doctor specialist in any medical area (Acupuncture among them), official proceedings are the same:

1. The physician must have completed Residency in Acupuncture;

2. The physician must have completed a course of specialization in Acupuncture recognized by the Federal Council of Medicine AND be approved in a public contest held annually by CMBA.

NUMBERS

Brazilian Medical College of Acupuncture has now 9000 members (3% of all MD in Brazil);
among them almost 3000 (33%) are certified specialists in Acupuncture;
37 contests for certification in Acupuncture have been made by Brazilian Medical College of Acupuncture in partnership with Federal Council of Medicine since 1999.

CERTIFICATION OF
M.D. SPECIALIST IN ACUPUNCTURE:
THE OFFICIAL PROCEEDINGS IN BRAZIL

Thank you!

Ronaldo Gennari
Secretary General
Brazilian Medical College of Acupuncture
Traditional Chinese Medicine in E.U. Italy: 
a Turin hospital experience.

Dr. Domenico Piazza
Dr. Eraldo Carlo
Dr. Mariantina Mussetto
A.S. Giacomina Abrace
A.S. Claudia Mastella
Dr. Carlo Bagliani
and
Dr. Raffaella DiFerrari, Dr. Giovanni, Dr. Forme Giulio,
Dr. Giacchetti Gilberto, Dr.训宇and Barbara, Dr. Valeria Cristina,
Dr. Simon Claudia,
Ms. Re Tanica, Ms. Conna Maria, Mr. Melcarne Giuseppe.

Role of 
Family Doctor/General Practitioner

- The Family Doctors (General Practitioners) can suggest the patient to address the TCM-ambulatory, in order to have a specialistic visit.
- The visit of a Doctor trained in TCM could help the patient to choose the most suitable treatment for her/his chronic disease.

Other Public Ambulatoires in Turin:

- Acupuncture ambulatory of ASL To 1 (via S. Secondo): authorization issued by National Health Service required
- Acupuncture ambulatory of Ospedale S. Anna

Opening Ceremony

Patient’s therapeutic course

Currently admitted pathologies

- 1) HEADACHE
- 2) JOINTS’ and BONES’ PAINS.
- 3) MUSCOLAR PAINS

Outcome of the year 2009

- 1000 acupuncture’s courses
- 129 new courses
- 35 patients underwent more than one course of acupuncture
- 38 patients sent by the headache’s ambulatory
- 54 patients sent by the pain’s ambulatory

Acupuncture at Health Local Unit (ASL TO2):

story and experience.

Project E.U. Italy – China P.R. “the Health-Bridge”

- During the years 1999-2000 the ASLTO’s ambulatory of Lungo Dora Savona started the activity of acupuncture treatments, only for the patients with headache, coming from the special outpatients clinic.

- In 2007, September 15th the Acupuncture’s Ambulatory has re-opened next to the Poliambulatori of San Giovanni BOSCO Hospital
- In 2008 December 18th, a new TCM’s out-patient facility was opened in a building of the ASLTO2 S.G. Bosco Hospital (Torino-Falchera).
Outcome of the year 2010

- 1012 acupuncture's treatments
- 139 new course
- 57 patients underwent more than one course
- 22 patients sent by the headache's ambulatory
- 60 patients sent by the pain's ambulatory

- Evaluation of the diagnosis-examination (RX; TC; RM)
- Anamnossis, general examination of the patient, tongue examination to understand the disease and the affected organs
- best outcome is obtained with the combination of:
  - anamnossis; tongue examination; acupuncture of general points.

Main symptoms

- Migraine, tensive headache, cluster headache (a grappolo)
- Backache (tight vertebral channel, slipped-herniated disc and cervical-ache
- Arthrosis (rizarthrosis, gonarthrosis)
- Shoulder's periarthrosis (p. di spalla), and shoulder-articular syndrome (sindrome della cuffia dei rotatori)

Patients coming from the Pain's Ambulatory

- Old age
- Connection of several chronic diseases
- Complexity of the pharmacological approach: too many drugs against pain (oxicodone, fentanil, buprerorfin, tramadolo)
- More treatments, as: FKT, analgesic infiltration, ecc.

Questionnaire "Customer Satisfaction" – Acupuncture’s Ambulatory  
15/07/09-15/07/10
85 patients

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview</td>
<td>23.53</td>
<td>23.53</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>76.47</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>85</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Questionnaire’s aims

- Collect data of the customers satisfaction
- Collect data on the knowledge, utilization and expectations of the patients about the non-conventional (integrated) care.
- To understand if any improvement is possible

Quality of life

Questionnaire SF-36  
January 2009- July 2010
110 patients

There are NOT significant differences for gender.
There are significant differences for age, educational qualification and working environment:
The patients’ compliance for acupuncture’s treatments is very high for the bone and articular pains, mainly if they don’t do a hard work; the age is over 45 and have a low educational qualification;
The most patients who come to the acupuncture’s ambulatory for headache are workers, the age is less then 45 and have a high educational qualification.
• The data of the SF-36 questionnaire are able to give a view of the well-being perception, both with a profile of 8 measurements (AF = physical activity, RF = physical role, DF = physical pain, SG = general health, VT = vitality (life energy), AS = social activity, RE = emotional role, SM = mental health) and with 2 syntetical indicator (PCS = physical indicator, MCS = mental indicator).
• The score is from 0 to 100: higher is the value, better is the health of the patient.

Best results:
• Physical pain (less intensity of pain and activities' limitation due to chronic pain)
• Better control of emotional reaction (more working time, better work and physical performances, better concentration)
• Social activity
• Mental health
• The patients suffering of osteo-articular pains have better healthy life after several treatments, as:
  - less fisical pains, more vitality, more social activity, more emotionalism, more mental health
• The gender comparison emphasize that the men's data are higher (relief of physical pain), but the well-being perception of health in the women improve always after the course and treatment:
  • the more important symptoms are relief of physical pains, more social activities and less problems of emotional and mental health.

![Thanks for your attention](image)
中国医药学有着数千年的历史，为中华民族繁荣昌盛作出了巨大贡献。1840年鸦片战争后，中医深受摧残。1929年国民党政府又提出“废止旧医案”，激起全国中医药界的极大愤慨。在北京成立了“全国医药团体联合会”，孔伯华是华北中医界代表人物之一，并被推选为临时主席，率领全国中医界代表到南京政府前抗议，正值社会舆论下，国民政府被迫收回成命，同意成立中央国医馆。

民国时期北京中医高等教育史研究

――让历史告诉未来

首都医科大学医学研究院 填写 高德民

虽然阴霾未能消散，但中医药事业却受到了沉重打击，以校为家落败，学术衰微，濒临死亡边缘。

北京四大名医之一孔伯华教授中医必须培养高级中医人才，社大总统，中央医院，才有获得生存和发展。在30年代初期，孔伯华在名师高徒的苦心努力下，相继创建了两所高等国医学院，分别评定如下：

北京国医学院

一、北京国医学院的创建与发展

1930年，孔氏联合同仁中医界名医“共组设立国医学院”，最初名为“北京医药院”，地址在阜城门内隆福厅14号，翌年改名为“北京国医学院”（后第十一届改名为北京国医学院）。

在中央国医馆委派，孙龙友任院长，董事有汪逢春，杨浩如等人，孔伯华为院长。

当时，由于教育行政机构对于国医学院根本不予承认，未编入“大学学系”，因此，医学院四年学习毕业后，必须经政府考试取得医业执照后才能正式行医。

为了保证教学质量，聘请当时在京名医数以为师，课程设置比较完整而且突出中医特色。

先后在校任教者有：赵树屏讲授《中国医史》；孔伯华讲授《妇科》；周福堂；韩仲华；吴国勋，任广霍讲授《内经》、《伤寒论》、《难经》；任广志；赵寿春；田伯阳；左守芳讲授《金匮要略》；黄帝等，殷九之讲授《内经》，刘润南讲授《温病学》。

临床儿科系教授刘传、妇科系汪英，针灸科李永堂等，其他还有内伤科，杨济如、陈伯新、马龙等名医均在校任课。

西医各科有解剖学、内科学，内外科，日语等。

此外还有名医专题讲座，如马龙瑞主讲过内风，董英广主讲过中医杂病等。

总结，北京国医学院是首都唯一的中医高等教育，从学术、研究、实践等方面，培养出一批推动中医现代化的骨干。
二、学院的特色和主要经验

（一）注重中西医结合的教学体系

从学院的课程设置、教学内容，特别是课程设计，突出中医学术体系和传统的教学思想。

所用教材皆为系统性的教材，由各教授编写，其他参考书《干金方》、《本草纲目》等都自备。

对于临床教学，由院、科二主任各自监管，体现了师承传统教学的特点。

（二）多层次办学、因材施教

由于社会的因素不同，学院采取多层次的办学形式，有多种教学班，即研究班、医科学、预科班。研究班学制为三年，医科学制四，预科班学制五年，学制也灵活。

（三）实习医院，学生不一定出校

医、药、护理均在医院实习，所学内容，深受患者欢迎。

倡导“医为病人治病大要，医应尽职，遵守礼法”与“精于医，需仁德，修于道，不问贫富，济世为怀，治病救人，医之天职”。

华北国医院

华北国医院的创立与发展

二十世纪30年代初，北京医界流亡友人，如王伯华、施今墨等，多次设计之程序，立“非振兴中医，不足以自存”，决心兴办医院。

1930年春，北京中医界名宿成立“华北国医院”，院长施今墨，副院长刘应南。

数月后，院名变“华北国医院”。从此医院拥有一所国医院学府。

1937年春，黄瑞霖（清国）任院长，四十年代后期至今

除先生复任院长至1950年，毕业人数约472人。加上解放后的一年，总计培训10年，共招生22班，为北京地区培养了大批中医高级人才。

其他赵施武、王善山、施郁生、王仲吉、贺宗山、徐宜诚等，均先后担任过教学任务。中药学有方敏、陈鲁亭、王勇等，外科有施郁生、段维川，赵宪义等；医史有刘林中，针灸学有李瑞玉、夏禹根，张文泽等；推拿学有曹书芹等。

西医教育有陈公之，张伯伦、李仲和等；王如峰、张瑞琳、徐伯坤、徐政等。在内诊、中药学、针灸学、推拿学、内外科等，完全符合正规化的要求。

1932年春，施今墨、魏宗文、赵仲_ANGLE_等在近代成立华北国医院，建立董事会，由施今墨任院长，施今墨任院长，在中央国医馆立案。旧政权废止后，改为“国立中医院”，秦汉，同年秋成立附属诊所，为学生实习基地，每年招收新生一班。
二、学院的沿革与经验

学校办校方针是：以科学方法整理中医，培养专门人才，决不动摇成法，故步自封。唯一宗旨，希望阐明先哲之遗言，借助新医之实践，为人群造福。

在组织大纲中更具体地说，研究整理中国医学，应用科学方法，借鉴西医教育，培养医学人才，应社会之需要为目的。所以，在课程设置上以中医为主，中西兼握，融会贯通，中西医学的比例大致为7：3。

同时编写了一套完整的中、西医医学教材，可谓之医学教育史上创举。

姜涌长教授在1982年前世界中医学家百年纪念大会上曾说过：“五十年前，郎先生就提倡中西医结合，在艰苦条件下，兴办教育，实在难能可贵。”

学院在办学上十分重视教学、管理、全面发展。在“医德医风”中充分体现了以文明礼貌、视病人如亲人，救死扶伤，治病救人，一切以病人的利益为重，实事求是，技术精益求精，敬医同道，按职称的胸襟，和利病患，视若亲属的情感。

学校还制定了“学生奖惩条例”，激励上进，奖罚分明。在管理方面注意开阔同学们的思路，提倡科学求实的态度。

（二）课程之中有所发现：学校采用杂交教学方法，吸取了西医院校办学的经验并有所发挥。在总原则下，各专业在学课的设置上，亦有所创造，如《人体解剖学》、《生理学》、《理病理学》等课程，均依据现代医学知识。现将《人体解剖学》和《生理学》的主要内容，简介如下：

（三）课程之中有所提高：学院同仁深知教材是教学质量的保证。他们认真地编写各种教材，对于中医的理论在系统整理，而且融会贯通，取长补短，进行提高。对教材的内容与格式以中医学名著，如《伤寒论》、《金匮要略》等，都予以充分的尊重。在讲解上突出中医药的论理，体现了辨证与辨证相结合的特点。

（四）课程与临床分段交叉：对于中医基础理论课，强调“寓理于精练”才能学好临床课。在第四学年开始，即在教学中安排实习，基础课与临床课分段交叉，不仅重视内科、外科、妇科、儿科等，对于内科、外科、妇科、儿科等，也予以重视。突出体现“理论学习与临床实践教学”相结合的原则。

结论

北京地区在教育史上，首屈一指，将中医学教育事业推向了高峰。从教学方法、管理、教学等多方面进行了卓有成效的探索。迄今为止，北京中医药大学和首都医科大学中医学院为北京和全国培养了大量中医学人材。

让历史告诉我们，中医学教育更加兴旺发达，

谢谢！
卓越中医师人才培养改革试点的探索与实践

《关于“十二五”期间实施“高等学校本科教学质量与教学改革工程”的意见》

建设目标

建设内容

传统的人才培养模式

教师通过口头描述、文字阅读、图表展示等手段传授知识

学生通过复习归纳、理解教材，进行实验、参观调研、写体会等手段接受知识

新的教学方法和学生自主式学习，教学模式的创新

基本路径——“以教师为中心”，“以课堂为中心”，“以教材为中心”

高等中医人才培养模式现状

中医人才培养目标——顶层设计

（一）医德与医术的统一
（二）德与能的统一
（三）理论与实践的统一
（四）经典与现代的统一

前言

培养什么样的人？

怎样培养人？

如何提高人才培养质量？

《国家中长期教育改革和发展规划纲要（2010-2020年）》

一、人才培养的基本要素——内涵解读

目标要素

指对学生在知识结构、技能培养和素质培养等方面的规定性要求

过程要素

指为实现目标要素所必需的一系列教育活动及实施方式

制度要素

指在实施目标要素和过程要素的过程中，制定的完善的教育制度和教学制度

评价要素

指教师在实施教育过程中的，学习与教学能力培养的程序和科学判断

二、中医人才培养现状——问题剖析

一方面，高层次、高质量的中医人才培养紧缺

另一方面，中医人才培养目标散、临床教育教学非常薄弱

三、中医人才培养目标——顶层设计

中医人才培养目标的内涵特点：

（一）医德与医术的统一

（二）德与能的统一

（三）理论与实践的统一

（四）经典与现代的统一
教学主体
・以教师为中心→学生为中心
教学内容
・教师教什么→学生学什么
教学方法
・教师如何教→学生如何学
教学评价
・教师教得怎样→学生学得如何
教学环境
・教师教得方便→学生学得有效
教学计划
・教师有决定权→学生有选择权

五、风险分析
1. 教师能否全面把握教学目标，转变教学策略?
2. 学生能否适应新的学习模式，获得良好的学习?
3. 教师能否在教学中实现有效、高质量的沟通?
4. 如何确保教学效果与学生实际能力相匹配?

