

香港大學中醫藥學院
The School of Chinese Medicine, HKU



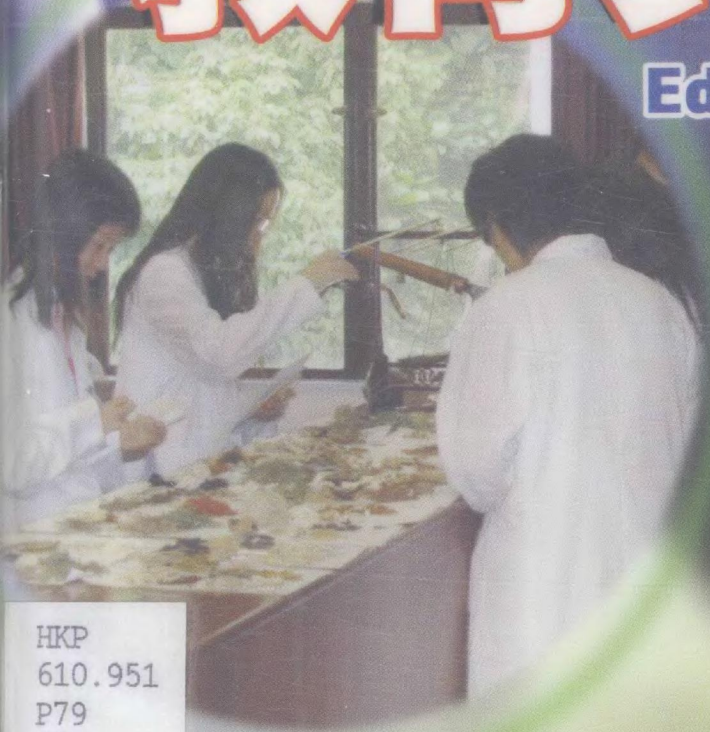
第三屆龐鼎元國際中醫藥研討會

3rd Pong Ding Yuen International Symposium
on Traditional Chinese Medicine

中醫藥

教育與人才培養

Education and Training in TCM



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隨著世界醫藥科技迅猛發展，中醫藥在人類健康衛生保健中所發揮的重要作用日益顯著，中醫藥教育、醫療、科研、產業各領域遇到前所未有的發展機遇。中醫藥事業要得到繼承與發展，中醫藥要實現現代化，人才是關鍵。如何培養適應21世紀中醫藥發展的高級專門人才，是中醫藥高等院校教育面臨的首要任務。

香港地區開展中醫藥高等教育，與內地相比，起步較晚。自上個世紀90年代初，香港大學就率先開展中醫藥兼讀制課程教育。90年代中，尤其是香港回歸以後，中醫藥事業得到較大發展，隨著《中醫藥條例》確立和註冊中醫師制度實施，香港浸會大學、中文大學、香港大學相繼建立了中醫藥學院和開展了中醫學士學位（全日制）課程。通過多年的實踐，在培養中醫藥高級人才方面積累了一定的經驗，為香港地區輸送了一批高質量的中醫藥人才。然而同時必須看到，在課程建設和辦學模式等方面還需要不斷完善和改進，尤其是香港目前與人才培養和成長相適應的環境和政策還未健全。

本次研討會以中醫藥教育和人才培養為主題，通過香港地區幾所大學中醫藥學院之間，及香港與澳門、臺灣地區和新加坡等國家的中醫藥學院進行交流研討，促進教育觀念更新，完善中醫藥學位課程，建立適合本地區和國際化需求的人才培養模式，推進政府相應政策落實，以推動香港地區中醫藥教育的穩步發展。



李局長、洪司長、李校長、龐先生、各位嘉賓和專家、女士們、先生們：

首先，我代表香港大學中醫藥學院歡迎各位蒞臨第三屆龐鼎元國際中醫藥研討會開幕典禮。非常感謝國家中醫藥管理局李局長、洪司長，上海中醫藥大學校長嚴世芸教授，香港、澳門的醫藥衛生界的行政官員，新加坡、港、澳、台的高等中醫藥教育界的專家學們百忙中蒞臨本會。您們的到來，為成功開好這屆研討會提供了保證，更重要的是通過你們的傳經送寶，使我們學習到在中醫藥教育和人才培養方面的寶貴經驗。與此同時衷心感謝龐鼎元先生家族捐贈港幣一千萬元給香港大學，設立中西醫藥教育與科研基金。在此資助下，香港大學中醫藥學院組織“龐鼎元學術交流考察團”，考察了成都、雲南和上海等地的中醫藥教育和科研機構，拓寬了眼界，學到了不少可借鑑的教學與管理經驗；中醫藥學院還舉辦了各類“龐鼎元專題學術講座”活動，在香港市民中宣傳普及中醫藥防病治病知識；尤其是在龐鼎元基金的資助下，一年一度的龐鼎元國際中醫藥研討會能夠如期舉辦，使我們能加強與國際和國內的交流。在此謹向龐先生致以衷心的感謝！

香港於一九九七年回歸後，特區政府立法承認了中醫藥的地位，為香港中醫藥的發展揭示了新的篇章，中醫藥教育如雨後春筍，盛況空前。雖然中醫藥教育有內地和境外、國外的經驗可以借鑑，但畢竟存在著不同的醫療環境和歷史上文化背景的差異，在實施中醫藥教育中，既要借鑑內地和境外、國外辦中醫藥教育的經驗，還必須總結出因地制宜的適應地區實際情況的自己的經驗。因此，這次會議的主題是：“中醫藥教育與人才培養”，期望與會的有識之士共商中醫藥教育與人才培養的大計。中醫藥事業要依賴優秀人才輩出以推動發展，正如宋代理學家朱熹詩雲：“半畝方塘一鑿開，天光雲影共徘徊，問渠哪得清如許？為有源頭活水來”。中醫藥界要不斷增添新生力量，才有朝氣，才有活力，才有好的前景。所以培養高質素的人才，是中醫藥事業發展的長久之計。

中醫藥學是中華民族文化的瑰寶，我們有歷史的責任將她發揚光大，然而不可否認，目前香港中醫藥教育與人才培養還是在探索和發展階段，前進道路上還會遇到許多困難和曲折。但是我們相信，通過香港政府有計劃有步驟地推進發展中醫藥的規劃，通過開展國內外的合作，通過中醫藥界自身的努力，加上香港社會民眾的大力支持，香港中醫藥事業的發展猶如“山窮水盡疑無路，柳暗花明又一村”的一天一定會到來！

最後，祝這次研討會圓滿成功！祝各位身體健康！



尊敬的李局長、洪司長、龐先生、各位嘉賓、各位講者、各位來賓、各位傳媒界朋友：

今天我很榮幸能代表香港大學出席中醫藥學院舉辦的第三屆龐鼎元國際中醫藥研討會，能與香港和國內外中醫藥界的專家學者及廣大師生相聚是一大幸事。感謝國家中醫藥管理局李振吉副局長等領導能於百忙之中出席本次研討會主禮嘉賓並作主題演講，感謝香港醫院管理局合衛生署等政府官員出席本次研討會，並作大會發言，感謝各位參會者熱心關注中醫藥教育的發展和參與中醫藥人才培養問題的探討。我亦代表香港大學感謝龐鼎元先生家族對香港大學中西醫藥教育與科研的支持，提供基金，使一年一度的龐鼎元國際中醫藥研討會得以成功舉辦。

近年來，香港大學中醫藥學院在童瑤院長和陳廷漢執行院長的領導下，以及全體教職工的努力工作，學院的各項工作取得了較好的發展，通過了中醫全科學士學位課程的評審，開辦了醫學碩士學位課程；科研工作有了良好的開端；擴大了在教學與科研的對外合作交流；拓展了中醫臨床醫療，為市民作了良好的醫療服務。通過本次研討會，交流中醫藥教育與培養人才的經驗，對我們如何辦好高等中醫藥教育是一次學習的好機會。通過不斷實踐和總結，將會探索出一條適合香港，面向世界的中醫藥教育與人才培養的道路。高等中醫藥教育與人才培養，目前在香港已有“一枝紅杏出牆來”之勢，我相信在有識之士的共同努力下，中醫藥事業將沿著更快、更好、更健康的軌跡發展。

最後，感謝嘉賓、講者、來賓及新聞界的朋友們對中醫藥事業發展的支持。祝本次研討會圓滿成功！祝各位身體健康！新春快樂！



尊敬的李校長、龐先生、各位嘉賓、專家學者們：

在新春即將來臨之際，香港大學中醫藥學院舉辦“第三屆龐鼎元國際中醫藥研討會”，港澳臺地區及國內外中醫藥教育機構的專家學者彙聚香江，共同探討中醫藥教育與人才培養之大事，我謹代表國家中醫藥管理局向大會表示熱烈祝賀，祝賀本次研討會順利召開！感謝大會組織者——香港大學中醫藥學院為籌備會議做出的努力，同時也對捐獻基金給與資助的龐鼎元家族表示由衷的敬佩。

隨著世界醫藥科技迅猛發展，中醫藥在人類健康衛生保健中所發揮的重要作用日益顯著，無論國際還是國內，中醫藥在教育、醫療、科研、產業各領域都遇到前所未有的發展機遇。中醫藥事業要得到繼承與發展，中醫藥要實現現代化，人才是關鍵。如何培養適應21世紀中醫藥發展的高級專門人才，是中醫藥高等院校教育面臨的首要任務。

在國際上，各種形式的中醫藥教育發展迅速，目前正將朝著國際中醫藥教育標準化發展。在國內，自改革開放以來，中醫藥教育發展很快，中國的各高等中醫藥院校為國家輸送了大量高質量高素質的高級中醫藥人材。當前如何從經濟全球化、從世界經濟高速發展的趨勢去思考高等中醫藥教育是國內中醫藥教育改革的關鍵問題，因此首先必須轉變教育觀念。近些年來國家教育部和國家中醫藥管理局啟動了新世紀教育改革工程和加強師資隊伍建設的各種計劃和具體措施。旨在推動教育改革的深化。

境外中醫藥教育，與內地相比雖然起步較晚，然而近十年來發展較快。從香港地區來看，自上個世紀90年代初，香港大學就率先開展中醫藥兼讀制課程教育。90年代中，尤其是香港回歸以後，在香港政府的領導和管理下，中醫藥事業得到較大發展，隨著《中醫藥條例》確立和註冊中醫師制度實施，香港浸會大學、中文大學、香港大學相繼建立了中醫藥學院和開展了中醫學士學位（全日制）課程。通過香港中醫藥管理委員會課程評審制度，保證了學位課程的教育質量；通過引進和借鑒內地辦學經驗，加強於內地中醫藥院校的合作，彌補了臨床實習基地的不足。經過多年的實踐，在培養中醫藥人才方面積累了一定的經驗，為香港地區輸送了一批高質量的中醫藥人才。然而同時必須看到，由於香港的社會醫療制度和法規等與內地有很大的不同，因此在課程建設和辦學模式等方面還需要結合本地區的實際而不斷探索和改進。其次由於香港中醫藥高等教育起步較晚，目前與中醫藥人才培養和成長相適應的社會醫療大環境和政策制度尚在不斷建設之中。還需要我們在實踐中不斷探索，不斷完善。

本次研討會以中醫藥教育和人才培養為主題，通過香港地區幾所大學中醫藥學院之間，及香港與內地、澳門、臺灣和新加坡等中醫藥學院進行交流研討，促進教育觀念更新，完善中醫藥學位課程，建立適合本地區和國際化需求的人才培養模式，推進政府相應政策落實，以推動境外與國際中醫藥教育的穩步發展。

國家中醫藥管理侷今後將會進一步促進內地與境外中醫藥教育及醫療機構的合作與交流，大力支持港澳臺地區中醫藥教育與人才培養，我們堅信，在特區政府的重視和領導下，在廣大中醫藥教育工作者的努力下，境外的中醫藥教育一定如雨後春筍，茁壯成長，不斷壯大。

最後祝大會圓滿成功，祝各位新春愉快，身體健康！



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歡迎辭 香港大學中醫藥學院 童 瑤院長	p2
致辭 香港大學 李焯芬副校長	p3
嘉賓致辭 國家中醫藥管理局科技教育司 洪 靜副司長	p4
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開幕儀式：

- 14:00—14:10 介紹主禮嘉賓
- 14:10—14:15 致歡迎辭 P2
香港中醫藥學院院長 童瑤教授
- 14:15—14:20 致辭 P3
香港大學副校長 李焯芬教授
- 14:20—14:30 嘉賓致辭 P4
國家中醫藥管理局科技司副司長 洪靜女士
- 14:30—14:40 頒發龐鼎元中醫學獎學金證書
龐俊怡先生
- 14:40—14:50 主禮嘉賓剪綵
- 14:50—15:00 致送紀念品

特邀主題演講：

第一節 主持主席 童瑤教授

- 15:00—15:30 國際中醫藥教育發展與推行國際標準化 P8 - P9
國家中醫藥管理局副局長 李振吉教授
- 15:30—16:00 中醫藥的培訓發展策略 P10 - P11
鄭淑梅女士（香港醫院管理局行政經理）
- 16:00—16:30 茶點：

第二節 主持主席 張大釗教授

- 16:30—17:00 中醫藥教育改革與人才培養 P12 - P13
上海中醫藥大學校長 嚴世芸教授
- 17:00—17:30 中醫藥的繼承與發展 P14 - P15
香港衛生署副署長 梁挺雄醫生
- 17:30—18:00 澳門中醫藥教育簡述 P16 - P17
澳門特別行政區衛生局代表 張悌醫生
- 19:00 晚宴



大會交流發言：

Scientific Programme

第一節 主持主席 車鎮濤教授

- 09:00—09:30 香港中醫藥教育課程的設計原則及質量監控 P18 - P19
劉良教授 (浸會大學中醫藥學院院長)
- 09:30—10:00 論中醫藥創新人才的培養 P20 - P21
黃兆勝教授 (澳門科技大學中醫藥學院)
- 10:00—10:30 台灣中西醫學結合教育課程之設置 P22 - P23
蘇奕彰教授 (臺灣中國醫藥大學中醫學院)
- 10:30—10:30 茶點

第二節 主持主席 趙中振博士

- 11:00—11:30 香港中醫藥教育與人才培養的實踐與思考 P24 - P25
童瑤教授 (香港大學中醫學院院長)
- 11:30—12:00 新加坡中醫教育課程設置及考試制度 P26 - P27
趙英杰博士 (新加坡中醫學院)
- 12:00—12:30 香港中醫臨床教育的現況與展望 P28 - P29
車鎮濤教授 (中文大學中醫藥學院院長)
- 12:30—13:00 融匯海內外優勢資源 推動中醫藥國際發展 P30 - P31
王一濤教授 (澳門大學中華醫藥研究所所長)
- 13:00—14:00 午餐

第三節 主持主席 吳錦教授

- 14:00—14:30 使用西法研究中醫藥 P32 - P33
梁秉中教授 (香港中文大學中醫研究所中藥管理委員會主席)
- 14:30—15:00 能與當今臨床接軌的培訓 P34 - P35
余秋良醫生 (香港中西醫結合學會副會長)
- 15:00—15:30 創建以中醫藥醫療、教學與科研為目標之臨床研究服務中心
的探索與實踐 P36 - P37
梁錦芳教授 (東華三院執行總監、成都中醫藥大學客座教授)
- 15:30—14:00 茶點

第四節 主持主席 孟卓博士

- 16:00—16:30 對中醫專業現代生物科學知識課程結構的建議 P38 - P39
柯慧心博士 (香港大學醫學院)
- 16:30—17:00 目標、形式和挑戰—上海中醫藥大學的臨床實踐教學模式 P40 - P41
胡鴻毅博士 (上海中醫藥大學教學處處長)
- 17:00—17:30 香港中醫藥持續教育之探討 P42 - P43
沈雪明博士 (香港大學專業進修學院副院長兼中醫藥學學部主任)

大會總結

- 17:30—18:00 童瑤教授 (大會組委會主席)
- 18:00 會議結束



一、國際中醫藥教育發展概況

(一)改革開放以來，隨著中醫藥在國際上的傳播，中醫藥教育快速發展，主要表現在以下三個方面。

1·在對外合作專案中，教育培訓類專案所占比例較高。根據我局2003年對28個省、市、自治區122個單位的抽樣調查，1998-2000年共開展合作項目274項，並呈逐年遞增趨勢。其中教育培訓類專案105項，為38.32%，涉及到25個國家和地區。科研開展類專案75項，占27.37%，涉及到17個國家和地區，醫療服務類專案31項，占11.31%，涉及到22個國家和地區。

2·中醫院校招收的留學生數，增長迅速。根據南京、廣州、山東三所中醫藥大學和遼寧、福建、河南、陝西四所中醫學院統計，1998-2002年共招收境外學生2728人，涉及54個國家和地區，2002年招生數比1998年增長70.46%。

3·在世界各國，各種形式的中醫藥教育發展迅速。大體有以下四種形式：

1·在正規大學中，辦中醫學院(系)，將中醫藥教育納入正式國民教育體系。除台港澳地區外，有澳大利亞墨爾本皇家理工大學、悉尼科技大學、西悉尼大學、英國 MIDDIESEX 大學、泰國華僑崇

聖大學等。這類教育大多都是與國內大學合作辦學，學制為全日制五年，教育比較正規。

2·社會辦的獨立的中醫藥大學：如日本明治針灸大學、奧地利李時珍中醫大學、法國的歐洲中醫大學等。

3·在大學裏開設中醫(針灸)課程：如法國很多大學開設針灸課；德國38個醫學院開設針灸課，巴西的六所醫科大學設置了針灸課；古巴15所醫學院校開設了針灸課等。

4·由學會、協會、基金會等社團組織或個人辦的中醫(針灸)院校，這種形式最為普遍，數量多，機制活。遍佈五大洲幾十個國家。有的進行學歷教育，有的是在職培訓，有的是科普宣傳。例如，美國正式註冊的中醫院校達72所，其中經教育部門審查批准的中醫學院40多所，在校生達8000人。西班牙每個診所同時又是教學基地，醫生白天出診，晚上講課。葡萄牙只有1000萬人口，僅里斯本就有中醫院校3家，在校生1000多人。