谢谢！
ACUPUNCTURE U.S. MARKETING PROFILE

10,000 M.D.'s have 200 hrs. of training.
46 million Americans have no health insurance.
Medicare does not pay for acupuncture.
Most L.Ac.'s do not get insurance compensation.
The fastest growing and most lucrative L.Ac.
Specialties are Face Lifts and IV.F Clincs.
Acupuncture is most commonly used for pain.
Acupuncture Therapy for Addiction, and more recently
PTSD, have been gaining recognition.
Acupuncture is limited to income rather than need.

EMERGENCY MEDICAL SERVICE DIRECTIVE

"Long term opiate therapy is harmful in the treatment of chronic pain patients."
This mandate has necessitated the introduction of acupuncture in hospitals in Major U.S.Markets.
Including:
Kaiser Permanente, CA.
Bethesda Naval Hospital, MD
Stroger Hospital of Cook County, IL

COOK COUNTY, ILLINOIS

- 5,194,575 residents
- Larger population than any of 29 States.
- Makes up 40.5% of population of IL.
- Median per capital income, $23,227.00.
- 13.3% below poverty line.
- Chicago makes up 64% of Cook County pop.

COOK COUNTY HOSPITAL MISSION

"To provide a comprehensive program of quality health care with respect and dignity to the residents of Cook County regardless of their ability to pay."

BACKGROUND

- 1835 opens to receive fist patients from Poor Farm.
- 1866-71 annually serves 1,400 to 1,500 patients.
- 1884 new hospital treats 5,934 patients.
- 1910 hospital treats 34,000 patients.
- 1914 new 656 bed hospital built for $3 million.
- 1917 capacity increased to 2,000 beds.
- 1928 with Children & Men Hospitals capacity reaches 3,400 beds.
- 1991 ER treats 155,000 annually.

STROGER HOSPITAL OF COOK COUNTY

Opened in December 2002.
Space: 1.2 million square feet.
40% of space dedicated to outpatient care.
Specially diagnosis and care.
ER annual projected patient capacity 124,000.
Outpatient annual projected capacity 302,000.

NATIONAL UNIVERSITY OF HEALTH SCIENCES BRINGS AOM TO STROGER

- 1906 founded as a Chiropractic College by John Fritz Alan Howard.
- 1942 became a not-for-profit educational and research institution.
- 1972 became the first institution in the U.S. to start teaching acupuncture.
- 2000 became a University and accredited by Higher Learning Commission to offer Masters of Science in Acupuncture, Oriental Medicine, Diagnostic Imaging, Advanced Clinical Practice, and Doctor of Naturopathic Medicine Programs.
NUHS MISSION STATEMENT

To provide and promote the necessary leadership, management and resources for the advancement of education, new knowledge, outreach and the ethical practice of the healing arts and sciences as taught within the programs of this University.

PATIENT COHORTS DESIGNATED TO RECEIVE ACUPUNCTURE

- Burn victims.
- Gun shot victims.
- Neck pain patients.
- Back pain patients.
- Shoulder pre-op and post-op patients.
- Knee pre-op and post-op patients.
- Migraine headache patients.
- HIV neuropathy patients.
- Diabetic neuropathy patients.

THE CHALLENGE

- U.S. L.Ac.’s are not trained in Hospital Based Acupuncture
- Hospital based acupuncture has been the primary modern form of training and practice in China.
- Conventional Healthcare has become unaffordable and unavailable to many Americans.
- So has acupuncture.
- Combining them together in a hospital setting has offered unique cost-effectiveness and efficiency patient care advantages in China.
- Odds favor a similar outcome in the U.S.

BRIDGING THE GAP

- Train U.S. L.Ac.’s in the Chinese model of Hospital Based Acupuncture by developing:
  - Extensive internships in specialties not available in the U.S.
  - Web-based classes, clinical rounds, round tables.
  - U.S./China teacher exchange programs.

LET US BEGIN A PARTNERSHIP TO MEET THE CHALLENGE

THANK YOU!

Dr. Frank Yurasak
yurasak@nuhs.edu
TCM Education in Israel

Ramon Velleman
The Kibbutzim College, Tel-Aviv
Israel

Regulation of Alternative Medicine in Israel

• 1977- Alternative Medicine can only be practiced by M.D.

Regulation of Alternative Medicine in Israel

• 1995- Anyone can practice alternative medicine, qualified or not. The patients are responsible for the outcome.

Regulation of Alternative Medicine in Israel

• 2009- The Council for Higher Education tries to create standards of TCM and Naturopathy Education—in the end it was not approved due to lack of scientific evidence regarding the efficiency of the methods.

Regulation of Alternative Medicine in Israel

• 1988- Alternative medicine practitioners can only apply undisruptive treatments

Regulation of Alternative Medicine in Israel

• 2003- The Ministry of Health and the Council for Higher Education try to regulate the profession of acupuncture including government examination and academic degree—the final decision was not approved.

HCY Standards

HISTORY

At the end of the 80's

- 1-2 schools of Oriental Medicine
- ~10 acupuncture practitioners in the country

In the 90's

- ~10 schools, based mainly on European programs which are not necessarily TCM
- Over 1000 practitioners

2000-2010

- ~20 schools mainly based on TCM
- ~6000 qualified practitioners
The Kibbutzim College of Education Program

- 5000 academic hours of theoretical and practical TCM studies
- Academic requirements standards
- Research support for the staff
- High standards of academic facilities such as laboratories, library, high tech classes etc.

The Problems of Programs with High Standards while no regulation

- Longer (5 years instead of 3 or 4)
- More expensive
- Require long term studies in China (away from home)
- Demand greater effort and requirements from the student

A wishful thinking

All of us here, leaders of schools abroad who respect the TCM ancestors and the great effort of the Chinese government to preserve and develop TCM, should promote the High standards of TCM education for the sake of TCM longevity in our countries

The Optimum for Future TCM Education

- Studies should follow the standards of universities in China
- Acupuncture, herbalism and Tuina / Shiatsu should be major disciplines to be taught
- Western medicine topics should be subdivided and taught as in medical schools
Suitable to each needs

Development of suitable to the needs of each country considering tradition, culture.

Multimedia & Visualization

Development of multimedia educational materials, visualization of traditional medical study materials

Image visualization of study materials (multimedia materials)

The need for training.

How to build up problem-solving abilities.
Objective evaluation of acupuncture techniques:

<table>
<thead>
<tr>
<th>Techniques</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>8.5</td>
</tr>
<tr>
<td>Moxibustion</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Clinical Interview:

1. Correspondence manner & etiquette
2. Wearing
3. Communication skills

1. Patient's comfort level
2. Understanding
3. Communication

謝謝大家！
中医药能力型人才培养模式的改革与实践

成都中医药大学 范晴建
2011.10.29

第二部分
中医药能力型人才培养模式的改革与实践

（一）指导思想

坚持地方中医药高校的“地方性、行业性、多科性、应用性”特征，以区域经济社会和行业需求为导向，以能力培养为核心，以“培养方案—课程体系—实践教学”为主线，系统改革和优化重构中医药能力型人才培养模式，培养满足地方经济社会和行业发展需要的高素质应用型人才

（二）基本原则

- 突出中医药特色
- 以能力培养为核心
- 强化区域特色优势
明晰人才培养目标及内涵

- **培养目标**
  - 能主动适应中医药事业和地方经济社会发展需求、基础扎实，具有较强实践能力和一定创新能力的高素质应用型人才

- **目标内涵**
  - 人才类型：应用型人才为主
  - 人才方向：中医药行业与地方经济社会发展
- **人才特色**
  - 较强的实践、学习能力，以能力主导知识、能力、素质协调发展

确立“三能力一提”的中医药人才培养模式

“三能力”
- 悟于名师的传承能力
- 基于经典的学习能力
- 源于实践的临床能力

“一提高”
- 提高创新能力

制定“一条主线，两个体系”的能力型人才培养方案

以能力培养为重点，整合课程和改革教学内容

- 加强中医药文化和学科课程整合，推行“课程导师和学业导师”双导师制，培养传承能力
- 推进中医药经典的教学改革：悟，学生的中医思维能力
- 深化中医药基本技能为核心的实践教学改革，增强临床能力

以实践教学体系和内容改革为重点，提升实践和创新能力

- 独立设置实践教学体系
- 压缩理论教学时，增大实践教学比例，≥35%
- 贯通式实践教学模式
  - 时间贯通   环节贯通   内容贯通
  - 设立学生科研实践创新项目

利用网络辅助中医药教学方式改革

- 中医药院校教育与师承教育在教学方式的结合
- 中医药教学课堂内外的结合
- 自主学习与自我评价的结合
（三）实践项目

- 探索中医药特色人才培养新模式
  - 师承教育与院校教育的结合——李斯炽班
  - 院校教育与医疗体制改革的结合——临床医学（全科医学方向），中医学（全科医学方向）

- 探索中药人才培养新模式
  - 创新中药人才培养——凌一鸣班
  - 产学结合人才培养——太极拳

- 探索国际合作人才培养新模式
  - 医学美容（美国纽约州）
  - 医学营养（澳大利亚维多利亚大学）

“十二五”期间，学校将全面实施质量提升行动计划和专业特色建设工程，在中医药人才培养、卓越中医师培养、中医全科人才培养等方面进行探索、改革和创新，为地方经济社会发展和医疗卫生事业培养更多、质量更高的中医药人才。

谢谢大家！
TRADITIONAL CHINESE MEDICINE IN SINGAPORE

Traditional Medicine
- Traditional Chinese Medicine
  - Herbal medicine, acupuncture & tuina
- Traditional Malay Medicine
  - Jamu
- Traditional Indian Medicine
  - Ayurveda
- Others
  - Complementary & alternative medicines

Western Medicine – Mainstream Healthcare

TCM Services
- Charitable TCM Organisations (42)
  - Thong Chai, Chung Hwa, Public Free, Buddhist Free Clinic.
- ** See about 1.8 million attendances/year
- ** Clinical teaching

- Private TCM clinics (1000) & Chinese medical halls
- *** TCM services – confined to outpatients

- Western healthcare institutions
  - Co-located TCM clinics to provide outpatient services
  - Acupuncture services for inpatients from 2005

TCM Practitioners Board
- Appointed by Minister of Health
  - (7 Feb 2001)
- Chairman, Registrar, 6 Members
  - (TCMPs & non-TCMPs)
- Seven Committees
  - Academic
  - Audit
  - Complaints
  - Credentials
  - Ethics
  - Examinations (2 external examiners)
  - Investigation (ad hoc)

TCM Practitioners
- Statutory registration
  - Acupuncturists 2001
  - TCM practitioners (TCMP) 2002
  - Chinese medicinal materials (CMM) dispensers (in progress)
- Transitional arrangement completed Dec 2003
- From 1 Jan 2004, registration only for those
  - With approved TCM qualifications, and
  - Pass Singapore TCM Physicians Registration Examination
- 2,322 TCMP/2397 Full, 15 conditional & 218
  Acupuncturists were registered as of 31 Dec 2010. 391 CMM dispensers listed.

Singapore
- Land area: 710.3 sq km
- Population: 5,376,700
- Ethnic group distribution
  - Indian 9.2%
  - Malay 13.4%
  - Others 3.2%
  - Chinese 74.2%

2010 Census
TCM Education

FOREIGN TCM QUALIFICATIONS
Beijing University of Chinese Medicine
Chengdu University of Traditional Chinese Medicine
China Academy of Traditional Chinese Medicine
Guangzhou University of Chinese Medicine
Hefei University of Chinese Medicine
Nanjing University of Chinese Medicine
Shanghai University of Traditional Chinese Medicine

89% of TCM’s are Digital Edition

Traditional Medicine Products
Traditional Medicine (TM) products —
Chinese Proprietary Medicines (CPM)
Raw Chinese Medicinal Materials (CMM)

- Medicines Act and its Regulations
- Medicines (Advertisement and Sales) Act
- Poisons Act and its Rules
- Sales of Drugs Act and its Regulations
- Health Products Act

94/95 CPM products with approval by 16/12/2010
Good Manufacturing Practice (GMP)
Pre- and post-marketing control/overlook. Adverse events monitoring

TCM Schools
- Singapore College of TCM (1953)
- Institute of Chinese Medical Studies (1972)
- TCM College (2002)
- Nanyang Technological University School of Biological Sciences (2005)

Training of TCM physicians
- Advanced TCM diploma courses and joint Bachelor Degree courses with PRC’s Beijing, Guangzhou, Nanjing TCM Universities

Training of CMM dispensers
- A part time diploma course started in 2002 by TCM College Pte Ltd, conjoint with DUCM (4 1/2 years)

Training of Western doctors/dentists in acupuncture
- A part time (2 years, 405 hours) graduate diploma in acupuncture course started in 2006 conducted in English by Singapore College or TCM

(Moving from Strategy to Action — 10 years)

- Education and Regulation — Teaching, Qualification, accreditation, licensing of TCMs; accreditation of TCM institutions; CME in progress (March 2011)

- Regulations and standards of TCM products

- Evidence Base for TCM — on Quality, Safety, Efficacy
  - Methodology, Clinical studies, Efficacy, Safety, Regulatory/Monitoring of Adverse Events

- Research & Innovation — Collaboration between TCM Schools/Western Hospitals/PRC Universities/Hospitals

Year
1997 2004 2009
Number of TCM Practitioners (1997 & 2004-2010)
第一章 云南中医学院基本情况