(二)中醫醫療是教育發展的基礎，隨著中醫診所迅速普及，國際中醫藥教育有廣闊的發展空間

1·世界各國接受中醫藥，首先是接受中醫藥療效這一事實。而能體現臨床療效的形式是大量診所的建立和為患者提供的服務。

2·中醫藥教育發展是以診所普及為基礎，同時人才培養又推動中醫診所普及

1·據我局對117個國家不完全統計，共有中醫診所5萬餘個，其中英國3000多個，荷蘭100多個，加拿大3000多個，澳大利亞2000多個。

2·中醫藥的神奇療效和市場價值是吸引生源的主要動力。

3·人才培養又推動了中醫診所普及，加速了中醫當地化進程。

3·由於西醫的局限性，中醫學自身的優勢、診所的普及、科技發展，國際中醫藥教育的發展有廣闊的空間。



(三)國際中醫藥教育面臨的主要問題

- 1.由於中醫自身的學術特點，其理論體系是用社會科學的理論總結了自然科學的規律，語言表達富有民族文化特徵，與西方現代自然科學的描述有很大差異，學習與理解有一定難度。
- 2.由於中醫學在大多數國家尚未取得合法地位，沒有政府的政策引導與支持，還沒有納入正式的國民教育體系。社會辦學數量很多，但多處在自發、無序狀態，沒有統一標準，沒有質量監控，水平參差不齊，教育質量難以保證。

〈一〉國際中醫藥教育需要標準

- 1.中醫藥教育是一個知識傳播的過程，傳播就需要溝通與交流。在溝通交流中，需要對重複出現的概念和事物做出統一規定，以便形成共識，避免產生歧義。這個規定就是標準。
- 2.中醫教育需要辦學，辦學就應當有相應的辦學標準，對學校的宗旨、性質、任務、應具備的條件、師資、大綱、教材、學科課程體系作出統一規定。
- 3.中醫教育的產品是人才，教育質量最終體現的是人才質量，應當對人才的基礎理論水平、臨床能力、道德品質修養等提統一要求。這種要求、規定或標準，既是全行業的一種共識，又是一種“約束”。這種約束既從全局出發，又考慮各方面的利益，在充分協商的基礎上確定的。它是一種無偏見的約束。它可以跨越地區或國家界限，形成一種權威，以保證事物健康有序發展。

(二)國際行業組織是推行國際行業標準的載體

- 1.國際標準有三個級別。
 - 1國際級：發佈的載體是國際標準化組織，世界衛生組織。
 - 2發佈的載體是國際行業級：國際中醫藥學術機構。
 - 3發佈的載體是地區級：WHO地區辦事機構和地區中醫藥學術機構。
- 2.世界中醫藥學會聯合會世界針灸學會聯合會是制定國際行業標準的主要載體。
- 3.世界中醫藥學會聯合會教育指導委員會是制定中醫藥教育標準的主要載體。
- 4.市場機制是推行國際行業標準的內在動力。

〈三〉建立國際中醫藥教育標準的主要內容

- 1.中醫藥名詞術語標準:包括中醫教學常用名詞術語、翻譯標準、針灸名稱標準、取穴標準、手法標準等。
- 2.中醫藥教育機構設置標準:包括辦學條件、師資、學科課程體系、教學大綱、教材、實踐教學等。
- 3.人才培養標準:不同的學歷、不同的專業應當有不同的標準。
- 4.目前最急需的是:中醫本科教學大綱和教材。主要的困難是翻譯問題。國際中醫藥教育標準化建設是一個自粗到細、由簡單到複雜的過程，通過國際標準化的推行，一定能夠推動中醫教育的健康發展。

中醫藥在香港被廣為應用由來已久。行政長官在1997年及1998年的施政報告中，闡述了香港特區政府對中醫藥的政策。醫院管理局定立了幾個發展目標，其中包括於2001年成立一個中醫藥培訓委員會(簡稱委員會)，以配合政府的發展路向。

要在公立醫院系統中提供中醫服務，必須得到西醫專家的支持和合作。為了促進中、西醫交流、溝通及相互理解，委員會進行培訓需要分析並訂定一個全面的、三層式的中醫藥培訓發展策略，以配合不同職系、不同醫院的需要。最近，委員會亦為在職醫院管理局中醫門診的初級中醫師草擬一個一年制在職培訓課程，提供初級中醫師規範化的臨床實踐機會。

要開展中、西醫溝通及協作，必須有共同臨床實踐標準，並以科研及臨床應用作為基礎，達致更高的醫療效益，確保病人利益。隨著醫院管理局的西醫對中醫藥的認知及理解日漸提高，他們將會成為促進與中醫師合作的主要動力。但中醫師亦要適應現代世界醫學發展的要求，在循證醫學及科學研究方面尋求突破，強化中醫服務。



Training and Development Strategy of Chinese Medicine

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Chinese Medicine has been widely used in Hong Kong for many decades. The Chief Executive of Hong Kong outlined his vision to develop Hong Kong into an International Centre of Chinese Medicine in his Policy Addresses in 1997 and 1998. With the support of the Government, the Hospital Authority (HA) took this vision forward and launched a number of initiatives, including the setting up of a Chinese Medicine Training Sub-committee in 2001 (Committee).

The provision of Chinese Medicine Service in the public hospital system requires the staunch support and collaboration of western trained health care professionals. In order to promote dialogue, communication and mutual understanding between the two streams of health care professionals, the Committee was tasked to develop a comprehensive training and development strategy of Chinese Medicine in HA. Apart from conducting an initial training needs analysis to ascertain the training gaps, the Committee has to-date organised various training programs under a 3 tier training approach to meet the different needs of staff. Recently, the Committee formulated a one-year in service training programme for junior Chinese Medicine practitioners working in Chinese Medicine outpatient clinics of HA.

With increased knowledge and enhanced understanding of Chinese Medicine, healthcare professionals working in HA will be in a better position to collaborate with Chinese Medicine practitioners and facilitate the development of integrative medicine in the future. Apart from the training of western trained health care professionals, Chinese Medicine practitioners also need to enhance their knowledge base especially in the application of evidence based methods in service and scientific enquiry. It is only when both streams of professionals can communicate and collaborate by applying the same standard of practice, both in research and in clinical application that patients will benefit from the best of both world.



一個命題：“教育既要為社會發展服務，又要為人的發展服務”以此為出發點和歸宿，應從以下幾個方面思考本科(學士學位)層次的高等中醫藥教育問題。

一、背景

- 1、從經濟全球化、集約化、科技經濟高速發展的國際大環境中思考高等中醫藥教育的發展問題。
 - 2、中醫藥學已為世界四分之一的國家所接受，並為之立法。我們應對21世紀中醫藥學發展的預測中思考高等中醫藥教育的改革和發展。
 - 3、從世界科技(包括醫學科技)發展趨勢中，思考高等中醫藥教育改革的思路和方向。
 - 4、21世紀經濟和科技的發展，將更加依賴群體(團隊)的力量和智慧，中醫藥學的科技發展也不例外。與此相應，對人才培養的要求不再局限在個體的狹隘的專業特長上，而要求致力於提高培養物件的綜合素質，以及由這些個體組成的群體的創造性素質上。
- 總之，要使高等中醫藥教育實現“面向世界、面向未來、面向現代化”必須通過改革，打開它的教育系統及其子系統，使之不僅對學校、對國內社會，而且也對人文社科及自然科學等各學科、對國際均是一個開放的系統，促進高等中醫藥教育能主動適應社會需求，能與國內、國際高科技發展接軌，在高起點上培養中醫藥人才。

當然，各中醫藥院校的校情不同，優勢也各異，不可能一種模式辦學，但重要的是通過研究和選擇，找准辦學定位和人才培養目標，形成特色。

二、教育觀念要建立與當今經濟、社會、科技發展相適應的現代高等中醫藥教育，還必須轉變我們的教育觀念。

- 1、克服單純強調知識儲備的傾向，以知識結構代替單純的知識傳授。
- 2、克服“百校一面”、“千人一面”的大一統教育思想，走“多樣性”的發展道路，使高等中醫藥院校的辦學模式各具特色。
- 3、在強調培養物件的道德、智慧、體格全面發展的同時，要注重素質和個性發展。
- 4、創造條件，促進多學科交叉滲透，處理好適應性和針對性、通才和專才的關係。
- 5、突破狹隘的育才觀，加強文化素質教育。現代教育觀認為人才質量的差別不僅在於人所掌握的專業知識和技能，更在於人的基本素質，其中文化素質居於非常重要的地位。培養物件的文化基礎和文化修養比起專業知識來在更深層次上反映人才的質量。
- 6、在重視高等教育的適應性的同時，應更加強調高等教育的超前性。
- 7、不斷改革教育內容和教學方法，培養人的開拓精神、創造能力、應變能力、參與社會活動能力及跨國工作能力。