一、云南中医学院基本情况

云南中医学院始建于1960年，
以本科教育为重，积极开展
研究生教育和对外教育。学校在
1986年成为硕士点授权单位。

2000年以来，学校承担科研项目300余项。

二、开展对外教育情况

云南中医学院是开展对外教
育较早的高等中医药院校之一，
也是云南省教育厅首批授予的
对外汉语教学基地之一。

2000年以来，学校承担科研项目300余项。

云南中医学院是开展对外教
育较早的高等中医药院校之一，
也是云南省教育厅首批授予的
对外汉语教学基地之一。
二、国际教育概况

已建立的合作关系

与澳大利亚、英国、德国、加拿大、瑞士、韩国、美国、荷兰、印尼、马来西亚等30多个国家及地区的高校和医药机构建立了对外教育交流合作关系。

留学生情况

在校生留学生71人
非学历进修生1500余人
已毕业留学生81人，分获硕士、学士学位

二、国际教育情况

（一）构建与国际交流的平台

2001年与东南亚某大学签订了合作协议，至2010年，与东南亚某大学等30多个国家及地区的高校和医药机构建立了对外教育交流合作关系。

（二）促进学校发展，提高学校知名度

自2003年11月至2011年，我校先后派出12位专家赴东南亚某大学、巴巴多斯、肯尼亚等三个城市巡回讲学，共发放733名由东南亚某大学发给的证书。

二、国际教育情况

（三）培养了一批国际教育师资管理人才

50余名获得国际教育证书。

培养了一批高素养、多才多艺的对外教育师资管理人才。

三、国际教育存在的主要问题

1. 水平不足
2. 文化差异
3. 教学模式差异
4. 教材

四、国际教育发展目标及措施

（一）改革思想，更新观念

（二）开设新的培养模式

1. 境外办学
2. 双语教学

（三）网上远程教育课程

（四）培养中医对外教育专门人才
四、对外教育交流思路及探索

综上所述，我院将紧紧围绕云南省“两强一化”战略和人民群众健康需求，贯彻落实《国家中长期教育改革和发展规划纲要》，抓住机遇，加快发展。以学科建设为龙头，以教学为中心，坚持质量立校，人才兴校，科技强校，特色兴校，文化兴校，和品牌校、机制活校、服务实校，将学校建设成为面向亚大地区，尤其是东南亚地区的中医药国际交流合作中心；东南亚地区传统医药、民族医药合作交流中心；南亚、东南亚地区的中医药国际信息交流平台；面向周边国家和地区的中医药人才培训基地，使学校成为办学特色鲜明，国际化有影响的中医药大学。

谢谢！
中医药教育信息化的尝试

董亚辉博士

日本中医药学会

第2届世界中医药教育大会
2011-10-28

互联网规模迅速增长：最大网络

互联网是最大的社交平台：新沟通渠道

中国网络用户数量

全球第一

手机网民规模为3.18亿

全球第一

信息技术在中医药的应用：层次服务

中医药在线教育、中医药宣传普及、远程诊断

互联网医疗、电子处方、游戏、养生、咨询、海外论坛

互联网+O2O等多领域中医药服务

主要内容

中医药手机应用的开发

以及移动学习的考虑

32 billion yen (US$290 million) in 2003.
750 billion yen (US$6.8 billion) in 2010.
结束语

中医药网络教育及中西药移动应用与建立离不开信息技术的强大支撑。其作为国家战略的中医药现代化、国际化的跨越发展态势必将带动信息技术在中医药领域更加深入、更加广泛地应用。

信息技术越来越成为主线的同时，信息技术的深度变革新对中医药信息数字化特别是基于互联网的新兴应用及模式改革与引导都将是关键的。技术驱动必将触发服务模式变革，而且是多维度的，这色
NEW STRATEGIES FOR TRADITIONAL CHINESE MEDICINE EDUCATION

Geoffrey A. Cardell
Natural Products Inc.,
Evanston, IL, U.S.A.

Plants Med., 77, 1128-1138 (2011)

QUALITY CONTROL - A GLOBAL ISSUE

- Quality control of most medicinal plants is relatively poor or non-existent
- Patients need to be assured of accessibility, quality, safety, efficacy, consistency, and shelf-life
- Quality control is a continuum and must be evidence-based in contemporary science

COMPONENTS OF A NEW VISION FOR MEDICINAL PLANTS

- Development of Strategies
- Quality Control based on Accessibility and Sustainability
- Integration of Contemporary Technologies
- Clinical Testing and Reporting

STRATEGIES FOR TRADITIONAL MEDICINE - I

- Develop policies, regulatory criteria, and technical guidelines which would provide and assure the continued availability of quality, safe, and effective traditional medicine products and practices based on the results of evidence-based research.

STRATEGIES FOR TRADITIONAL MEDICINE - II

- Promote the harmonization of policies and regulations related to traditional medicine between nations, and encourage the development of international standards for terminology and nomenclature in traditional medicine

STRATEGIES FOR TRADITIONAL MEDICINE - III

- Develop professional advisory groups to enhance the understanding of traditional medicine by government officials, the media, the public, industry, and health care professionals
- Develop regulatory criteria and sponsor programs for the education and registration of practitioners of traditional medicine

STRATEGIES FOR TRADITIONAL MEDICINE - IV

- Establish and implement regulatory standards for pesticides, herbicides, insecticides, heavy metals, microbial contamination, radiation, and adulteration with synthetic and natural compounds in traditional medicines and related products
STRATEGIES FOR TRADITIONAL MEDICINE - V

- Develop resource inventory and conservation programs to assure the sustainability of natural health materials
- Initiate funding programs from governments and global foundations to develop globally accessible databases on ALL aspects of TCM.

THE FOUR PILLARS OF QUALITY CONTROL

- Information
- Botany
- Chemistry
- Biology

Built on the Foundation of SUSTAINABILITY and ACCESSIBILITY

IMPACT OF NEW TECHNOLOGIES

- Barcoding analysis for identification
- Remote Sensing (NIR, Raman, SERS)
- Applying Sustainable strategies to plant use
- UPLC/MS, HPLC/MS/MS, HPLC/NMR in QC
- Metabolomics and PCA
- Look for synergy/antagonism and multitarget therapy
- Biotechnology for active compound potentiation

CLINICAL TESTING OF TRADITIONAL MEDICINES

- It is essential to be delivering a well-characterized and consistent sample in ALL biological and clinical testing
- All clinical trials should conform to the CONSORT set of standards and be registered
- Reporting of negative, as well as positive, clinical trials data is essential
- Communication of results to regulators, practitioners, and patients is critical

SOME QUESTIONS

- How can we conserve and develop the biological resources for the health and economic benefit of future generations?
- How SUSTAINABLE are TCMs (wild-crafting vs. cultivation)?
- What is the contemporary science behind the TCMs being provided to the patient?
- What are the implications of population growth, globalization, and climate change for TCMs?

SOME MORE QUESTIONS

- What is the role for safe and effective TCMs in competing with synthetic drugs, and on global health resources?
- What communications and education are needed for practitioners, patients, and educators about the new era of TCM?
- What is the agenda for the next 15-20 years for safe, effective, and SUSTAINABLE TCM products globally?

THANK YOU!!

NATURAL PRODUCTS IN A SUITCASE – WHAT'S IN IT?
HOLISTIC CHINESE MEDICINE,
AND ITS INFLUENCE ON
INTERNATIONAL
DEVELOPMENT AND
EDUCATION OF CHINESE
MEDICINE

整體念中，及對中國國際化
發展与中国医药教育的影响

Michele Audrey Roll
BA, MSW, TCM practitioner (Canada)

INTRODUCTION

Chinese medicine, like Western medicine, is an
art and a science.
正如医学一样，中医是一门艺术也是一门科学
Both medicines are based in certain world-views
and models, which have evolved and adapted
over time.
两种医学的建立于某种世界观和模式，长久以来这
两者相互影响，并相互适应

Introduction

With global change and health-care systems in
crisis, questions arise about quality of care,
sustainability, cost-effectiveness, accessibility,
preventative medicine and future direction of
global health-care systems.
随着全球变化，卫生保健系统的危机；医疗质量，可持续
发展，无风险，性价比，可及性及全球卫生系统未来方向
等问题随之而来。

HCM is rooted in ancient Chinese medicine,
Chinese philosophy, arts and culture, as well as
ancient Chinese language and the paradigm of
holism.
整体观念的中医源于远古时代中医，中国哲学，艺
术，文化，中国语言文化和整体观念
It is a systematic and flexible model which adapts
to the modern world, global health realities and
health-care systems.
它是系统性、灵活的医学模式，并适合现代社会
需求，全球卫生现实及卫生系统。

MAIN PRINCIPLES OF
HOLISTIC CHINESE MEDICINE

1. It is based in the paradigm of holism
建立在整体观念上
a. Mind-Body-Spirit: Integrity of person,
 diagnosing and treating the client as a whole.
身心健康：整体观念，诊断和治疗的客户为一个整体。
b. Person-Society-Environment: People are
connected to society, the natural world and
environment. It is important to diagnosis and
treat the whole person within a larger context
人-社会-环境：人与社会，自然世界和环境。诊断和治
疗在更大背景下的整个人。
2. Deeply rooted in ancient Chinese world-views and models.

HCM foundation is ancient Chinese traditional medicines, Chinese philosophy, arts and culture.

3. Provides comprehensive CM diagnosis and therapies

(yangsheng approaches, food therapy and yaozhuan medicated diet, daoyin, medical qigong, taiji, mind-body therapies, art and music therapy, qigong, cupping, moxibustion, acupuncture (facial, scalp and body), Chinese medical massage (tui na), Chinese medicinals, medicated wines, health care products, external applications).

4. Practitioner and client work as a team

Partnership between practitioner and client, promotion of client self-healing, focus on CM education, lifestyle and food therapy, self-therapies.

Requirements: ethical conduct, sensitivity to race, culture, gender issues, community and social responsibility, and treating from the heart. Transparency, practicality, patient participation in treatment decisions, and social responsibility.

5. Inclusivity and positive parameters of health

Focus on health promotion and disease prevention, mind-body medicine, mental health, sub-clinical health, quality of life, life enrichment, as well as acute and chronic conditions.

6. Adaptation to international health-care challenges

HCM is adaptive to global health-care realities and needs, such as, rising health-care costs, sustainability issues, quality of care concerns, economic disparities, accessibility to health-care and environmental problems.

7. HCM and modernization

HCM is a flexible and comprehensive model which provides future directions and fosters international development of CM.

8. HCM development in Canada

HCM isintegrating CM approaches and practices.

9. Western medicine doctors are absorbing CM approaches into clinical practice, research and development (e.g., anti-aging, longevity and preventative medicine).

Many non-CM practitioners are integrating CM.

HCM in Canada.

1. The Holistic Chinese Medicine model is increasing requested and needed by clients.

Clients want to understand CM and enjoy its full benefits. The holistic perspective is growing in popularity, and the demand is increasing.

2. CM practitioners realize the need for a stronger base in ancient Chinese medicine, philosophy, language, art and culture, as well as a new vision for future development of CM.

Traditional Chinese medicine (TCM) practitioners are gaining a deeper understanding of the holistic perspective. The need for a stronger base in ancient Chinese medicine, philosophy, language, art, and culture is recognized, along with a new vision for the future development of CM.
HOLISTIC CHINESE MEDICINE (HCM) AND EDUCATION OF CM IN CANADA

1. Shift from acupuncture as a technique to CM as a full system of medicine, which requires comprehensive education and significant clinical training, as well as, a closer connection with China.

2. In 2006, Dr. title of TCM was passed into law in Ontario, Canada and will be regulated as a profession in the near future.

3. There is a need for a deeper relationship and collaboration strategies between Canada and China, especially in regard to Holistic Chinese Medicine, clinical training, research, projects, exchanges and CM development.

CONCLUSION

Holistic Chinese Medicine is a comprehensive and systematic model which is adaptive to the global realities, health needs and health-care systems.

It is a model solidly rooted in the past and visionary for the future. It is significant for improving international development and education of Chinese medicine worldwide.
TCMCRI – TCM Classics Research Institute

- **Mission:** "To enable TCM students and practitioners to learn from TCM classic texts and to apply the knowledge in these texts to modern clinical situations — to treat today's diseases."
- **Slogan:** "Classical TCM – Real TCM"
- **Goals:**
  - To perform research on classic TCM texts and to apply their knowledge to modern clinical situations,
  - To preserve classical TCM,
  - To share classic TCM knowledge.

1. **The Current Situation of TCM Education in The Netherlands**  
   荷兰中医教育现状

   4. Tui Na Therapy, one year, 110 lecture hours.  
   5. Chinese Herbal Medicine Clinical Theory, two years, 240 lecture hours.  

   7. TCM education is mainly given in a foreign language.
   8. Acupuncture and Tui Na education are the main subjects; the education of Herbal Medicine is under-developed.
   9. TCM education in The Netherlands is still not recognized as official medical education.

2. **TCM Classics Research Institute**  
   Current Situation TCM Education in the Netherlands

3. **Strategy and Implementation of Future TCM Education**
The Current Situation of TCM Education in The Netherlands

1. TCM Classics Research Institute, The Netherlands, founded in 2006, and collaborates with Shandong University of TCM.

2. In Europe, TCM Education is the first institute to offer Advanced TCM Classical Education.

Current Curriculum of TCM Education (课程设置):
- Shaoyan Lan (completed, 140 hours lecture)
- Jin Ma (completed, 100 hours lecture)
- Wan Liang (completed, 60 hours lecture)

Strategies and Implementation of Future TCM Education

3. Establish joint venture between Chinese TCM universities and international education systems abroad.

4. Establish joint venture with TCM educational institutes or colleges abroad in order to train Chinese TCM teachers in foreign languages.


7. Promote the legalization of TCM education in local education systems.

巴黎达芬奇医学院二十一周年
中医教育的经验和再思考

巴黎达芬奇医学院二十一周年
中医教育的经验和再思考

医学人类学研究
对中医西传的提示

西方医学与非西方医学，基于对人体和疾病的认识方法的不同，产生了不同的医疗行为和相应的医学管理体系。这是不同的文化模式和价值观念在医学领域的反映。

中医药走向世界所面对的正是这样的医学-文化大背景，应当由此出发来探讨国际中医药教育 “讲什么” 和 “怎样讲”的问题，从而使中医药能够更有效地同西医和其他医学融合互补，共同为人类健康造福。

“毛、皮、心” 的关系

中医西传医学文化工程

就自身来说
如何处理好 “毛、皮、心”的关系

毛：针灸按摸中药饮膳等技能技巧
皮：藏象经络气血病因病机等基本理论
心：中医学的特质和文化渊源

达芬奇医学院中医教育

教学对象

已经获得医学或药学博士学位的医生、药师师、医药管理人员、
医学本科五年级以上有处方权的医学生
达·芬奇的素描《维特鲁威人》

讲什么
不同点就是切入点
从《易经》象方法派生出来的生态医学
望闻问切的高度人文化的诊察技能
尊重患者“自家药”的仁心仁术
体验参悟博学贯通的学习与临床要诀

象方法的起点和根源

La plus grande référence ne peut pas dépasser le ciel et la terre, la règle du changement ne peut pas être en dehors des quatre saisons.
« yijing · xici »
藏象

1. cang
   - cacher, dissimuler
   - mettre en réserve, en dépôt
   - amasser, garder, conserver
   - recueillir et conserver

2. zang
   - trésor caché

象

1. xiang (nom)
   - image
   - manifestation
   - phénomène

2. xiang (verbe)
   - ressembler
   - symboliser

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针灸理论和临床的精髓

时空针灸

针灸疗效的基础是什么？

APPROCHE CHINOISE DE LA MALADIE

教学团队

• 长期从事中西医学交流合作的西医专家
• 在中医经典和临床经过严格训练的中医专家
• 几十年从事中医临床颇有心得的西医
• 翻译《甲乙经》的全法针灸学会主席
• 著作《易经》几十年的专家
• 通晓中医的天文物理学家
• 皮肤病、心脏病专家，营养学专家......
• 中国语言文字学专家
成果