三、人才培養模式根據大學教育在中醫人才終身教育中所擔負的基礎性任務，瞄準中醫藥現代化和國際化發展趨勢，按“拓寬口徑、加強基礎、注重素質、整體優化、面向社會”的要求，以完善知識結構為主線，圍繞中醫藥基本能力和創新意識，重點確立以個性化人才培養為目標的中醫藥教育新體系，為優化中醫藥人才的群體結構及其創造性素質打下基礎。

(一)建立中醫藥人才多樣化培養和評價途徑，為人才個性化發展提供制度支援。學分制是支持人才個性培養的重要教學制度，這種制度以實現指導性教學計畫的基本要求為前提，具備以下一些基本特徵：以取得的總學分確定其能否獲得畢業文憑和學位證書；建立主輔修制、雙學歷雙學位制；靈活的修學年限；學生自主選課，可以跨專業、跨院系、跨學校選修有關課程；建立績點制，控制和引導學生提高學習成績；對必修課程建立末位淘汰制和重修制。學分制的這些特徵和制度給學生學習提供了良好的自我設計、自主學習的空間和環境。

(二)圍繞中醫藥學的繼承和創新，制定科學、合理的指導性教學計畫，完善以中醫藥課程為核心、多學科交叉的課程體系，為中醫人才培養和學分制的實施提供條件和技術支持，指導性教學計畫要充分體現原則性及靈活性。恰當的必修課與選修課的比例。選修課的設置應遵循以下原則：不過分強調專業的針對性；選修課門數要充足，有充分的選修餘地；多學科門類設置選修，要有利於學生整體素質的提高及知識結構的完善；積極創造條件讓學生跨專業、跨院系、跨學校選修課程；不設置或控制設置限制性選修課，二長一短的三學期制是實施學分制指導性教學計畫的良好教學安排形式。

(三)建立完善的中醫實踐教育體系，強化中醫創新思維和臨床基本能力培養。給學生以早臨床、多臨床、反復臨床的機會。建立周密的畢業實習計畫。通過整合，建立中醫藥特色實驗教學體系學校系統內的科研專案向學生開放。

(四)努力創造條件，引導學生提高自主學習的能力，導師制是幫助學生自主學習的有效形式。改革教學方法，廢止灌注式，提倡討論式，促進學生自主學習能力的提高。PBL教學法是可以嘗試的一種形式

(五)積極探索長學制的中醫人才培養模式，此外，產學研聯盟、校與校聯合、校與研究院所聯合、校與企業聯合培養人才的模式，在高等中醫藥教育中也是應該積極進行探索。總之，中醫人才培養模式是多種多樣的，很難規定一種形式，重要的是根據社會需求、中醫藥的特點、發展趨勢、事業的要求、學校的實際情況等等，在科學的教育理論和觀念指導下，確定中醫藥人才的培養模式，形成特色。同時，人才培養具有週期長的特點，對培養模式的研究需要有幾屆畢業生的實踐和逐步完善過程，不能變化多端，貴在堅持。



中醫藥源遠流長，廣為香港市民使用，為保障公眾健康和繁榮經濟發揮積極作用。在過去，中醫藥並沒有系統的管理制度和明確的發展政策。近年，特區政府制定了一系列長遠的發展策略。

在管理措施方面，《中醫藥條例》於1999年7月由立法會通過後，成立了香港中醫藥管理委員會，主要負責制定和執行各項中醫藥管理措施。《條例》設立中醫註冊、考試、紀律和持續進修等管理制度，確認中醫專業地位及確保專業水平和執業操守。同時，通過設立中藥商發牌、中成藥註冊和制定中藥材標準等管理制度，規管中藥的製造、銷售和進出口，確保中藥的安全、品質及成效。

在教育、醫療和科研產業方面，香港現有三所大學開辦全日制中醫或中藥學位課程，培養優秀人才。另外，政府亦加快設立中醫公營門診，探索中西醫合作的模式。而透過「香港賽馬會中藥研究院」的成立，協調和資助研究開發計劃，鼓勵中醫藥技術和產品的創新，創造良好的營商環境與可持續發展的平台。

在發展中醫藥的過程中，我們認為應該秉持以中醫藥理論為指導，保持特色，發揮優勢的原則。因此，要正確認識和處理“繼承與發展”的關係，就要求我們優先解決以下問題：第一、總結經驗，勇於創新，推動中醫藥現代化。第二，實證為本，將豐富的臨床經驗，提升為嚴謹的科研證據，提高療效。第三，團結合作，在學術上要百家爭鳴，也要相互尊重，求同存異謀求進步。

最後，我們希望香港中醫藥的發展能“繼承不泥古，創新不離宗”，中醫藥業界肩負重任，共同努力推動中醫藥發揚光大。

Traditional Chinese Medicine (TCM) has a long history that can be traced back to ancient times. It is popular and widely accepted by Hong Kong people. It plays a significant role in promoting the health of our population and contributes to the economic prosperity of our community.

In the past, there were neither systematic regulatory measures nor any clear strategic plans for its development. In recent years, the Government of Hong Kong Special Administrative Region has formulated a series of long term strategies for its development.

To provide a regulatory framework, the Chinese Medicine Ordinance was enacted in July 1999, and the Chinese Medicine Council of Hong Kong was established subsequently. Its main role is to devise and implement various regulatory policies on TCM. The Ordinance sets out various mechanisms to establish the professional status of Chinese medicine practitioners (CMP) and to ensure a high standard of practice. These include registration of CMP, licensing examination, disciplinary system and continuous medical education. In addition, through licensing of Chinese medicine traders, registration of proprietary Chinese and development of Chinese medicine standards, the manufacture, sales, import and export of Chinese medicine can be more closely regulated. As a result, the quality, safety and efficacy of Chinese medicine can be ensured.

Regarding CMPs' undergraduate training, service provision and property of research results, there are currently three universities in Hong Kong providing full-time degree courses on Chinese medicine or Pharmacy in Chinese medicine, generating professionals with high quality. The Government also plans to speed up the set-up of public Chinese medicine clinics and to explore a suitable collaboration model between Chinese and western medicine. Furthermore, the development of the Hong Kong Jockey Club Institute of Chinese Medicine was to coordinate and fund research projects on TCM development, promote technological advance and product innovation, create an ideal business environment and to serve as a platform for continuous development of the discipline.

The principles of development include building the foundation based on Chinese medicine theories, preserving its characteristics and enhancing its strengths. Thus, the following priorities need to be addressed :

1. Summarize past experience, be innovative, advocate modernization of TCM
2. Evidence-based clinical research to consolidate scientific evidence and enhance treatment efficacy
3. Willingness to collaborate, maintenance of mutual respect and readiness to accept different opinions in research and development

To conclude, we hope that future direction of Chinese medicine in Hong Kong could be based on "Heritage without stagnation, development without deviation" and the TCM profession will work closely together to promote its development.

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本文從澳門的中醫藥教育模式、衛生管理部門對中醫藥從業人員的學歷和資歷要求、中醫藥從業人員的培訓、中醫藥院校情況、中醫藥學術和行業團體、中醫藥專業刊物、澳門特區中醫藥教育未來發展等方面簡單論述了澳門中醫藥教育概況。



The General Education Situation of Traditional Chinese Medicine of Macao

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This article describes briefly about the general education situation of Traditional Chinese Medicine of Macao from the following points: the education model of Traditional Chinese Medicine, the education and qualification demand for the related staff which is required by Health Management Department, professional training, the circumstance of colleges in this field, professional medicine journal, the development and outlook for Traditional Chinese Medicine of Macao SAR in the future.



香港回歸後，中醫藥在立法、規管、教育及培訓、醫療服務、研究及科技產業等方面都取得了明顯進步。在教育方面，以香港浸會大學于1998年開辦首個五年全日制中醫學士學位課程為標志，使香港結束了長期以來無中醫藥高等教育的歷史，也使中醫藥教育由傳統的師承弟子的教育方式向現代高等教育的方式轉變。隨後，香港中文大學和香港大學也相繼開辦了中醫學士學位課程。2001年，香港浸會大學開辦了首個四年全日制中藥學學士學位課程，使本港的中醫學和中藥學高等教育得以協調發展。此外，各種類型的中醫藥研究生教育及持續教育課程也在數間大學及中醫專業團體中開辦并得到了迅速發展，為提升業界的專業水準起到了積極的作用。

中醫藥高等教育的目標在于培養本港未來的新一代中醫師，以及從事中醫藥研究或中藥學應用的專門人才，將來為市民提供高質素的中醫醫療保健服務，以及從事高水準的中醫藥研究及科技開發，同時為實現特區政府提出的努力把香港發展成為國際中醫藥中心的目標提供人才儲備和智力資源。基于香港的政治及法律體制、醫療方式、經濟與文化背景、社會與民眾基礎等因素考慮，本港中醫藥教育課程設計應予考慮的主要原則有：

主體性原則：即以中醫藥基本知識與技能訓練為主要內容，使學生能夠熟練地導用中醫的傳統理論與方法診治疾病，而現代醫學的知識傳授則以輔助疾病診斷為主要目的。

適應性原則：即需適應本港注冊中醫師制度及注冊公開試的要求。

本土化原則：即在充分借鑒及吸納內地中醫藥高等教育的基礎上，結合本港的醫療體制與法規等情況，形成本港的辦學模式及“本土化”中醫藥教育課程體系。

國際化原則：即需充分發揮香港國際化大都市以及“二文三語”文化特色的優勢，促進本港中醫藥教育課程及畢業生就業的國際認受性。然而，目前香港仍然沒有中醫院及中醫住院服務，甚至連公立醫院的中醫門診也很少。此外，政府也無發展中醫藥的計劃及資源投入。在這種情況下，中醫藥教育的質量控制難度很大，也益顯重要。

首先：要以質量為本，培養“精品”。

第二：要建立嚴格的課程設計及教學質量評估體系，尤其是教學管理過程的質量監控機制。

第三：要切實搞好臨床實習，將本港診所的臨床門診見習與內地中醫院的畢業實習良好銜接，做到“早臨床、多臨床、反復臨床”。

第四：要從國內引進中醫藥及其他學科的優秀師資。

第五：大力倡導多媒體及網絡教學。

第六：促進學生交換計劃，拓寬學生知識視野。



Principles in Curriculum Design and Quality Control of Chinese Medicine Educational Programmes in Hong Kong

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Since 1997, significant advancements and promotion of Chinese medicine have been achieved in Hong Kong, including legislation and regulation, education and training, medical and healthcare services, scientific research and industry. In Chinese medicine education, Hong Kong Baptist University launched the first five-year full-time degree programme in Chinese medicine in 1998, which was the first degree programme in Chinese medicine funded by the University Grants Committee (UGC) of the Government. The programme marked the milestone in Chinese medicine education being included in the formal higher education system of Hong Kong. Subsequently, the Chinese University of Hong Kong and the University of Hong Kong also successively launched the degree programmes in Chinese medicine. In 2001., Hong Kong Baptist University launched again the first programme of Bachelor of Pharmacy in Chinese Medicine in Hong Kong, thereby moving educational development of Chinese medicine and Pharmacy in Chinese medicine forward co-ordinately. In addition, a variety of Chinese medicine programmes in postgraduate and continuing education were introduced and developed rapidly as well in several universities and some organizations of Chinese medicine sector, which will greatly benefit to the professional standard of Chinese medicine practice.

The objective of higher education in Chinese medicine is to nurture a new generation of high quality Chinese medicine practitioners/pharmacists, and experts in teaching and research of Chinese medicine who will be able to provide high quality Chinese medical and health care services to the public, and pursue highly advanced scientific research and development of Chinese medicine in future. Concurrently, the higher education of Chinese medicine is also committed to contribute the stock of professionals and intellectual resources for the Hong Kong's development as an international centre for Chinese medicine raised by the Government of HKSAR.

On the basis of political and legal systems, medical mode, economical and cultural background, social and popular bases in Hong Kong, the design of Chinese medicine programmes should mainly stress the principles described as following:

Chinese medicine subjects as the main body of the programmes: With the emphasis on basic knowledge and professional training of Chinese medicine, it is necessary to produce graduates with good quality who can proficiently use traditional theory and skills of Chinese medicine to diagnose and treat various diseases, while the knowledge of biomedical sciences will contribute to disease diagnosis as complementary roles.

Adjustability of Chinese medicine programmes: It is necessary [0 adjust to the requirements of the regulatory system for registration and public licensing examination of Chinese medicine practitioners.

Localization of Chinese medicine programmes: On the basis of sufficient reference and assimilation of higher education in Chinese medicine of Mainland China as well as in consideration of the medical and legal systems of Hong Kong, it is indeed necessary to form the "localized" education system of Chinese medicine programme.

Internationalization of Chinese medicine education: It is necessary to fully exert these strengths of Hong Kong as an international city and Hong Kong's cultural characteristic of 'two cultures, three languages', and accordingly to enhance the international accreditation of Chinese medicine programme and graduate's employment.

However, so far in Hong Kong, no Chinese medicine hospital has been yet set up, and no in-patient Chinese medicine service was introduced in public hospitals, and even for Chinese medicine specialty clinics in public hospitals, the quantities has been also disappointing. Moreover, the Government of HKSAR has no plan and resources for the development of Chinese medicine. In this respect, the quality control of Chinese medicine programme is rather difficult, but also increasingly much important. There are virtually several concerns for the success of Chinese medicine programmes:

1. To stress the quality but not the quantity as the core of Chinese medicine education.
2. To establish stringent design and teaching quality assessment system of Chinese medicine education, in particular the quality monitoring and control in the course of teaching management.
3. To emphasize the arrangement of clinical practicum for students in which the clinic practice in Chinese medicine clinics of Hong Kong should be intimately linked with the graduate practicum in Chinese medicine hospitals in the mainland of China, thus achieving the goal of 'e3'llier clinical practice, more clinical practice and repeated clinical practice".
4. To import high quality teaching experts in Chinese medicine and other disciplines from Chinese mainland and abroad.
5. To make great efforts to advocate multimedia teaching technologies and network education.
6. To enhance student exchange scheme, find so to broaden students' vision and knowledge for personnel development.



本文從如下幾方面對中醫藥創新人才的培養進行了闡述：

一、進一步提高對培養中醫藥創新人才重要性的認識。創新是一個民族的靈魂，關係著民族的前途和命運，中醫藥的發展更是如此，更需要不斷創新。

二、正確處理好繼承與發揚的關係。中醫藥創新要在繼承前人經驗並具有扎實的中醫藥理論和豐富臨床經驗的基礎上進行開拓、創新。因此，中醫藥創新人才的培養，繼承是基礎，沒有繼承，發揚就成了無源之水、無本之木，但繼承不能泥古，發揚不能離宗。

三、創新是中醫藥發展的動力和保證。對中青年中醫藥人才應著重培養他們的創新思維和能力，加快中醫藥現代化的進程。

四、中醫藥創新人才的培養措施：

(一)加強有利於創造性人才培養的基礎性研究。基礎性研究的創新性、探索性、積累性和國際性有利於科學思維能力的培養和科學方法的訓練，是培養基礎知識扎實、思維敏銳、善於創新、勇於開拓的高層次人才的沃土。

(二)加強科研與教育的結合，促進中醫藥創新人才的成長。既需要將科學研究作為必要的教育環節，以拓寬視野，增長實際知識，提高創造性地解決問題的能力；又應充分利用學校的各種資源和條件，充分發揮青年人豐富的想像力、創造力，通過科學實踐，產出一大批高水準的科研成果。

(三)創造有利於創新人才脫穎而出的環境。為了加快發展中醫藥創新人才的培養，適應中醫藥的發展對人才的要求，應該為中青年人才創造良好的公平競爭環境。

This text expatiates on the training creative person with the ability of Chinese herbs and medicine according to the following aspects.

1. Ulteriorly improve the understanding of the creative person training with the knowledge of Chinese herbs and medicine. Innovation is the spirit of the nation, and it has strong relationship with the future and fate of the nation, especially the development of Chinese herbs and medicine. It is undoubted that the development of Chinese herbs and medicine needs serious innovation.

2. Properly deal with the relationship between the inheriting and development. The innovating of Chinese herbs and medicine is carried out based on the inheriting the experience of former people, strong theory of Chinese herbs and medicine and abundant clinic experience. Therefore, inheriting is the base of the training creative person with the ability of Chinese herbs and medicine. Without inheriting, developing will be the water without a source and the wood without tree. But inheriting doesn't deviate from the former people, at the same time, developing doesn't deviate from the base.

3. Innovating is the power and guarantee of the development in Chinese herbs and medicine. As for the young medical innovators, their innovating thinking and ability should be paid closely attention to improve the course of modernization of Chinese herbs and medicine.

4. Measures of training creative person with the ability of Chinese herbs and medicine:

(1) strengthening the base study to help the training creative person with the ability of Chinese herbs and medicine. The innovation, exploring, accumulation and internationalism of base study are propitious to the training of scientific thinking and training of scientific methods. What's more, they are the fertile soil as for the high position with down-to-earth of base knowledge, acute thinking, being good at innovating and being brave in deploitation.

(2) Strengthening the binding of study and teaching and promoting the growth of person with the ability of Chinese herbs and medicine. Scientific study is the essential tache in order to broaden eyeshot, increase the fact knowledge, and increase the ability of solving questions creatively. At the same time, large quantities of study outcome will be produced with the help of using the resource and condition in college, developing abundant imagination and creativity of young people and science practice.

(3) The surroundings of being created are propitious to the outcome of creative person with a strong ability. In order to increase the training of creative person who can adapt to the request of the developing of Chinese herbs and medicine, younger and wrinkly should be treated in a good, impartial surrounding of competition.