形成一个在高层次
推进中西医学交流合作的团队

会议主席带领大型中医代表团
访问彼基耶医院推进中西医学交流合作

法国国会议员、巴黎国立医院集团主席、彼基耶医
院长和阿达里、朱勉生在中医论坛

巴黎国立医院集团彼基耶医院
第二届中医论坛

在法国和法语地区
中医药国际交流合作中
卓有成效的专家团队
中医基本名词术语中法对照国际标准
总审开幕式

中法专家汇聚总审国际标准

巴黎国立医院集团中医论坛日
专设《中医基本名词术语中法对照国际标准》展台

巴黎国立医院集团中医论坛日
西医专家聆听国际标准报告

彼基耶医院为云南省中医医院代表团举办法国医政管理讲座

在法国社会各阶层
和欧洲国家的辐射影响
法国总理夫人领衔
的妇女精英俱乐部热衷中医养生

法国文化部长聆听中医历史

时空针灸的凝聚力

藏气法时功的养生效应
受到法国侨界的热烈欢迎

藏气法时功对藏象经络的解析
受到意大利中医界的欢迎

未结束语
把握精髓东学西渐，
相反相成特质彰显；
方便法门效验为根，
广播福祉贵在精诚。
厦门大学与泰国庄甲盛叻沙大学合作开展中医药教育教学经验介绍

· 夏大中医系简介
  · 始创于1986年，前身是厦门大学华侨中医药研究班。1999年因教育部改名为医学系，更名为厦门大学中医药学院，是唯一拥有中医药学博士学位授予单位。

· 马来西亚总理阿卜杜拉·胡志明与Liverpool大学中医系海外学生合影

· 厦大中医学系强调“临床、基础、预防、康复”和“中西医并重”，充分利用国内外高校良好的教育优势和资源，致力于培养高素质的现代中医。

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培养模式

1. 第1-7、10学期，学生在泰国庄甲盛叻察大
  学学习和实习；第8-9学期，学生在厦门大
  学学习和实习。达到中医学专业本科毕业生
  要求后，由泰国庄甲盛叻察大学颁发该校
  本科毕业证书及学士学位证书，同时也可获
  得厦门大学中医学专业（海外成人高等教
  育）本科毕业证书。

2. 开设的课程分为公共课、汉语课、西医课
   及中医课。泰国庄甲盛叻察大学负责公共
   课、汉语课、西医课及部分中医课程，厦
   门大学中医学系负责大部分中医课程，学
   生来厦门大学学习前必须获得汉语水平四
   级或以上证书。

3. 根据教学需要，厦门大学中医学系不定期
   派出具有讲师以上资历的教师到泰国庄甲
   盛叻大学进行理论授课和临床指导。

合作办学成果

厦门大学中医学系注重临床实习，泰国学生在
厦门学习期间实行半天课堂、半天门诊实习
制度，将课堂知识较好的转化为实践经验。
首批合作办学的学生已于2011年圆满毕业，
在当年泰国执业医师资格考试中成绩名列前茅，受到泰国各届的高度赞誉。

谢谢
CAMbrella Objectives

To develop a proposal for consensus on a series of definitions for CAM therapies used in Europe.
To create a knowledge base that allows us to accurately evaluate the quality of CAM and the prevalence of its use in Europe.
To assess the legal status of CAM in Europe.
To explore the costs, benefits, and attitudes of CAM providers with respect to CAM.

Provision of CAM

- CAM therapies usually are provided outside of conventional medicine.
- CAM providers can be physicians, osteopaths, or non-medically qualified, depending on national regulations.
- About 10% of physicians with training in at least one CAM modality.

Structure of the Work Packages

CAM at Universities

- 15 chairs at universities across Europe: France (Nantes), Germany (Berlin, Düsseldorf, Würzburg, Munich), Hungary (Pécs), Italy (Bologna), Norway (Trondheim), Sweden (Stockholm), Switzerland (Bern), United Kingdom (Edinburgh, Sheffield, Southampton, Thames Valley).
- CAM education at:
  - 42% of medical faculties of EU-15.
  - 40% of medical faculties of extended EU-15 member states.
  - 13% compulsory (obligatory) education at EU-15.

Regulation of CAM

- CAM is regulated in 20 countries.
- CAM can be regulated by government, government for MDs only, or medical associations.

Acupuncture

- 80,000 Physicians practice acupuncture.
- National regulation in 12 countries: Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Germany, Greece, Hungary, Italy, Portugal, Sweden, Spain.
- Denmark and Germany allow practice for medical and non-medical practitioners.

Homeopathy

- 40,000 Physicians practice homeopathy.
- National regulation in 16 countries: Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Germany, Greece, Hungary, Italy, Portugal, Sweden, Spain, Switzerland, United Kingdom.
- Treatment for non-medical use.

Additional notes:
CAM research is conducted at universities across Europe, with a focus on Cambridgeshire University for CAM (Cambridge University for CAM).
Homeopathy

- Education: optional undergraduate, postgraduate training at some universities
- CME: obligatory for alternative doctors; Belgium, Bulgaria, Hungary, Latvia, Lithuania, Netherlands, Poland, Slovakia, Switzerland
- Grants: Hungary (Pécs), Switzerland (Wiss), Scholarship in Netherlands (Amsterdam)
- Insurance: total or part of cost by national health insurance consultation fees: Belgium, Bulgaria, Czech Republic, Hungary, Netherlands, Switzerland
- Medicinal products: Belgium, Switzerland, UK
- Hospitals: widespread provision in out-patient and in-patient settings

Homeopathic medicinal products

- Homeopathic medicines listed as medicinal products
- Regulation in EU member states required
- 10 EU member states have granted no simplified registration (Art. 14)
  (only 280 out of 2,000 products are br)

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背景
新加坡位于马来半岛东端
华侨先民在四五百年前已居此地

时代契机
宏观角度
- “绿色”与“传统”受青睐
- 国家认可辅助/替代医药
- 弘扬与传承成社会关注焦点

时代契机
社会角度
- 融入社会与文化因素
- 民众接受的医疗方式
- 助国家推广全民保健

时代契机
官方投入
- 卫生部于1994年
- 成立传统中药委员会
  - 检讨新加坡中医执业及中药的管制
  - 建议未来建立中师执业及中药流通规范
  - 保障公众健康与安全

‘中医药白皮书’的成果
- 设立＜中成药组＞管理中成药及其流通
- 实行中成药管制法规 1999年正月
- 设立＜中医药管理法＞管制中医药专业人员
- 制造药师的训练 2001年正月
- 中药师注册 2002年正月
- 中药调配人员提升素质

筹建中药学院
工作报告
- 中国国家中医药管理局(SATCM)
新加坡中药学院

2002年7月14日
第一个中药培训班正式成立

- 卫生部、北京中医药大学全力支持
- 学费获得政府技能发展基金赞助
- 新加坡中药界热烈响应

新加坡中药学院简介

课程
- 初级课程（6学科430学时）
- 中级课程（6学科357学时）
- 大专课程（6学科285学时）

教学方式

中药学院 院长及讲师

来自
著名中医药大学硕士或本科生
具备 专业教学 医院医务 企业工作 经验

中药学院 客座教授

学院特聘
北京中医药大学
教授指导传授学员中药专业知识

春风化雨 广育英才

掀开新加坡中药教育新篇章
建立中药界知识型专业队伍
任重道远 初显成效

- 1,624位学员报读中医药学院
- 591位学员完成中级专业课程
- 434位完成中药大专文凭课程

*2011年6月止数字，未计2011年中级与大专毕业生

前辈激励

各方肯定

中医院管理局主席
出席学院及全体师生

新加坡中药教育面对挑战

- 年轻一代对传统医药的认知仍嫌不足
- 执法当局对辅助医药的规划尚未完善
- 中药教育下层建筑未形成强大经济体

突破当前困境

- 达成中药界对提升专业水平的共识
- 早日完善中药管理法规的相关体系
- 协助中药产业开展针对性业务培养
- 对公众进行更多中药保健教育活动

新加坡中药学院

网址：tempemail@yahoo.com.sg
电话：6227 5959 传真：6299 3234

谢谢!
Chinese Medicine Education in Australia

By
Vivienne Williams
Dip Ac, B HSc, Grad Dip, H Couns, M HSc.
Practitioner Board member of the Chinese Medicine Registration Board of Victoria

History

• Chinese medicine and Acupuncture was brought to Australia by the Chinese gold miners of the early 1800's and was handed down within families.

• It was not until the second half of the 20th Century did the establishment of teaching institutions for Chinese medicine take place.

The 1970's

• In the late 1970's a few private colleges were established in Sydney and in Melbourne and so the beginning of training in Acupuncture started in Australia.

• Usually these courses were over three years and part time, allowing for students to continue working to pay for the course.

The 1980's

• During the 1980's Chinese Medicine which was predominately Acupuncture was taught in full fee-paying private colleges by those who has recently been trained.

• The course was over three years and the usual number of students was about 30 each year.

The 1990's

• At the beginning of the 1990's these private colleges realised that to gain both government and community support of their graduates they needed to have a recognised government accredited course.

• Victoria University was the first University in Australia to embrace the teaching of Chinese Medicine-Acupuncture.

2000's

• During the end of the 1990's and the beginning of the 2000's the number of universities teaching Chinese Medicine grew and included RMIT in Melbourne, the University of Western Sydney in Sydney plus a number of private colleges who gained government accreditation for their courses.

2008

• By 2008 Victoria University who had graduated hundreds of practitioners from 1992, closed its course in Chinese medicine.

• Leaving RMIT in Melbourne as the only university to offer training in Chinese medicine, as well as two private colleges.
Government Regulation
• In 2000 the Victorian Government became the first state in Australia to regulate the profession of Chinese medicine and so the task of accrediting practitioners, some of whom had been in practice for many years, began.
• It is the role of the CMRB to accredit all courses in Chinese medicine taught in Victorian institutions and so education standards in these courses are consistent.

CMRB of Victoria
• The CMRB (Chinese Medicine Registration Board of Victoria) currently has over 1,000 registered in both Acupuncture and Chinese Herbals medicine or both.
• It has accredited all Chinese medicine courses currently being taught in Victoria.

Total Number of Registered Practitioners in Victoria
• Acupuncture and Chinese herbal medicine practitioner 716
• Acupuncture only 429
• Chinese herbal medicine practitioner only 31
• Chinese herbal dispensers only 2
• Total number of registered practitioners 1,198

National Registration
• From the 1st July 2012 Chinese Medicine will be come a registered profession, Australia wide
• A new Board of 9 was appointed last month and is currently working to have a smooth transition from being the State of Victoria to include all practitioners all over Australia.

The Role of the Boards
• The primary role of the Victorian Board and the newly appointed National Board is to ensure public safety for those choosing to use Chinese medicine for their illnesses.
• Practitioners are either registered as Acupuncturist, Herbalists, or Dispensers.
• The National Board will also accredit all courses now taught in Australia in Chinese medicine.

To ensure safety standard
Education standards must be high
• These % are considered to be the minimum.

<table>
<thead>
<tr>
<th>Essential Curriculum Components</th>
<th>CMRB Board Recommended %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture/Chinese herbal medicine theory</td>
<td>30-45%</td>
</tr>
<tr>
<td>Clinical theory and training</td>
<td>25-35%</td>
</tr>
<tr>
<td>Basic and biomedical sciences</td>
<td>20-35%</td>
</tr>
<tr>
<td>Professional and practice issues</td>
<td>5-15%</td>
</tr>
<tr>
<td>Totals</td>
<td>100%</td>
</tr>
</tbody>
</table>
Take home message!

- Education in Chinese medicine has to ensure that we produce safe, ethical and competent practitioners who understand not only the body of knowledge that is Chinese medicine but also are competent in Western medical knowledge and good business skills.
- Importantly they must have a good understanding of working in the Australian health care system.
国际型中医临床人才培养思考

北京中医药大学东方医院
张允岭

随着中医药国际化的不断发展，人才培养是中医药国际化发展的重要组成部分。中医药国际化是人类健康事业的必然选择。目前，中医药在国际上逐渐得到广泛接受。呈现出跨域国界、跨越文化和跨越文化的发展趋势。

中医疗法

中国医疗体系

《国际型中医临床人才培养思考》

新加坡

2000

2002

2004

2010

中医院校向30多所，中医院2000人以上，

就诊患者人数达到10000人次

中医院必须在中医疗管理委员会注册

中医院必须在中医疗管理委员会注册

自1989年至今，已有多300多所新加坡中

医学校开展中国中医院在新加坡的硕士

士及医学博士教育

“送出去”——外向型人才培养

随着中医药教育的国际化进程，首要的一项基础性工作就是立足中国，在培养一批具有国际视野的中医药人才，促进中医药事业的发展和更广泛地走向世界。

“送出去，引进来”

如何培养高水平的国际型中医临床人才

“送出去，引进来”

如何培养高水平的国际型中医临床人才

文化造诣

文化适应

中医院校向30多所，中医院2000人以上，就诊患者人数达到10000人次。中医院必须在中医疗管理委员会注册。自1989年至今，已有多300多所新加坡中医院校开展中国中医院在新加坡的硕士士及医学博士教育。随着中医药教育的国际化进程，首要的一项基础性工作就是立足中国，在培养一批具有国际视野的中医药人才，促进中医药事业的发展和更广泛地走向世界。"送出去，引进来"

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“请进来”——留学生培养

留学生学成回国后，用所学的中医药知识为我国人民健康服务，扩大了中医药在国际上的影响，推动了中医药的国际交流与合作。

面临的问题

> 中医药行业的特殊性
> “天人合一”与现代医学的追求
> “以病为本”与“以药为本”（《医宗•辨病求因论》“论在上者下取之，论在下者下取之”（《黄帝内经》）

> 中医药教育模式的缺陷
> “从医经验”与“理论基础”
> 中医药专业与现代医学的融合

解决建议

> 树立“以文化解剖中西”的教学理念。
> 引导学生“以人为本，以德为先”。
> 培养学生“以病为本”的临床理念。

我国高等中医药留学生教育现状

> 在中国留学生学习的10个学生中，中医专业的占40%。
> 中医专业留学生占总留学生数的10%。

> 在华留学生学习的10个学生中，中医专业的占40%。
> 中医专业留学生占总留学生数的10%。

“生物-医学”双学位介绍

2004年9月27日，在中国教育部长和新加坡新教部部长的共同支持下，北京中医药大学和南洋理工大学签署了联合举办“生物-医学”双学位本科课程的协议。

教学理念

> 严格要求中国本科学生
> 培养适合新加坡国情需要的合格中医师
> 丰富临床思维和技能培养
> 有利于面向全球去寻求未来发展

培养情况

> 自2005年参加第一批双学位生入学以来，该项目已经招收了6个年级，560名学生，已毕业28名教师，开设10门中医药基础课程（至2009年）。
培养制度:

课堂教学:

实践教学:

临床考核:

临床考核：
科研训练：

教师针对将相关病症的中西医结合采取不同的教学方式，通过实践案例及探索性研究，使学生从理论与实践相结合的起点上从不同角度思考问题，为学生奠定了良好的中西医理论基础。

现状与问题：

- 全球各国中医院医生职业准入标准不一，导致临床中医师水平参差不齐，甚至出现医疗事故，严重影响了中医的声誉。
- 留学生教育缺乏统一评价标准体系，我国对高等中医药留学生在学习的各个环节缺乏规范化管理，没有统一的针对中医药留学生教育的入学标准、培养要求和教育质量管理体系。对于入学标准、学分标准及毕业的要求不规范，而且普遍低于本土学生的要求，导致高等中医药留学生教育水平不稳定。

问题建议：

- 针对不同区域的医疗需求，实际情况等，建立中医院执业资格标准，并在WHO支持下向全球推广。
- 逐步完善中医药教育的质量评估体系，包括教育目标、教育计划及方式、学生考核、教学人员、教师评估、教育资源及教育管理等多方面。
- 严格执行教育质量标准，确保高等中医院校提高留学生教育质量。此外，根据学生不同的中医院校之外合不朽学生社团等进行行业规范，及时沟通发布相关信息。
中医药在国际教育中的作用

浙江中医药大学 范永升
2011年10月

二、做好中医药国际教育的四要素

◇ 最佳的教学计划
◇ 优秀的师资队伍
◇ 适宜的实验室设备
◇ 优质的管理与服务

三、我校在地方资源促进中医药国际教育方面的工作

浙江省中医药博物馆

我校建立了浙江省中医药博物馆，设有医圣馆、国医馆、中药标本馆。

地方文化景观

药祖圣地——桐君山

葛洪炼丹修道之地——仙林道院
体验中医饮食文化

开展传统文化活动

学习太极拳

马来西亚籍华生参加中华诗词全国总决赛

获优秀学生组冠军
四、地方资源在中医药国际教育中的作用

- 激发留学生的学习兴趣
- 提高留学生的语言学习
- 扩大留学生的文化视野

我校自2015年开始招收留学生，截止2019年底，已培养各类留学生3735人，遍布五大洲50个国家和地区。

总结经验，再接再厉，提高水平，为促进中医药国际教育而努力！

谢谢！
中医药服务需求与人才培养

甘肃中医院大学附属医院
李思勇
2011年10月26日

中医药人才现状

* 由上可知，
* ——医院总人数，医生人数、药学人数、护理人数均逐年增加，增幅在10%左右。
* ——中医类执业医师和研究生数、中医护理人员数与护理人员数、中药专业技术人员数与药学人员数比例低。
* ——学生、老师，护理人员比例有所医院总人数中所占的比值不合理。
* ——具有高级专业技术职务的人员太少。

中医人才缺乏，培养模式不合理

中医人才的缺乏已经成为中医医院的领导和中医界的老专家所不能释怀的问题。
中医药院校培养的学生西医知识掌握的比中医学还要多，学生的中医思想就不牢固，学中医，做中医的思想在学校没有树立好，到医院就容易重西医淡中医。

居民对中医药服务的需求与利用

* 居民对中医药服务的需求相对较小。
* 疗效是影响居民选择中医的主要因素。
* 居民愿意到基层医疗机构就诊。
* 居民认可中医服务的疗效。

居民对中医药服务的评价

* 中医药服务的优势
  与现代医学相辅助。
  中医治疗成本低、副作用小、副作用少、不易复发。
  中医对一些疾病的治疗效果比现代医学好。
* 中医药服务的劣势
  中药的药效因，用药麻烦，疗效不稳定。
  中医队伍力量比较薄弱。
  中医药质量下降，疗效降低。
  中医药临床工作太少。
  中医药服务需进一步发挥传统特色与优势。

中医药国际化

* 国外中医药学习如雨后春笋
* 中药出口略有增长，中药提取物上升迅速
* 中药现代化、国际化是我国成为医药强国的关键
* 青蒿素是国际重药畅销药物，而我国企业的经济效益令人尴尬

中医药人才队伍建设

* 中医药人才资源开发与管理
  工作的丰富性
  职位的挑战性
  组织学习性
中医药人才队伍建设

- 培养高层次人才
  高层次人才对中医药发展起着重要作用
  对高层次人才的要求
- 中医药高层次人才界定类型
  专家、管理型人才、领军人才、骨干人才、后备人才
- 应用型人才

适应社区卫生服务发展的要求。

- 中医学治病既注重病人的病证的消除，也注重人的社会性和文化性对机体生理功能和病理变化的影响。这与社区卫生服务“六位一体”的服务内容，兼顾个人与家庭、个人与社区以及家庭与社区的关系的服务特征，以及以生物学、社会学和心理学为基础的服务模式社区卫生服务的要求是一致的。
中药法规

从1995年新加坡国立大学成立中医学

学院，到1996年建立中医药研究

中心，中医药教育得到了迅速发展。

中药的运用，不仅限于治疗疾病，

还用于保健和预防。

中医、中西医结合教育

2006年4月，新加坡中西医结合教育

学院正式成立。学院以中西医结

合为特色，注重培养学生的全

面发展，提升其在国际上的竞

争力。

中西医结合教育—南洋大学

从2005年开始，南洋大学中

医学院与南洋理工学院开展对

外合作，以提升教育质量和

研究水平。

中医诊所、药房

西医如何诊断抑郁症

向中医学习的四诊 — 望、闻、问、切

1. 望诊 — 无精打采、情绪低落
2. 闻诊 — 语气低沉、语言缓慢
3. 问诊 — 详细的病史
4. 切诊 — 中医诊脉象西医是扫描或

血液检查

矛盾论

外因是变化的条件
内因是变化的根基
外因通过内因而起变化

平衡大脑中等神解递质 —— SHT或血清素(SEROTONIN)
为什么中西医结合
治疗抑郁症

1. 西医诊断方式比较先进与系统化
2. 西药治疗效果快
3. 中药整体调整效果好，有时不能
   医治急症

战略上藐视敌人
战术上重视敌人

“抑郁症”是21世纪人类
三大疾病之一。预防与
医治，不能单靠心理医
生及医师，要发动群众
，全民动员，提高群众
，对疾病的认识和警惕
，才能有效控制抑郁症
和降低自杀率。

通过现象看本质

祝中西医结合的发展更上一层楼

结语

• 中国—东盟自由贸易区也是世界上最大的
  中医药市场，中国与东盟各国传统医药的交
  流合作在任何时候都具有政治、经济、
  科学和文化的意义。
• 2005 年，中国—东盟贸易额达1303 亿美元，
  同比增长23％，比1991年增长了15 倍多。

• 2002 年11月，中国与东盟各国领导人签署
  了《中国与东盟全面经济合作框架协议》，
  共同启动了中国—东盟自由贸易区的建设
  进程。
• 按照计划，中国—东盟自由贸易区在2010 年
  建成后，将是世界上人口最多的自由贸易区，
  双方的贸易总额将达到2 000 亿美元，
结语

随着新加坡对中医药的管制，中医药发展的机会不但是减少了而是增加了，因为政府的行为已经为中医药的发展作了一个好的保证。越来越多的年轻人开始选择中医，相信中医。

但是在中医药的发展中要注意科学的创新和可重复的准确性，质量的稳定性和可靠性，设计的时尚性，不断的扩大市场，借鉴西医的经验，使中医能够得以持续发展，为人类的健康做出更大的贡献。
力做中医药“走出去”的传播者

附：上海科学技术出版社简介

Putting Effort into the Going-out of TCM as a Disseminator
Attached: Shanghai Scientific & Technical Publishers at a glance

一、引言

作为长期致力于“走出去”中医药图书出版及市场推广的资深编辑，我一直希望建立英文版中医药图书的市场出版。尽管汉语对照版中医药图书是市场上的图书，而且销售一般很难有大卖。但我认为，这是一件非常有意义的事情，值得去做。所以尽管难以为，但我仍坚持在这个市场上，如何做到科学地、有效地营销，科学、规范的中文中医药传播出去，是我应尽的义务和责任。首先，我要介绍一些英语版的中医药学书籍。

二、汉英对照版中医药图书是中医药“走出去”重要和必要的工具和手段

Chinese-English Edition of TCM books is essential and indispensable for the going-out of TCM.

三、汉英对照版中医药图书是中医药学及其文化推广的最佳载体

Chinese-English Edition of TCM books is the best carrier for the promotion of Chinese language, TCM and culture.

四、汉英对照版中医药图书有利于培养海内外国际中医药教学、临床、翻译、编辑人才

Chinese-English Edition of TCM books is helpful for the international personnel training in the fields of TCM teaching, clinic, translation and editing.

汉英对照中医药出版实践

上海科学技术出版社已出版了不少汉英（主要是汉英对照，部分为汉法对照和汉日对照）中医药书。现举例如下：

SSTP have published some bilingual (mainly in Chinese-English, partly in Chinese-French and in Chinese-Japanese) Traditional Chinese medicine (TCM) books. For examples as follows:
Fast Track to Traditional Chinese Medicine (6 copies)
  - Illustrations of Tongue Diagnosis (English Edition and Chinese-English Edition)
  - Illustrations of Foot Reflect Zone Massage (English Edition and Chinese-English Edition)

  - Illustrated Membrane and Acupoints (Chinese-English Edition)
  - Illustrated Acupuncture-Therapy for Common Diseases (Chinese-English Edition)
  - Illustrated TCM External Therapies for Common Diseases (Chinese-English Edition)

Acupuncture for Weight Loss (Chinese-English Edition)
  - Acupuncture for Sciatica (Chinese-English Edition)
  - Acupuncture for Migraine (Chinese-English Edition)
  - Acupuncture for Arthritis (Chinese-English Edition)

Acupuncture Treatment for Depression (Chinese-English Edition)
  - Acupuncture Treatment for Primary Hyperlipidemia (Chinese-English Edition)
  - Acupuncture Treatment for Mental Disturbances (Chinese-English Edition)

Illustrations of Chinese Traditional Therapeutics in Tui Na (Chinese-English Edition)
  - Tui Na and Foot Reflex Zone Massage (Chinese-English Edition)

1956年成立，2003年8月并入上海世纪出版集团，2005年11月更名上海世纪出版股份有限公司科学技术出版社，成为上海世纪出版股份有限公司下属的专业出版机构，出版科学应用著作

Shanghai Scientific & Technical Publishers
at a glance

1956年成立，2003年8月并入上海世纪出版集团，2005年11月更名上海世纪出版股份有限公司科学技术出版社，成为上海世纪出版股份有限公司下属的专业出版机构，出版科学应用著作

Shanghai Scientific & Technical Publishers (SSTP), a unit of Shanghai Century Publishing Co., Ltd., established in 1956, is one of the leading publishers of science, technology and medicine information on China. SSTP is proud to play an essential role in China’s science, technology and healthcare community and to contribute to the advancement of these critical fields.

By delivering up-to-date information to researchers, educators and practitioners in China, SSTP helps increase their productivity and effectiveness. SSTP has also committed to publishing textbooks and learning materials that serve students from primary and secondary school, college and university.
1. The Shanghai Science and Technology Publishing Co. Ltd. has won numerous awards since its establishment. For example, as follows:

- 2010: Won the "National Top Hundred Publishers" title.
- 2011: Won the "Eleventh-Five-Year Plan State Key Publishing Project Model Unit" title.

2. SSTP gets involved in trade publishing as well and would like to find overseas partners to publish books that really serve the needs of Chinese readers.

3. SSTP has published about 1000 kinds of books in the past 50 years. More than 30 kinds of books have won the state-level book awards. And above all, the Dictionary of Chinese Medical Science (2nd Edition) won the 2nd Publishing Government Award Distinct Dictionary in 2010.

4. SSTP's journal/publishing can be proud to be extended back over fifty years. The existing publications, including Science, Science Post, Popular Science, Mirage & P.V, Car & Fun and Shanghai Style, have respectively made great impact on readers.

5. The Shanghai Science and Technology Publishing Co. Ltd. is a national-level excellent publishing enterprise. It has obtained the qualifications such as "National Excellent Publishers" and "National Top Hundred Publishers" for many years. The Dictionary of Chinese Medical Science (2nd Edition) was awarded the Second National Level Outstanding Dictionary in 2010. SSTP has been awarded various honors in recent years, such as "Shanghai Municipal Copyright Trade Outstanding Unit", "The 1st All-China Press and Publication Industry Model Unit", "Shanghai Municipal Copyright Trade Outstanding Unit (2001-2004 and 2007-2010)", and "The 1st Shanghai Press and Publication Industry Model Unit (2011)".

6. Since its establishment, SSTP has always been committed to promoting the exchange and cooperation with foreign publishers. It has established long-term cooperation relations with many overseas publishers and organizations, and has published over 300 titles in English, French, German, Japanese, and Spanish, covering various fields such as science, technology, culture, history, and social sciences. The company has also actively participated in international exhibitions, conferences, and seminars, showcasing its achievements and promoting its brand.

7. SSTP has a team of experienced editors, translators, and designers who are dedicated to producing high-quality publications that meet the needs of Chinese readers. The company has a comprehensive library of more than 3000 books, covering a wide range of topics, from science and technology to literature and art. SSTP is committed to promoting the exchange and cooperation in the publishing industry, and is looking forward to more opportunities to work with foreign partners and publishers.
Headache treatment with acupuncture, electroacupuncture and laser therapy

Authors:
- Dr. Rodolfo Cisneros Contreras
- Dr. Luis López Avalos
- Dra. Marisol Medelio Gómez
- Dr. Jonathan Puesan

Total population: 142 patients
- 111 female patients
- 31 male patients

Aggregation
- Group I: Acupuncture
- Group II: Electroacupuncture
- Group III: Laser therapy

Average age of patients population: 44.26 years old

Patients excluded because of age: 6
- 4 female
- 2 male
The patient criterion for selection was made by Double Blind.

Out of 142 treated patients, 48 patients were diagnosed with migraine.

Number of patients per group:

- Acupuncture: 26 Patients
- Electroacupuncture: 40 Patients
- Laser therapy: 44 Patients

15 patients were excluded from the three groups, because they were not presenting satisfactory evolution, they continued treatment with different therapies, but not culminated the research.

We used a scale from 0 to 10 to quantify pain. The average pain before treatment was 1.0.

The average pain after treatment was 0.33.

Pain was removed after treatment: 5/6.
The number of patients which did not present headache after treatment was 97.

Conclusions:
The three therapies in this study were demonstrated to be effective. Electroacupuncture proved to be the most efficient therapy for pain suppression.

Dr. Rodolfo Uscieris Centrinos
New concepts evidence-based acupuncture

Hwa To University of TCM in the Netherlands

Evidence-based medicine (EBM) since 1990

Evidence-based medicine (EBM) aims to apply the best available evidence gained from scientific methods to clinical decision making.
It seeks to assess the strength of evidence of the risk and benefits of treatments and diagnostic tests.