中西醫學結合之理念肇始於清末，經過一個世紀的努力，雖已在結合的理念與成果上大致獲得國際認同，但在中西醫結合的教育上，仍有待努力。為探討此一問題，我們必須考慮現代醫學教育之目標、中西醫療體系與方法之結合、以及醫學教育中學制與課程之規劃等議題，才能有效落實中西醫結合之正規教育。中國醫藥大學最早建立中西醫學結合教育，有著豐富的教育經驗，中醫學院經由中醫教育改革委員會及各學科會議，對整體中西醫結合教育課程學分進行調整，其涵蓋面包括八年制雙主修中西醫學、七年制中醫學系、五年制學士後中醫學系、七年制醫學系之中西醫結合課程。主要課程內容包括：醫學相關通識人文課程、基礎課程、中醫專業與西醫專業課程，以及在中、西醫教學醫院進行之中西醫見實習課程。

我們針對醫學生不同學制之教育目標，設計合適之教育課程，並著手提昇各課程之教育品質，三年來已獲得相當經驗與成果，雖然面臨了許多的困難，但總是在一個世紀的努力後對中西醫結合教育跨出新的一年。由於教育乃百年樹人的工作，醫學的進步更是影響深遠，這項跨世紀的工程仍需要中西醫學者一起參與，以使之更加完整與落實。



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Through endeavor of hundred years, the conception of integrating Traditional Chinese and allopathic medicine, which arose in the early 20th century in China, has been widely accepted and implementation also achieved. However, education programs for integration of both medicines are to be desired. To reform this fact and put the integration into effect, we must take those into account: the goal of modern medicine education, the integration of paradigm, the combination of approaches of both medicines, and the curriculums, the educational systems nowadays.

China Medical University, which is the first one to develop the curriculums for integration of both medicines, has made advances in the whole integration curriculums of School of Chinese Medicine, School of Post-Baccalaureat Chinese Medicine, School of Medicine through the Committee for Innovation of Chinese Medicine Education and conferences of all disciplines. The refined curriculums include courses of humanities, natural sciences, Chinese medicine, Western medicine, and clerkship, internship in hospitals.

Accordinging the goals of different educational systems, we have not only constructed ideal curriculums but also ameliorated the qualification of all programs, and achieved some progress. Though being through difficulties, we had made advancement in the educational programs in the integration of both medicines after efforts of century. Because education is a work which needs hundred years to bear fruits and the achievements in medicine usually make great impact, the joint of both Chinese and Western medical scholars to this integration work will achieve more implementation and perfection.



香港地區開展中醫藥高等教育，與內地相比，起步較晚。90年代初開始兼讀制課程教育並發展至全日制課程教育。中醫全科學士學位（全日制）課程設置大多參照借鑑國內的模式。香港大學中醫藥學院經過這幾年辦學的實踐，總結以下體會和提出一些思考，與與會者共同探討之。

一、香港中醫藥人才培養必須根據本地區特點

通過這幾年中醫藥教育的實踐，我們體會到，借鑑國內中醫藥學位教育的經驗是固然十分重要，然而還必須結合香港地區的實際情況，探索出一個因地制宜的人才培養模式，培養能適應本地需求的中醫藥人才。

1· 香港地區特點：中西文化交融，現代國際中心；中醫地位尚不高，市民需求則較多；醫療法規制度嚴謹，中西診療處方分權；醫療市場開放，自由競爭激烈。

2· 香港中醫藥人才培養的目標：嫻熟的中醫全科診療技能，較強的市場競爭能力，適應國際化、現代化的綜合質素。

二、香港大學中醫全科學位課程設置的指導原則

1· 以中醫知識和技能為主體，注重理論教學和實踐教學緊密結合。

2· 以整體中醫理論與實踐為課程主幹，注重全科知識和綜合治療能力的培養。

3· 注重外語、資訊和現代生命科學知識教育，培育具國際宏觀視野和較強的人際交往溝通以及終身學習能力中醫人才。

三、實現人才培養目標的教育模式

1· 採取“早臨床、多臨床”中醫教學模式

2· 強化基本技能訓練。

4· 堅持中醫師資隊伍理論與臨床緊密結合

5· 廣泛應用現代教學方法，促進教學內容改革

6· 利用綜合大學優勢，實現教育資源共用



四、存在的問題與思考

1. 人才培養過程的基本條件必須健全：如實踐基地、教學醫院的規範建設和評估，應該因地制宜，不能長期依靠國內醫院。
2. 對培養的中醫人才因材施教：如經過正規學位教育的，掌握一定現代生物醫學知識的現代中醫藥人材，要創造應用已有知識的條件，如允許有生化、物理檢驗等處方權，以利於辨證與辨病結合。
3. 注重中醫藥人才成長繼續教育銜接環節：大學教育主要是打好基礎，培養終身學習的能力，而專業教育和臨床能力提高還有待於畢業後的繼續學習。政府應該制定繼續教育的培養規劃和目標，分步驟實施。
4. 開展中西醫結合型人才培養：根據香港中西醫處方分權的法規，為了促進中西醫結合開展醫療服務，建議政府推進中西醫結合人材教育與註冊制度。
5. 推進香港中醫藥教育的機構加強合作：實現教育資源共用，提倡跨校選課，互相承認學分。以利於提高教育質素。
6. 更新教育觀念，深入教學改革：推進學分制實施，實現寬口徑人才培養，拓展各種適應香港地區需求的中醫藥醫療、保健康復、醫藥諮詢、營銷管理等選修科目，注重學生個性化培養和競爭意識，以適應香港地區中醫藥人材市場需求。
7. 在中醫學課程基本教學要求確定的前提下，鼓勵香港各大學根據各自教育優勢辦出自己的特色和採取不同教學模式。

(一) 課程設置

新加坡中醫教育體制1953年後由師承方式轉變為院校教育模式。1995年後，政府對新加坡中醫教育機構的辦學資格，學制、課程設置，學生的入學資格及畢業考核等都進行了嚴格的規範和要求。目前，新加坡中醫教育無論是在學歷層次的多樣化方面，還是在課程設置、考試評估制度的规范化方面都已日臻完善，為謀求今後更大的發展奠定了良好與堅實的基礎。

新加坡中醫教育目前有初級和高級兩種不同的學歷教育層次。初級教育層次指本科及本科以下學歷教育層次。主要分為三類：1. 三年全日制；2. 六年部分時間制；3. 五年全日制。六年部分時間制學生畢業後獲頒新加坡本地中醫院校的畢業文憑；三年和五年全日制與中國中醫藥大學聯辦課程可同時獲頒合作院校的畢業文憑。三年全日制為大專學歷；五年全日制為本科學歷，可授予醫學學士學位。高級層次的中醫教育是指碩士學位和博士學位培養階段。目前均為與中國中醫藥大學的聯辦課程，學制各為三年。畢業後可獲頒兩校的畢業文憑，並授予相應的醫學碩士和醫學博士學位。

新加坡中醫教育在課程設置方面要求三年全日制/六年部分時間制需開設主修科23門，副修科5門，理論講授2120學時；臨床教學（見習/襄診/侍診/試診/實習）1040學時；五年全日制則在以上基礎上，增設主修科5門，副修科5門。課堂教學課時增加至2820學時，而臨床教學課時增加至2320學時；碩士研究生課程則分為基礎公共課程和專門課程兩類，基礎公共課程為10門，504課時。專門課程則根據不同專業由導師制定；博士研究生課程則根據導師及課題研究需要個別制定。

(二) 考核評估制度

新加坡中醫教育的考核評估制度則分院校內部與衛生部考核評估兩部分：

1. 院校內部評估：學院內部考核主要結合課程體系進行，課程講授結束後由題庫隨機抽取試題予以考核，避免了不同教師命題所可能出現的質控不力局面。臨床教學則由臨床導師對不同層次學生實施不同要求的臨床考核。

2. 衛生部中醫管理委員會考核評估則結合註冊中醫師資格考試進行。考試主要採取兩種形式：一是書面考試；一是臨床技能考核。書面考試：書面考試內容為中醫基礎學科綜合和中醫臨床學科綜合兩大類。試卷由國內外國家級考試中心負責命題。臨床技能考核：臨床技能考核主要有以下三項內容。一是書面病案分析；二是臨床答辯；三是針灸操作。

新加坡中醫教育採用院校為主體的教育模式已經歷了半個多世紀的洗禮，造就了一大批中醫藥人才，為新加坡中醫事業的繁榮與發展做出了不可磨滅的貢獻。在科學高度發展的21世紀，如何繼往開來，創立一個具有新加坡特色的中醫藥教育體系，不僅是一項緊迫的任務，也是一種挑戰，更是一個莫大的機遇。



(1) Course Design

In 1953, Singapore TCM education system changed from an apprentice system to a college type of teaching. After 1995, the government audited the TCM education body and set up strict regulation on the criteria for the setting up of TCM College, its course design and syllabus. Strict guidelines were given to the entry criteria and the graduation examination. Currently, Singapore TCM education has undergone many reformation in terms of its educational training, course design and examination appraisal and has reach a state of excellence. This is to prepare the students with a good foundation for future development.