Science

Science needs to explain items observed in the environment
'Science' is a relative term, which depends on the point of view taken (Einstein)
Science can never be complete and give the definite solution
Scientific terms and theories are limited approaches

Classical pulse diagnosis

New diagnosis method

Modern pulsedagnosis
GDV diagnosis
Infrared diagnosis

Evidence-based acupuncture and moxibustion medicine by prof. Liang Fan Rong in 2006

Acupuncture as medical scientific prove
Guarding the basic principles of diagnosis TCM
Guarding the criteria with regards to the choice of points

INFRAROOD THERMOBODYSAN
GDV technology based on Kirlian photography

Camera sends high frequency currents to the ten fingertips (Ting points)
Images clearly visible through stimulation

Normal energy field according to GDV software

Before treatment

after treatment

Brain-Abdominal® Classical acupuncture

Brain-Abdominal® acupunctuur

Treatment Laser Acupuncture

New treatment protocol

Balance according to pulse diagnosis
Balance according to GDV diagnostics
And balance according to Infrared diagnosis
中医发展面临的挑战有五类：

1. 对中医容易有意识形态的反应
2. 中医的认识论地位不清楚
3. 成立相应的机构，制订有效的公共政策
4. 寻找发展的经济手段
5. 具体的教学创新

一：避免荒唐意识形态的两极分化

韩德贵、点直

Centripetal force: 向心力

Centrifugal force: 离心力

二：怎样摆脱模糊的意识形态

1. 西方思想史中，学术分三个不同的层次：
   - 迷信：虽然有它的价值，从知识论上讲，完全不可靠；
   - 宗教：某些权威认为有其可靠性和可信性；
   - 科学：依靠可靠的经验和逻辑肯定大家需要接受的知识。
2. 现代西医依靠科学技术及其进步。
3. 中医呢？
   - 中医的宗教观念是个新观念：宗教和科学的关系跟西方有很大的不同
   - 传统的中医并不建在科学研究论证的方法上
对身体及人性的看法有不同的...

«The true structure and workings of the human body are, we casually assume, everywhere the same, a universal reality. But when we look into history, and our sense of reality wavers (…) accounts of the body in diverse medical traditions frequently appear to describe mutually alien, almost unrelated worlds.»

可是也可以有不同的意见，比如贺宪华先生认为...

1. 中医不一定要被现代化，许多西方人认为中医为未来的医学就是因为中医是传统的。
2. 中医的理论体系已经成熟的 "a well-established system of knowledge and skills", "an empirico-speculative medicine, developed into its full maturity"。
3. 西医所依赖的科学性的和客观性的西医是 "an isolated case in medical history"。

香港的例子：

«It is noteworthy that only after Hong Kong was returned to China in 1997, were similar steps taken to institutionalize and standardize the medicine.»

三：成立相应的机构，制订有效的公共政策

- 虽然对中医有很多不同的反应，充满意识形态的因素。
- 虽然在组织方面，中西医的地位还不明确。
- 为什么今天在世界上，中医的发展和地位已经不可否认？为什么在2011年7月，中医学已经成为正式的非物质文化遗产？
- 不能否认这与1985年日本中国政府推动支持中医政策非常有关。

中华人民共和国 - 国家中医药管理局（≠ SATCMC 可是 = SATCMR-PBC）

四：寻找发展的经济手段

中医药经济的发展要考虑四点：
1. 药品市场
2. 中医就业机会
3. 政府的相关财政补贴政策
4. 研究资金

1. 药品市场

不只中国，香港也考虑这个问题。

Medicine naturally enjoys a prestige in the rural traditional medicine. If the evidence of the revival is the rising expenses spent on traditional and alternative medicine in United States and Europe, the economic potential of Chinese Medicine, is international.

If traditional herbal products can be clinically proven effective, the economic potential will be many-fold increased.

香港可以发展自己的草药经济，国家中医药管理局是法律上的受益人，政府应该提供支持。
2）中医就业机会

- 2022年1月，人力资源和社会保障部发布《全国中医药人才发展情况报告》。
- 目前全国共有中医类院校342所。
- 拥有221万名临床医师。
- 中医药人才储备增加。
- 中医药相关领域就业机会扩大。

3）政府的相关财政补贴政策

- 政府补贴措施：
  - 中医药类学校：提供每生每学年1000-2000元的补贴。
  - 中医药类研究机构：每项研究项目补贴500-1000元。

4）研究资金

- 中国政府对中医药研究投入增加。
- 中医药研究资金主要用于中药研发。
- 中医药研究资金主要用于中医理论研究。
- 中医药研究资金主要用于中医临床研究。

五：具体的教学创新

- 中医药教学创新："中医学与现代医学的结合"。
- 教学方法创新："病例教学法"。
- 教学内容创新："中医药文化研究"。

结论：还有希望...

法国蒙彼利埃大学 - 医学院 (1881年-2011年)

将来教学计划

法国蒙彼利埃大学 - 医学院 (1881年-2011年)
一、研究的背景与意义
中医药文化是中华优秀传统文化的重要组成部分，是中华民族的精神标识和文化基因，与中医院校的教育和科研工作密切相关。中医药文化是中华民族智慧的结晶，是中华优秀传统文化的瑰宝，是中华民族的宝贵财富。报告内容

一、研究的背景与意义

二、研究的战略思考

三、中医药院校文化建设的内容

四、中医药院校文化建设实践
三、中医药院校中医药文化建设的主要内容

（四）行为文化建设
行为文化是中医药院校文化在行为层面上的呈现，其内容包括教师行为文化、学生行为文化等。

1. 师德师风

2. 学生行为文化

三、中医药院校中医药文化建设的主要内容

（五）文化传承与创新建设
文化传承与创新是中医药院校文化的重要组成部分，通过多种形式传承和创新中医药文化。

1. 文化遗产保护

2. 文化创新

四、中医药院校中医药文化建设的经验与启示

1. 在观念更新中实现文化理念

中医药院校在文化建设过程中，注重观念的更新，实现了文化理念的创新。
（二）以服务的精神确立中医药文化——凝练大学校训与学风精神

1. 确立“专注至诚，惟德惟馨”校训
   作为大学文化的重要组成部分，校训是办学理念、人才培养要求和师德师风建设的集中体现。
   宋儒主张的“三纲”——“君为臣纲、父子为纲、夫妇为纲”及“弟子为师”——内涵即是师德、学风之常。

2. 特别重视大学形象设计
   如何体现学校“三纲”的文化内涵，制定大学校训和学风精神?

（三）以鲜明的特色彰显中医药文化建设——着力培育校园文化品牌

1. 弘扬新安医学文化特色
   新安医学特色集中体现在：
   - 重视医道的家国情怀与改革
   - 注重医道与现代医学的有机融合
   - 根植于新安医学的创新与发展
   - 以新安医学精神为引领
   - 新安医学文化与现代医学的融合

2. 创新人才培养理念
   优化“传统与现代、医学与人文、基础与临床相结合”人才培养模式。
2、创新人才培养理念

（一）理念

培养具有创新精神和实践能力的人才，是学校发展的根本任务。应注重提高教师的业务能力，将创新精神和实践能力作为办学的宗旨，贯穿于日常教育之中。

注：学生在人文素养
注：学生在信息科学能力
注：学生在实践能力
注：学生在创新思维
注：学生在道德修养

（三）以科学的特色发展中国中医药建设

3、建设方法上和团队合作

大学文化建设中，团队合作是一个重要环节，应加强团队建设，

一是积极引导和参与团队建设

深入研究，激发创新，重视团队精神。合理规划团队

建设，积极支持团队合作，使之成为企业文化的重要组成部分。

二是注重专业人才的作用

积极发挥专业人才的作用，鼓励专业人才发挥各自的优势。

三是注重团队合作的培养

鼓励团队合作，加强团队之间的交流和合作。

四是注重团队合作的持续性

团队合作是一个长期的过程，需要持续的培养和提高。

（四）以良好的社会效益促进中医药文化——提高知名度美誉度

1、加强公共关系目标

高校作为一个组织，和企业一样需要公共关系营造，

首要方法——

增加参观学校

增加学术交流

增加志愿者服务

增加媒体报道

增加公众参与

2、加强宣传，加强媒体合作

为了促进学校的形象，宣传学校的知名度和美誉度，提高

学校的影响，加强与媒体的合作，加强新闻报道和广告宣传。

努力办出特色，开展多方面、多形式、多层次的宣传，如电视、

网络、报刊、杂志等。

使学校在社会上形成良好的形象，提升学校的知名度和美誉度。

结语

经过长期的思考与实践，我们深刻认识到，中医药文化

建设是整个社会文化发展的一部分，是提高民族

自信心，建设社会主义文化的重要任务。

中医药文化作为中国传统文化的重要组成部分，是展示

中华民族精神和文化底蕴的重要途径。

因此，加强中医药文化的建设，提高其知名度和美誉度，

对于提升国家和民族的软实力具有重要意义。
**A Key Point in Globalization:**

- Indians are good in speaking English as it is an official language in this country, but in contrast, speaking English for a first generation of Chinese medicine scholars and masters was difficult.

- Question: Why in growth and globalization of those two kinds of traditional medicine, TCM in contrast to Ayurveda has been obviously developed?

- This discrepancy in progression happened for some reasons as:

- 1: Everybody accepts that acupuncture was the first part of Chinese medicine which was introduced to Western countries (1970s).
- Less resistance to its development than might with other methods.
- Then gradually some of these educated acupuncturists who had knowledge about herbal medicine started to prescribe Chinese herbs for their patients as an adjunct for treatment.
2. Developed countries have Chinese communities and using traditional Chinese medicine (TCM) and acupuncture. However, in some Western countries, TCM has been practiced for centuries. In such communities, TCM practitioners have treated medical conditions and illnesses. TCM education has helped to expand the scope of medical practice in these countries.

3. Undoubtedly, China has the most sophisticated integrated medicine health care system. Many hospitals in both mainland and US have integrated Chinese medicine services to their patients.

4. CM has been found to integrate Western medicine and R&D elements within each unique context of traditional medical philosophy.

5. At present, education of herbal medicine has been modified to keeping with modern medicine. Chinese herbal medicine has undergone rigorous researches, according to their indications, in modern medicine, and some of these herbal formulas of herbs have been recently approved by modern medicine for prevention and treatment of some ailments.

6. In addition, China government has this policy to support the development of CM, and has a programmed policy for this purpose.

- Prior to Chinese medicine was mainly practiced within many ancient medical systems.
- After Modern TCM was systematized under People's Republic of China.
- As modern TCM education in China developed quickly in past fifty years, the aim of TCM education was to eat a modern educational system.

7. Owing to quality of educational programs in Chinese universities, many students or practitioners come yearly to China to study Chinese medicine, and this can boost globalization of CM.

In US, since the foundation ACGM in 1983, the number of acupuncture institutions in the United States has grown dramatically.

Today, there are approximately more than 60 schools in the US which have reached a corrected, and the number continue to increase each year. Approximately 300 students graduating from professional Chinese medical schools each year and licensing for our practitioners now available in 30 states.
**Ayurveda Condition:**

- There are only two main institutions for full-time study in the United States:
  - 1. The California College of Ayurveda
  - 2. The Ayurvedic Institute in New Mexico
- Regulation of Ayurveda in U.S.
- There is no significant regulation of Ayurvedic practice or education in America.

**Suggestion:**

1. Apply new strategies
2. Improve educational experience
3. Enhance Ayurveda

**Therefore, why TCM in contrast to Ayurveda has been more developed in overseas?**

**Answer:**

By joining the first letters of the first words of the above reasons, one can make a word as below:

- EDUCATION

EDUCATION plays a key role in this success.
马来西亚南方学院与天津中医药大学合作
开办中医学本科教育模式探讨

新加坡中华医学会会长
王英方博士
oph1842@yahoo.com

背景:

- 从2000年开始，马来西亚政府在多所政府医院开设中西医结合治疗。
- 2009年马来西亚政府正式承认中国5所中医药大学学位。
- 由华社主办的民办学院—南方学院，有意中医教育
- 2008年开始规划，2010年正式通过国家学术鉴定局（MQA）审核
- 2010年10月22日，南方正式通过国家鉴定局（MQA）审核，成功申请开办3+2中医双联学士课程，成为马来西亚高教部首个承认与中国联办具有中文教学的双联课程。
- 高教部副部长何国忠表示，南方学院获得与中国的联办双联课程，对高教部而言是一项大突破，显现高教部的发展思维已走向全球化。

学制:

- 5年，为3+2课程，前3年课程在南方学院完成，第4至5年在天津中医药大学完成。

入读资格:

- （1）考获STPM（马来西亚高级教育文凭）/A Level 2个主科及格，华文科至少考获5PM或O Level 优等。
- （2）高中毕业，且考获马来西亚教育总署的高中统考文凭或同等资格。统考文凭华文科之听、说、书写能力获优等水平者优先考虑。
- （3）具有中文系专科文凭或高学历者，将优先录取。
- （4）考获南方学院中医预科文凭。
- （5）健康良好，无不良嗜好。

南方学院简介:

- 位于马来西亚最偏僻的柔佛州士吉来镇，距新加坡只有25公里。
- 1990年经教育部批准，借用宽中图书馆4楼作临时校舍，1996年迁入现址，占地25英亩。
- 现有教师：教授3位，讲师60位（含博士8位，硕士25位），全校学生逾1200人。
- 现有人文与社会科学、企业与管理学系、艺术与设计学系、工程与资讯学系、专业与推广教育学系、大学基础学系以及传统医学与中医学系。
- 校园内设备齐全，有教员宿舍、学生宿舍、图书馆、电脑中心、各类球场、大礼堂、语言中心、无线网路，为优质E化校园。
- 特别拨款兴建5层中医大楼。
已搬到4层的中医大楼，今年可封顶
宗旨及目标

- 开办中医系的宗旨及目标
  - 开拓中医药课程的学习管道
  - 提升中医药教育品质
  - 培育中医药领域人才
  - 发扬中华文化之中医精髓

规划及愿景

- 开办中医系的宗旨及目标
  - 开拓中医药课程的学习管道
  - 提升中医药教育品质
  - 培育中医药领域人才
  - 发扬中华文化之中医精髓

- 规划及愿景
  - 中医药课程
  - 具备中医药专业文凭
  - 中医中药学士学位（3+2+1中国双联学士学位）
  - 中医药学士学位

师资

- 师资
  - 本课程聘请马来西亚、中国、新加坡等著名中医及教授进行授课及临床指导，确保学生全面掌握医学知识

出路

- 参加马来西亚中医师资格统一考试，成为合格中医师
- 在中医保健养生、中药、医疗器械等领域
- 赴中国各中医药大学继续深造
谢谢！
History of Acupuncture in the US

- **Exploratory Period (1826 – 1971)**
  - 萌芽期

- **Pre-regulatory Period (1971 – 1982)**
  - 不规范阶段

- **Developmental and Regulatory Period (1982 – present)**
  - 发展及规范阶段

What a recent NIH survey tells us?

<table>
<thead>
<tr>
<th>Category</th>
<th>100%</th>
<th>90%</th>
<th>80%</th>
<th>70%</th>
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Regulatory Period (1982 – present)
规范化阶段 (1982 至今)

Acupuncture Laws and Regulations

- More than 40 states have statues regulating acupuncture practice; some include whole scope of TCM practice
- 已经有 40 多个州制订针灸法规，其中包括针灸/中医的
  - 操作范围。

Steady increase in the number of licenses acupuncturists in the U.S.

- **Traditional Chinese medicine** 传统中医流派
- **Korean style (constitutional acupuncture)** 韩国针灸流派
- **Japanese style (meridian therapy)** 日本针灸流派
- **French style (six energetic levels)** 法国针灸流派
- **English style (five element traditional acupuncture)** 英国针灸流派
- **American medical acupuncture** 美国针灸流派

Adapted from National Acupuncture Foundation, 2007: http://www.nationalacupuncturefoundation.org/index.html

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Primary traditions used by those certified in acupuncture, Chinese herbology or oriental medicine

Regulatory Period (1982 – present)

**Education**

- Over 70 acupuncture schools established.

Essential Requirement 8: Program of Study

**Master acupuncture program**

- Total: 120 semester credits or 1,950 hours in at least 3 academic years.

**Master Oriental medicine program**

- Total: 146 semester credits or 2,450 hours in at least 4 academic years.

**Doctor Acupuncture/ Oriental medicine program**

- Total: 120 semester credits or 1,200 hours (including 650 clinic hours) within 4 academic years.

Regulatory Period (1982 – present)

**National Examinations**

- Clean needling techniques (CNT) are enforced – 1984.

ACAO's Fourteen Essential Requirements

1. Purpose of the Program
2. Legal Organization
3. Governance
4. Administration
5. Records
6. Admissions
7. Evaluation
8. Program of Study
9. Faculty
10. Student Services and Activities
11. Library and Learning Resources
12. Physical Facilities and Equipment
13. Financial Resources, and
14. Publications and Advertising
Weaknesses of Clinical Training in US

美国临床训练的不足之处

- Most schools do not have hospitals and no in-patients 大部分学校没有医院及住院病人
- Students often observe their fellow students rather than their teaching faculty 师生常常是互相观察而不是老师进行示范

Students interns are expected to:

- Take patient history 采集病史
- Make independent TCM assessment 做出独立的中医诊断
- Perform acupuncture needles techniques 掌握针灸操作技术
- Comply with Clean Needle Technique (CNT) 遵守洁针操作技术 (CMT)
- Make proper patient referrals 适时转诊病人
- Be familiar with code of ethics 熟悉伦理规范

Strengths of Clinical Training in US

美国临床训练的优势

- High requirements of training with detailed learning procedures 学习过程详细，对训练要求高
- Student interns are highly independent to make treatment decisions 实习生独立性强，独立做治疗决定

Acupuncturist Demographics

美国针灸师人口分布特征

- 45 years old - Median age 年龄的中位数为45岁
- 9 years - Average years in practice 平均有9年的临床经验
- 79.5% - Received their formal training in the USA 79.5% 接受过正规的训练

Source: http://www.nccam.nih.gov/Health/Acupuncture/faq.php

How many acupuncturists are there?

在美国有多少注册针灸师？

There are approximately 18,000 licensed acupuncturists in the U.S. Out of that number, it is estimated that about 12,000 are actively in practice. 有大约18,000注册针灸师，但约有12,000人在从事针灸临床工作

Source: https://www.acutenorth.com/Acupuncture-faq

How much do acupuncturists make?

美国针灸师的收入的估算

According to PayScale's Real-Time Salary Survey, the median yearly salary for acupuncturists in years 1-4 is $45,000, with those employed by a hospital earning an average of $49,000. After five years in practice, one’s income should approach $100,000. 据调查统计，毕业后1-4年的针灸师年收入为4.5万（中位数），如受雇于医院工作，则平均年收入为4.9万。毕业5年以上的针灸师，年收入可达到10万。

Source: http://www.payscale.com

Thank you for your attention!
谢谢！

Questions?
请提问
Combining Chinese medicine and Western medicine for the Prevention and Treatment of lifestyle-related Disease

Hayme Nawata, M.D., Ph.D.
Director and President of Fukuoka Prefectural University JAPAN

Asian people are easily susceptible to diabetes mellitus type 2
Because the Asian race has a common gene mutation – Thrifty gene
Atrophic increase in the population of diabetes mellitus in Asia in 2000
32.7 million
22.5 million = 100 million
6.9 million = 10 million

About 53% of people in the world with diabetes mellitus are located in Asia. (Nature Medicine 2004)

Steep increase in lifestyle-related diseases 1 Worldwide, especially in Asia Pacific II
- Aged population is increasing as birth rate is decreasing
- The percentage in the population of lifestyle-related diseases such as diabetes mellitus, hypertension, and dyslipidemia based on visceral fat obesity (metabolic syndrome), caused by a high fat diet and and insufficient exercise, is increasing
- Severe complications such as stroke, myocardial infarction, dementia, renal failure, foot amputation and blindness are increasing
- Cancer, also a lifestyle-related disease, is increasing
- These diseases now account for 70% of deaths in Japan
- Prevention of these diseases is an important aim to better the quality of life in old age

Prevention of Lifestyle-related Disease

Lifestyle-related diseases are caused by multiple genetic factors and environmental factors

Human Genome Project

Post genome research is focused on
- Susceptible genes (SNPs) of Lifestyle-related Disease
- Drug resistant genes

Lifestyle-related diseases

Genetic Factor

Lifestyle-related Disease

Environmental Factor

Genetic + Environmental Factors

Prevention of Lifestyle-related Disease

Statin-based medicine

Characteristics of Chinese Medicine and Western Medicine

Chinese Medicine
- Holistic medicine, total care
- Enhance self-healing by the stimulation of autonomic nervous-immunological systems
- 阳 (yang) being of colour is the incipient stage of metabolic syndrome and is targeted by Chinese Medicine to prevent lifestyle-related diseases.
- Medicine: herbal drugs

Western Medicine
- Clarify the cause of the disease through excision or pharmacotherapy
- Prevention of lifestyle-related diseases by single nucleotide polymorphism (SNPS) of DNA
- Food intake by nutrient repletion
- Surgery by Meta surgery using oxygen atmosphere
- Medicine: molecular target drugs
- Translational medicine
1. Pharmacological cell regeneration by injecting growth factors
2. Pharmacological cell regeneration by mesenchymal stem cells in bone marrow

Translational medicine

gene therapy

anti MCP-1 gene therapy (anti-inflammatory gene)

inhibition of interstitial cell-induced re-stenosis of coronary artery of monkey

regeneration of blood vessel

(1) Peripheral blood stem cell transplantation
(2) FGF3 gene constructed in Sendai virus

before treatment

after treatment

Prediction of Japanese Medical Costs and Total Healthcare Costs


Japanese medical costs and total healthcare costs are increasing every year because of the increase in the population of aging and lifestyle-related diseases.

Prevention of the complications of lifestyle-related diseases is the most important issue.
To create Info-Medicines

- We should know how to change the patients’ attitude and daily behavior
  (Which information? What kind of timing? How to inform?)
  - Collection of daily behavior information
  - Accumulation of large amounts of data and analysis
  - Assurance of Medical Safety
- We also consider assessment of outcome and cost effectiveness
  - To promote this info-medicine, we have conducted the e-CARNA project, funded by a national project, Information Grand Voyage project using highly qualified health information technology.

Expected Benefits of the Exchange to Science and Education

- Conclusion of the exchange agreement in November 2009
  - Exchange of Professor and teachers
    - Give lectures to all staff and students in 2010, 2011
  - Give laboratory lectures and practice to the students in the Department of Nursing about the cases of Chinese herbalism over a single month in 2010, 2011
- Start the cooperative project research of Cohort Study in 2011
  - Start the education of Chinese Medicine as part of the formal curriculum in the Department of Nursing, 2012 for the first time in Japan. Prof. Yasuku Koda and Prof. Sako provide instruction in Japan.
- Exchange of students
  - Students from Beihang University of Chinese Medicine visit our university in November 2011
  - We and Prof. Morioka would like collaboration in the field of wellness and nursing care.
  - We want to develop our strong relationship and long-lasting friendship through academic exchange.
A Critical Review of Support Schemes for Self Regulated Learning in Acupuncture Course

Fanyi Meng

Student Centred Education

- Education is about the personal development of the learner
- University is the facilitator
- All educational activities should be arranged around the students

Academic Support

- Make the learning happens
- Maintain the morale
- Connected
- Cared
- Focusing on the need
- Personal

Understanding the Learners’ Needs

- Common features of the student population: providing clue of common needs
- Individual needs

Student Profile

BSc Acupuncture at university of Lincoln

- Matured-experienced learners (MEL);
- Mature-inexperienced learners (MIL);
- School leavers with conventional school experience (SLC);
- Young learners from unconventional training (YLU).

Two Helping Schemes

- Peer Group Learning
- Formulated Scheme Learning

- For some students
- Mutual interactive
- Along with normal teaching and tutorials

Formulated Scheme Learning

- For school leavers
- With extra reminder
- Key: checking progress
- Using Electric teaching tools
- Break down targets

Peer Group Support

- Mainly for those MIL and YLU
- They need to see how others learn
- Modelling theory
- Balanced peer pressure
- Repeated by different person make difference
**Target and Regulation**

- Break down of target into small sections
- Set clear deadlines
- Keep checking
- Reminding
- Check their appearance online

**Action Research Project**

- Timeline: 2008-2009 academic years
- Choosing weak performers
  - interview
- Allocating them into two groups
- Instructing them of the scheme
- Following them for two years
- Checking their performance against the rest

**Group actions**

- Group A, mutual students
- 3 students
- Peer support groups
- After one year, introducing formulate scheme

**Group Action-2**

- Group B
- Mainly young learners
- Using formulate scheme for one year
- Then joining peer group

**Outcome measurements**

- Interview results
- Questionnaire
- Academic performance

**Greater improvement achieved**

- More relaxed with peer group
- Knowing no falling behind
- Overall confidence is higher
- 1-2 grades improvement in assessment results

**Other methods used**

- Visualised teaching
- Practical
- Online tests
- Peer observation and assessments
- Providing samples of essays, etc.

**Visualised Learning**

- Tools, models, pictures, and animations
- Extra practical sessions
- Diagrams
- Hands on
Diversified Students Need All Useful Help

• Students have different backgrounds
• Different in learning style
• Different in academic ability
• Their needs are different

Conclusion

• Understanding each individual
• Organise them into peer groups
• Set realistic break-down target
• Working together/engaged/modelling, and monitoring
• No universal method for ALL
住院医师规范化培训与
中医学硕士专业学位教育衔接
改革 实践 探索

上海中医药大学
施建英

中医专业学位研究生教育改革

中医专业学位研究生教育发展历程

目前存在的主要问题

• 偏重学术性 临床实践应用技能培训不足
- 临床能力评价体系不完善
- 临床能力课程设置不完善
- 临床能力考核体系不完善
- 临床教学任务重，偏向学术型

中医专业学位教育与
住院医师规范化培训的衔接工作

住院医师规范化培训
与
中医专业学位教育

• 共通性
  > 培养目标
  > 培训内容

• 区别点
  > 专业学位培养
  > 培训内容

开展研究生专业学位教育综合改革试点

国家中长期教育改革和发展规划纲要
2010~2020年

上海市中长期教育改革和发展规划纲要
2010~2020年

2010年10月上海市率先启动了中医临床硕士专业学位研究生教育综合改革试点项目（上海市住院医师规范化培训与临床医学硕士专业学位教育衔接改革试点）
存在问题和思考对策

采取措施

- 加强针对性的培训宣传，形成持续指导的氛围。
- 组织由培训院负责人员的培训、研讨，统一思想、提高认识，完善工作方案。
- 邀请医院新聘医生、培训教学基地和社区服务中心（含社区培训基地）。
- 加强对院内护理医院临床护理培训与指导中心的建设。
- 由部门负责人、院护理主任和康复部门共同进行培训研讨。
- 加强对国家级及地级护理教育的表彰与评价机制。

存在的问题

- 研究生对培训专业存在偏向选择。
- 培训医院教学资源紧张，投入成本巨大。
- 住院医师培训课程科目不包括中医院医师
- 进修及掌握的基本理论和知识，与目前临床教
- 育知识结构不完全衔接。
- 中医全科学科和硕士学位点建设尚不完善。

Grazie

Dzięki

Thank you!