The teaching of TCM in Singapore currently has both primary and tertiary levels of teaching. The primary level of TCM teaching included Degree and Diploma courses. It can be divided into

- 1.3 year full time, leading to a Diploma in TCM confer by both Singapore College of TCM and a China TCM University that co-administer the course with Singapore
2. Six years part time leading to a Diploma in TCM confer by Singapore College of TCM
- 3.5 years full time leading to a Degree in TCM confer by both Singapore College of TCM and a China TCM University that co-administer the course with Singapore.

Tertiary education refers to the master and doctorate degrees in TCM. Currently this is jointly formed together with a China University of Chinese Medicine. The length of the course is 3 years each and upon completion of the course, the student will be conferred a graduation certification from both College and a master or doctorate degree from the China University.

The syllabus requirement for the 3 years full time and 6 years part time course are 23 major subjects, 5 minor subjects, with a total of 2120 teaching hours. For clinical teaching, they need to fulfill 1040 hours of clinical session. For the 5 years full time course, they will have on top of the requirement of the 3-year course, an additional 5 major subjects and 5 minor subjects. The total teaching hours will be increased to 2820, whereas the clinical hours will be increased to 2320. The master degree course syllabus is divided into basic general subjects and specialized subjects. There are 10 general basic subjects, taking up a total of 504 hours. The specialized subjects will be as per directed by the students tutor and will be taught by the tutor. The doctorate course will work with the individual tutor on a certain topic or thesis as per required by the tutor.

(2) Examination and appraisal system

The appraisal system of the TCM education in Singapore can be divided to both the college and the Ministry of health.

1. College examination: The college will at the end of each topic give assessment of the student understanding. The question will be from a question bank that is randomly picked. This is to ensure that the students will learn the subject completely and that the questions are not tutor biased. For clinical testing, the tutor will give students different levels of clinical assessment depending on their progress.
2. Common TCM examination by the Ministry of health TCM management committee. The exam is in 2 parts, one written and one clinical.
 - a) Written Exam : The syllabus for this will be mainly TCM basic principles and clinical TCM topics. The questions will be set by both local and oversea examination center.
 - b) Clinical Exam: This can be divided into 3 parts, written analysis of clinical symptoms, clinical viva and acupuncture manipulation.

The college teaching of TCM has been in effect in Singapore for the last 50 years. It has created a lot of Chinese medicine experts and has direct impact on the development of Chinese medicine industry in Singapore. It will be a great challenge and also a great opportunity for TCM education to position itself in the 21 century with the advancement of science and technology.



自開埠以來，中醫藥在香港擔當著重要的保健醫療角色。可是，由於多種原因，中醫臨床教育和研究，一直沒有得到重視，甚而受到諸多限制。時至今天，隨著政府實施中醫藥條例、大學開辦中醫藥課程、醫院管理局開設中醫診所等新發展，中醫臨床教育成為必須關注的問題。可惜，目前本港沒有中醫住院服務，臨床教育還存在很多困難。

中醫藥的發展，繫於其臨床療效。學生必須多見病人、多處理病例，才能累積診療經驗，建立信心。所以，要提高中醫教育質素、培養高水平醫師，就必須重視臨床教學與在職訓練。故此，本港亟需建立中醫臨床教學和培訓基地，自不待言。

本講試圖分析中醫臨床訓練的需求與本地現況，討論在醫院開設中醫服務的重要，以及如何提升香港中醫臨床教育的構想。

On the Chinese Medicine Clinical Training in Hong Kong

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Chinese medicine (CM) has played an important role in Hong Kong by providing effective and affordable healthcare services to the public. Nevertheless, clinical education and research of CM have not received support and attention in the past. Following recent developments such as enactment of the Chinese Medicine Ordinance, launching of CM curriculum in universities, and establishment of CM out-patient clinics in a small number of public hospitals, there is a pressing demand of strengthening CM clinical training and research.

Development of CM is based on its clinical efficacy. Students must learn from actual practice and gain clinical experience from hospital and community clinic settings. Both clinical training and internship are therefore indispensable parts of the CM education. Unfortunately, due to the lack of in-patient CM service in Hong Kong, the development of clinical training programmes is inevitably hindered.

In this presentation, the current status of CM clinical education will be reviewed, the importance of establishing clinical training sites will be highlighted, and the prospects of CM clinical education will be discussed.



國際型中醫藥人才、國際性中藥品質標準、國際化中醫藥產品和國際性中醫藥合作是影響中華醫藥國際拓展的關鍵。澳門具有包容東西文化和融合中西科技的傳統特色，具有一國兩制政體和強勢特區政府的現代優勢，澳門將醫藥教育科技和中藥科技產業作為重點發展領域。在此背景下，澳門大學於2002年創建以生物醫藥領域研究生教育和科學研究為主要任務的研究型學科——中華醫藥研究所。

澳門大學中華醫藥研究所融匯海內外優勢資源，推動中醫藥國際發展為宗旨。開設了中藥學碩士課程、醫藥管理碩士課程和生物醫藥博士課程。從2002年起招收碩士生，今年開始招收博士生，三年來共招收研究生118名。已有18位研究生以優良成績通過碩士論文答辯，他們是澳門自己培養的第一批生物醫藥類研究生。

澳門大學中華醫藥研究所開展生物醫藥領域的應用基礎研究和應用研究，主要研究方向為：中藥品質評價、藥物篩選優化、天然藥物與健康產品研發及醫藥管理研究。兩年以來，與境內外多所大學和學術機構合作完成“中藥國際化標準規範研究”，撰寫了《中華醫藥叢書A—醫藥管理研究進展》、《中華醫藥叢書B—中藥研究進展》和《中華醫藥叢書C—中藥品質評價研究》三部系列叢書。在國內外著名醫藥雜誌上發表了37篇學術論文。

在實驗室建設方面，目前已完成具有國際水準、配套齊全的藥學實驗室和藥理實驗室的首期建設，擁有30多台套具有國際先進水準的生物醫藥儀器設備。生物技術實驗室和醫藥資訊實驗室也正在配套中。

澳門大學中華醫藥研究所積極與國內外著名大學和機構開展合作與學術交流，已與北京大學、香港科技大學、劍橋大學和哈佛醫學院等著名大學建立了緊密合作關係，至今已成功舉辦了十餘次大中型學術會議。

澳門大學中華醫藥研究所研究生還積極參與科學研究與學術交流，2003年在“第八屆挑戰杯全國大學生課外學術科技作品競賽”中榮獲一等獎，該所研究生參與的澳門大學辯論隊於2004年在“首屆亞太大專華語辯論公開賽”中榮獲冠軍。



International experts, international standards, international products and international cooperation of Chinese medicine (CM) are the key factors affecting the international development of Chinese medical sciences. Macao has the traditional characteristics of mixture of eastern and western culture and technology, and has the current privileges of one country and two systems and a strong special administrative government. Education, technology and industry of CM are the major development area in Macau. Based on the foregoing background, University of Macau (UM) established the Institute of Chinese Medical Sciences (ICMS) in 2002, with the aim to engage in postgraduate education and scientific research in biomedical field.

The aim of ICMS is to integrate favorable resources and develop Chinese medical sciences. ICMS opened PhD program in biomedical sciences in 2004 and MSc programs in Chinese medical sciences and medicinal administration in 2002. 118 students have enrolled for the past three years, and 18 students have passed oral defense of master degree with excellent grades. They are the first batch of postgraduates in biomedical sciences educated in Macau.

The Institute has started basis research and application research in biomedical field with the following main directions: quality control of Chinese medicine, pharmacology and safety evaluation, R&D of natural drug and health product, and medicinal administration. Since 2002 the Institute, together with prestigious universities and institutes within and outside of China, has completed the Research on the International Standards of Chinese Medicine, and has written the Chinese Medical Sciences Collection Series A—Progress in Medicinal Administration Research, Chinese Medical Sciences Collection Series B—Progress in Chinese Medicine Research and Chinese Medical Sciences Collection Series C—Quality Evaluation for Chinese Medicine. 37 academic papers were published in distinguished medical journals worldwide.

Regarding the laboratory establishment, the Institute has completed the first-stage establishment of the pharmaceutical sciences laboratory and the pharmacology laboratory which meet international standards and are well equipped, and more than 30 sets of international advanced biomedical devices have been installed. The biotechnology laboratory and the medical information laboratory are under construction.

The Institute actively cooperates with prestigious universities and institutes within and outside of China, and it has signed cooperation agreements with Peking University, Hong Kong University of Science and Technology, University of Cambridge, and Harvard Medical School. The Institute has successfully held more than 10 academic conferences.

The postgraduates of ICMS actively take part in the academic communication and cooperation. They were awarded the 1st prize in the 8th National Challenge Cup in 2003 and the champion of the Pacific Asia University Debate Competition in 2004.