Дякую вам

спасибо

Спасибо

ありがとう

ありがとう

謝謝

多謝
半夏泻心汤治疗杂病探微

温桂荣博士

荣富堂中医诊所(香港)

治疗脾胃失调的理论依据

人的生命活动和成长过程中必需的气血津液和精微物质，主要依靠脾胃的消化吸收转化。因脾胃受寒水谷，肺气化气，致气虚化生之源，两者互为因果。相互为用，缺一不可，尤其在生理功能和病理变化方面，就更为突出，其理论一直指导着临床。

2. 从脏腑上分析
在中医的理论里，脾胃是消化系统的重要组成部分。脾主运化，胃主受纳。脾主升，胃主降。一升一降，相辅相成，才能维持胃肠道功能的正常运作。若脾胃运化，会直接影响到胃的受纳燥化功能，从而出现腹泻、胀满、纳差等症状。若脾胃不和，往往夹夹湿热为患，如胃腹疼痛，喜温喜按，大便泄泻等症。

3. 从经脉上看
“脾足太阴之脉，起于大指之端，……膈至腹，出走于两胁……”“大部后上，出走两胁，上腹股内廉，入腹，属脾，络胃”（灵柩、足太阴第十）。经脉只有得到气血和精微物质的滋养，才能运行输布。若足阳明气虚，气血运行不畅，致足阳明气虚而为病。足阳明气虚，可出现胃动力不足，大便泄泻，或窜痛不畅，气血运行受阻，经络不通，运行之分野皆可受限而发生病症，可见胃寒腹泻，疼痛，呕吐，呃逆等症。

4. 从饮食上分析
由于饮食不节或不洁损伤脾胃而发病者常见。常见有三：(1)饮食不洁或腐败变质食物，损伤胃肠，轻则腹痛，重则腹痛腹泻，呕吐，腹泻等症；(2)食无定时，饥饿过度，使脾胃受其伤，日久损伤脾胃而为病；(3)嗜食辛辣或油腻之物，若脾胃薄弱，易使脾胃气机阻滞而生湿热，可见痞杂，口臭，便软等症。

腹泻失调的诊断依据

在临床上常见的反流性食管炎、胃及十二指肠溃疡、慢性胃炎、急性胃炎、慢性非特异性溃疡性结肠炎，肠易激综合征、功能性消化不良、慢性胆囊炎等疾病，在其发展变化的过程中，有一部分与脾胃不和，升降失常，胃气上逆密切相关。尤以反流性食管炎、慢性非特异性溃疡性结肠炎、肠易激综合征等最为常见。

腹泻症状多虚中夹实和寒热错杂，早期体征并不明显，仅于食后出现轻微腹胀，随着病情的发展，脾胃不和，胃气上逆，致使消化道逆反流，症状逐渐在上腹部，但与脾胃密切相关的病证是复杂，但有一部分是由于寒热错杂虚实夹杂于脾胃，气机受阻，而呈升降失调之势，若脾胃受热伤寒，泛酸，胃痛胀痛，疼痛，腹部，舌质淡红，苔薄黄腻，脉数数者，可用半夏泻心汤加减治疗。

还有肠易激综合征，大多数都是以情志不遂，精神紧张，焦虑不安所导致，但临床上因脾胃不和而致的也占不少。若寒热错杂于中，使脾胃升降失常，出现腹痛腹泻，腹泻痛泻，口干口苦，舌质淡红，苔薄黄腻，脉弦滑者，可用半夏泻心汤加减治疗。若还有在临床上见到的慢性非特异性溃疡性结肠炎，无论何种原因导致，何种证型，或多或少都有再送内热虚中，有一部分是脾胃不和，寒热错杂，虚实不辨。下注大肠所致。
【方义】本方配伍虽然精简，却是以治疗胃寒之力为特点。方中肉桂性热，温中散寒，温通血脉，温胃止痛；白术健脾除湿，温中健脾，燥湿利水；干姜辛热，温中散寒；陈皮理气健脾，燥湿化痰。四药合用，寒湿得去，脾胃和而疼痛自止。

【临床应用】胃寒型慢性胃炎，脾胃虚寒，胃痛者，可用本方加减治疗。

【药理研究】肉桂、白术、干姜、陈皮等药物具有温中散寒、健脾除湿、理气健脾等作用，可改善胃肠道功能，促进消化吸收，缓解胃寒型慢性胃炎症状。
泻逆，口苦口黏，口干不欲饮，腹痛乏力，舌质淡红，苔薄黄微腻，脉弦滑，治用半夏泻心汤加减。若吞酸者，可加海螵蛸、瓦楞子制酸和胃。若嗳气频者，加香附、荆芥穗各10克，炒香芹，炒苏子健胃消食。若胃胀嘈杂，加苏子、白术各10克，山楂各30克，砂仁各6克。若腹痛，手足不温，舌苔白滑，可用附子理中汤加减。
Chinese Medicine:
Where we are and where we are going from here

Dr CHEN Ken
Oct 2011
Beijing, China

Outline of the presentation

- What we have
- What we are facing - progress and challenges
- Where we are going and what we can do

What do we have?
- A medical system used for thousands of years and is still used by a big % of population.
  - Long historic practice
  - Rich clinical experiences
  - Well recorded and documented knowledge
  - Believed/trusted by public
  - Individualized approach with more human contact and interaction
  - Linkage between human being and nature
  - Use of natural material

What are we facing? (1)

- Progresses
  - In China in last 60 years
    - Support the use of CM
    - Integration of CM and WM
    - Formal university level education on CM
    - Research on CM
  - Globally in last three decades; beyond China and its neighbouring countries
    - Three distinctive features
  - Some weakness?

Distinctive feature one: Interests on complementary and alternative medicine are increasing even in some developed countries in the last three decades

- In Victoria, Australia 49% have used Chinese medicine

Distinctive feature two:
Involvement from academic society and industry
- Practiced by medical doctors
- TCM schools in UK and USA
- Medical journals
- Researchers and research institutes

Herbal medicinal products prescribed by medical doctors

Complementary and Alternative Medicine Citations in Medline

Source: CTM 2002
Herbal medicines are rapidly growing in economic importance.

**Distinctive feature three:**
Interests and involvement from governments increasing
- Legislation in
  - Hong Kong, Singapore, PHL,
  - policy development in
  - Malaysia, MOG, PNG, Fiji,
  - regulation in
  - VCIAUS, HK, SIG,

**Challenges from its popularity**

**Challenges from CM itself**
- Nature of CM
  1. Variety of CM therapies
  2. Use of mixture of natural materials
  3. Based on personal experience

**Challenges from co-existing of CM and WM**
- Lack of mutual understanding
- Integration
- Ethical issues
  - Unproved, unscientific?
  - Something patients need and want - that they cannot get from mainstream medicine?
  - placebo effect?
  - Who can practise
- Globalisation
  - No border on knowledge - IPR, open market, resource protection - language

Where we are going and what we can do?

The draft Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020) identifies five strategic objectives:
- (1) to include traditional medicine in the national health system;
- (2) to promote the safe and effective use of traditional medicine;
- (3) to increase access to safe and effective traditional medicine;
- (4) to promote the protection and sustainable use of traditional medicine resources; and
- (5) to strengthen cooperation in generating and sharing traditional medicine knowledge and skills.

*Source: Secretariat of the Convention on Biological Diversity (CDB) 2008.*

**What are we facing? (2)**
- Challenges coming from three aspects
  - Popularity of TRM in modern society
  - Traditional medicine itself
  - Co-existing of two medical systems.

- Study in Australia shows that most users would like to have clear explanation in the package
- ...the importance of evaluating acupuncture for the treatment of specific conditions using studies that can withstand rigorous scientific scrutiny. The acceptance of acupuncture as a reliable therapeutic choice in Western medicine will depend on such rigorous studies.
  » NIH News Release 5 Nov 1997
• Above strategy about
  – Policy support
  – Safety, efficacy and quality
  – Access and utilization

All these needs capable human resources and education is the key as the theme of the meeting:

BUILDING CAPABILITIES FOR THE FUTURE

• More than 50 years’ experience on CM education in university level in China
  – It is the time to assess
    • What are doing well and
    • What need to change/improve…
  • Three decades’ experience on CM education in foreign languages

Quality of CM education

• Who are Students
• What to teach
• How to
• Quality of teachers
• Clinical part of education
• Quality control of the CM education
我国首所中医药高等教育机构——1956年创建的中国高等医药学院，是中医药高等教育的滥觞。它开创了中医高等教育的新局面，为中医药高等教育的快速发展奠定了坚实的基础。1956年，中国高等医药学院在教育上又在医籍中播种，现代中医学高等教育由此开始。中医药高等教育的内涵、体系、方法和机制等方面都表现出鲜明的中国特色和时代特征。中医药高等教育的发展，一方面继承了中医药高等教育的基本思想和理念，另一方面又体现了鲜明的中国特色和时代特征。中医药高等教育在发展中既要保持其特色的鲜明性，又要体现时代的发展，不断适应社会和时代发展的需要。
一、现代高等中医药院校教育是对历史中医药教育的继承变通，而非简单复制

新中国建立后，国家社会制度、经济体制、生产方式、人民的卫生需求发生了根本变化，作为传统的师承教育方式与现代教育方式的结合，现代高等中医药院校教育为中医人才的培养提供了可能。它实现了中医人才的现代化，推动了医学教育的制度化和科学化、制度化教育。中医药院校教育占据了中医人才培养的主体地位。随着中医药教育和医学技术的迅猛发展，中医药院校自身建设也实现了跨越式的发展，办学规模、办学条件和整体办学水平都提升到了一个新的高度，实现了传统师承教育方式向现代教育方式的转变。

二、中医药院校教育与师承教育相结合理论基础

（一）学科属性

中医药学是中国传统的医学科学和文化瑰宝，是中华民族智慧的结晶。它既具有科学性，又具有人文性，是中国传统文化的重要组成部分。中医药学的学科属性决定了中医药院校教育与师承教育的结合是必要的。现代高等中医药院校教育与师承教育的结合，不仅有助于中医药学的传承和发展，而且有助于培养出既具有现代医学知识，又具有传统中医药学素养的新型中医药人才。

（二）教育目标基础

无论是现代医学还是传统医学，教育的目标都是培养具有高素质的医学人才。现代高等中医药院校教育与师承教育的结合，有助于培养出既具有现代医学知识，又具有传统中医药学素养的新型中医药人才。这种结合，不仅有助于中医药学的传承和发展，而且有助于培养出既具有现代医学知识，又具有传统中医药学素养的新型中医药人才。

（三）教育对象基础

中医药学教育与师承教育相结合理论基础

中医药学教育与师承教育相结合理论基础

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中医药学教育与师承教育相结合理论基础
（四）教育方式选择

通过实践证明，中医院校教育与实践教育相结合的教育模式效果最好。在教育过程中，教师与学生共同参与教学，师生互动频繁，教学效果显著。中医院校教育注重理论与实践相结合，理论联系实际，使学生能够在实际操作中掌握知识，提高专业技能和综合素质。实践教育主要通过临床实习、见习等方式进行，使学生能够在实际环境中学习和成长。中医院校教育与实践教育相结合的教育模式，能够更好地培养出具有较高专业素质和实践能力的中医院校学生。
The findings of palpation of connective tissue as a test to check the effects of meridian therapy

Dr. phil. Thomas Mayer, Karlsruhe, Germany

Definition

- Oderer's massage of connective tissue: a technique of massage without oil. Massage is the rhythmic compression of connective tissue. The hand feels the tension of the connective tissue and the feet are slowly turned to gain a better blood flow and to improve the effect.

- Changing the tension in other areas of connective tissue.

- Tension of palpation of connective tissue: palpating the tension of a zone with the thumb and index and the fore and middle finger above. (Oderer's palpation of skin tissue).

- Sensing the subcutaneous connective tissue to check the tension.

The technique of palpation

- If it is good tensioned, you can grip the connective tissue well.
- If it is lightly tensioned, you can feel the connective tissue.
- If it is less tensioned, you can pull the connective tissue to much.

Heidemann's findings of palpation of connective tissue

- Heidemann palpates the subcutaneous connective tissue of the Shu points on the hand.
- Heidemann palpates the connective tissue on the skin, which belong to the Shu points.
- Heidemann found effects in the tension of the connective tissue of the Shu points.
- Different direction of massage causes different effects of tension.

The findings of palpation of connective tissue

- Tension of palpation of connective tissue.
- The technique of palpation.
- Tension of palpation of connective tissue.
- Results.
- Summary.

Theory of massage of connective tissue

- The tension in the organs has to be "good" and "evenly" to have a more or less tensioned zone. You have to redress them up completely. Also it is possible to palpate a thicker or softer zone.
- Palpating subcutaneous zones above or below to get a reflexory effect and to regulate the tension.
- Good, evenly balanced parafunctional connective tissue is an indicator for a functional neural system.

The effects of acupuncture

- Different manipulation technique of acupuncture causes different effects of tension.
- Different points cause different effects of tension.
Evaluation

- Randomized, double-blind study
- 31 spotting people from a swimming town
- 16 men, 15 women average older 19.2
- Dressed in a swimming suit, no laboratory conditions

Hypothesis

- The changes of tension of the contracting tissue on the Shiatsu Points can get measured and then interpreted.
- It is possible to interpret that a good and a syncochronized contractile tissue is an indicator for health and the patient is feeling good

Design

- Randomly assigned, group of the subject's treatment
- Following treatment to be measured at the same time with the same tester
- Scoring scale of the subject's treatment and for example with drawing
- Observation, collect data at both hands without any intervention
- Observing the changes of the points and the time to intervention
- Reliability test is limited, another observer person should be involved in the test
- Reliability experiment: 1 observer, 1 subject, 1 observer, 2 subjects

Results

- The average value of the power of effects:

![Graph showing the results of the power of effects with and without intervention.]

- The average value of the power of effects with and without intervention:

Without intervention the effects are clearly lower than with the intervention.
Results

- From 15 diagnoses the last idea (we are not an expert in TCM) can interpret 12 in reference of the theory of TCM.
- At the end it is important to interpret this in a written way.
- This is very clearly because you can find links, possibilities which are not predictable.
- That is an idea of your idea and the reference points are found in the functional energy of points.

Summary

- It is possible to perceive changes of tension at connective tissue on the Shu Points.
- The tension can become higher or lower depending on your situation. If you are doing something you will get a positive effect.
- If you are doing the training it will get a higher probability of changing the tension. In first classes the trainings showed no changes in tension.
- Those two are without an intervention. So it is a high probability to be able to pursue if their intervention is not.
- Without intervention the power of effects are much lower.

Thank you very much for your attention

- Contact
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Combining Chinese medicine and Western medicine for the Prevention and Treatment of lifestyle-related Disease

Steep increase in lifestyle-related diseases
- Worldwide, especially in Asia Pacific
  - 70% of deaths in Japan

Aged population is increasing as birth rate is decreasing
- The percentage in the population of lifestyle-related diseases such as diabetes mellitus, hypertension and dyslipidemia resulted on visceral fat obesity (metabolic syndrome), caused by a high-fat diet and an unsatisfactory level of exercise, is increasing
- Severe complications such as stroke, myocardial infarction, dementia, renal failure, foot amputation and blindness are increasing
- Cancer, also a lifestyle-related disease, is increasing
- These diseases now account for 70% of deaths in Japan
- Prevention of these diseases is an important aim to better the quality of life in old age

Prevention of Lifestyle-related Disease

Characteristics of Chinese Medicine and Western Medicine

The 5th World Education Congress of Chinese Medicine

Translational medicine

Prediction of Japanese Medical costs and Total Healthcare Costs

Japanese medical costs and total healthcare costs are increasing every year because of the increase in the aging and lifestyle-related diseases.
To create Info-Medicines:

- We should know how to change the patients' attitude and daily behavior (which information? What kind of timing? How to inform?)
  - Collection of daily behavior Information
  - Accumulation of large amounts of data and analysis
  - Assurance of Medical Safety
- We also consider assessment of outcome and cost effectiveness
- To promote this info-medicine, we have conducted the e-CARNA project, funded by a national project, Information Grand Voyage project using highly qualified health information technology.

Expected Benefits of the Exchange to Science and Education:

- Conclusion of the exchange agreement in November 2008
  - Exchange of Professors and teachers
    1. Give lectures to all staffs and students in 2010, 2011
  2. Give intensive lectures and practice to the students in the Department of Nursing about the essence of Chinese Medicine over a single month in 2010, 2011
  - Start the cooperative project of Cohort Study in 2011
  - Start the education of Chinese Medicine as part of the formal curriculum in the Department of Nursing, 2012 for the first time in Japan. Prof. Yao and Prof. Shi provide leadership in Japan.
- Exchange of students
  - Students from Beijing University of Chinese Medicine visit our university in November 2011.
  - Prof. Yao and Prof. Shi would like collaboration in the fields of Chinese medicine and nursing care.
  - We want to develop our strong relationship and lastening friendship through academic exchange.