西方醫學在過去十多年，已完成了一系列的方法論，用於各種臨床研究，稱之為實證為本。中醫中藥歷史久遠，不乏其擁護及愛用者，可是，既缺乏研究傳統，又未能認真納入研究體系，實有礙其現代化，國際化。

正因為西醫治療之中，仍有不少的困難領域，令病者失望，醫者束手。而中醫的經驗，對這些奇症，難疾，頗有辦法。因此，中西醫理應攜手合作，使用大家容易接受的研究方法，去把中醫給予西醫補充不足的各种情況，加以證實。

實證為本的研究，需要一致性〔Uniformity〕。中藥研究，最難以獲得的，則是一致性。草藥來源難以一致，製作雖按GMP，但仍令人擔心；有效成份難以一致。臨床研究上，堅持隨機，雙盲對照又難獲病者衷心支持。

無論如何，研究還是要按現代科學要求做好，否則中醫中藥難以追上國際。一個較容易實行，所需時間，資源較少的方案叫成效帶動全面研究計劃，包括四個步驟。第一、針對西醫的難題制定中醫藥方案，出產質量有保證的中藥產品，以供臨床研究。第二、在實驗內進行系列實驗，同步了解草藥對人的生理作用。第三、進行保證草藥質性的實驗，以後重覆製做有保障。第四、在證實療效之後，給有效方劑實行改良，製作出更具價值的草藥製品。



Professor LEUNG Ping-Chung
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While modern medicine has developed a very well established system of clinical research which insists on evidence based methodology relying heavily on biostatics, traditional medicine has not, in spite of the long years of existence and unreceding popularity, developed its own system of research. Since there are yet many problem areas in modern medicine, which are yet devoid of solution, and traditional medicine possessed good records of efficacy in those areas; it is natural that experts in both areas should join hands in a proper exploration to put traditional medicine into popular utilization. One way of achieving this joint effort is to stick to requirements of modern clinical trials as much as possible. Obvious obstacles include the common lack of uniformity: among the supply of herbs, consistency of their quality. Manufacturing of convenient products (which is improving nowadays) and methodology for clinical trials.

One practical way of pursuing this joint venture is to apply the Efficacy driven approach which implies the following: -

- i) Getting a simple herbal formula to try solving one difficult clinical problem and start an evidence-based clinical trial using methodology acceptable to standard clinical trials i.e. randomized, placebo-controlled;
- ii) Organizing parallel laboratory experiments to understand the mode of action;
- iii) Making sure that the quality of herbs or their extracts are of the best standard and
- iv) Once proven efficacious in the clinical trial, optimization of the formula will give an up-graded product.



香港正式將中醫培訓納入大學課程中只是近數年的事。雖然中國醫藥學知識傳統沿遠流長，但今日科學和醫學發展蓬勃，而在香港這個中西文化交匯之地，如何在今日的中醫培訓上達到科學及醫學能賦予現今人們對疾病治療的臨床訴求，仍有很多不明確的地方。

這個培訓上的問題，其實在開始籌辦第一間中醫藥大學時已經存在。這正是多年前作者參與香港浸會大學中醫藥課程計劃委員會時所感到的。現時的中醫同學需在繁忙的中醫訓練之同時，又要在比西醫學院更短的時間內，趕在畢業之前，接受現代醫學的培訓，但仍難免他日在病人身上使用中藥時，遺漏其他嚴重的現代疾病，而要負起法律上的責任呢。

這種培訓機制對教授、學生都造成困難，主要原因是沒有將傳統的中醫藥知識和現代醫學融會貫通。為此作者亦想和大家分享以前在培訓中醫同學和西醫同學的不同經驗。在培訓西醫同學時，當要就一些專題討論的時候，往往會預算同學們已對現代醫學有普遍的知識，才可以容易進入討論問題的核心。同樣，以前中醫自成一家，純教中醫也較容易，但時至今日，就現代醫學需要，當與中醫同學進行研討時的情況就很不相同；在教授臨床專題時本來時間已經不足夠，往往還需要從很基礎的認知層面開始解釋，花上很長的時間才可以進入問題講解，於是便不能達到預期的目的。

基礎培訓是為預備臨床作訓練的，而臨床培訓要達到的目的就是要發展出一套成熟的思維系統，使診斷和治療方法能經過慎重考慮和了解更配以中醫的洞察力，再加上一套綜合實證結果的知識參考後，判斷而得出的一套功夫。

一直以來，在中醫培訓上都欠缺了中西醫結合的「平台」。培訓這方面可從中醫學及西醫學的基本知識開始。隨之而要引入一個結合平台，以幫助中醫或西醫同學將來能容易掌握和發展臨床了解。在此，作者推用一套「重組醫學」框架，重新整理和發展一套結合中醫西醫的思維，隨後再培訓中西醫學各項臨床專題時，便可增加同學日後在醫療和臨床方面發展的潛力。相信這便可以改善中醫同學在畢業前實習期間運用中醫藥時對現代醫學臨床標準的掌握能力。



Professor YU Chau Leung, Edwin
Hong Kong Association for Integration of Chinese-Western Medicine

The formal training of Chinese Medicine to undergraduates and graduates has been started in Hong Kong in the last few years. While Chinese Medicine is a well established discipline with long tradition, there are uncertainties for what its training schools should produce to face modern demands of science and medicine and suit the situation of Hong Kong.

The uncertainties has been there since the formation of the first school of Chinese Medicine in Hong Kong, as I noted then in the Chinese Medicine Course Planning Committee in Hong Kong Baptist University. The short time to train undergraduates, who are already busy learning Chinese Medicine, to learn enough modern medicine to be clinically sound, to protect patients from missing important diseases of modern medicine while treating with herbs, as well as to protect themselves from legal suits for such “negligence”.

The training approach could be particularly difficult when trainers and lecturers are piecemeal practice holders in a vast knowledge base with uncoordinated unsynthesized gaps between traditional and modern medicine. Let me illustrate this by sharing my experience when teaching Western Medicine students and students of Chinese Medicine some long time ago. When teaching medical students on clinical medicine, the lecturer discussing on specific topics would assume the students having a general understanding of modern medicine, its basics, and clinical methods such that he could guide the students towards good clinical expertise without diversing a lot on basics. Similarly when teaching students of Chinese Medicine, the lecturer trained his students to practice assuming his students a good knowledge base of Chinese Medicine. Such was simple in training separate disciplines long time ago. But the present demands could be confusing as the lecturer may be given only little time but need to digress a lot to go back to discuss basics in both before arriving at his current topic for training.

Basic training supports clinical understanding and a referencing mindset. Subsequently, clinical training aims to develop practicing in basic mind frames with mastery to diagnosis and therapy with a calculative intuition with evidence-based applications in a good background knowledge base.

The need for training approaches in an integrative platform in Chinese Medicine is long overdue. This can be initiated with understanding of Chinese Medicine and of Western Medicine basics. Afterwards an integrative platform can be introduced as this facilitates the students, be them undergraduates in Chinese Medicine schools or graduates from modern medicine, to have a better grasp when developing further. A “Re-organizational Medicine” framework, developed by the author, somehow synthesizing Chinese Medicine and Western Medicine frameworks, can be used. Thereafter the student may be trained in clinical skills with potential to develop in both, and different specific topics dealt with. In the subsequent practical training, the student will be armed with a full grasp of Chinese Medicine on the context of modern demands of clinical approach.



東華三院於百多年前成立首間提供中醫門診及病床服務的醫院，於二〇〇一年大膽創建以中醫藥醫療、教學與科研為目標之臨床研究服務中心，籌備期間亦遇上不少挑戰，包括當時法制上的規限、人才的尋找、藥物質素的監控、風險管理及中醫資訊系統的發展等。為了向中醫藥發展較為完善的地方借鏡，東華三院曾多次到國內外考察取經及進行交流探訪，並積極與香港各大學商討合作，建立良好合作關係。

除此之外，更與醫院管理局及轄下各醫院緊密合作，加上一班有熱誠的西醫生積極的參與及支持，經過十六個月的籌備，東華三院在二〇〇一年十一月於廣華醫院成立了首間中醫藥臨床研究服務中心。整間中心全面電腦化，並實行無紙運作，在各方面包括臨床個案管理、藥物管理、中藥房運作、風險管理等幾方面實行中西醫合璧，各取所長。通過中西醫生的通力合作，雙方管理層的協調，加上資訊科技的有效運用，中心與西醫醫療體系和諧並存，發展出一套新一代中醫服務中心的運作模式，並且成為培育新一代本地中醫人才的重要基地。

在東華三院第四間中心落成啟用後，東華三院的中醫服務發展將進入另一個階段。下一步的目標是將中醫藥引入病房，與西法治療相輔相承，希望能配合現代醫學把傳統中醫學發揚光大，讓更多市民受惠於中醫藥這個寶庫。



Professor K.F. LEUNG
Chief Executive, TWGHs

Visiting Professor, Chengdu University of TCM, Sichuan, PRC

TWGHs established the first hospital in Hong Kong that provided Chinese medicine inpatient and outpatient services in the 1870s. In 2001, TWGHs set up a modernized Chinese medicine clinical research centre with the three pillars as the target : Service, Teaching and Research. During the planning stage of the project, TWGHs was confronted by numerous challenges including limitations in the legislation system, the search of talents, quality assurance of herbs, risk management and difficulty in the development of Chinese medicine clinical information system.

To learn from those with better experience, TWGHs had organized a number of exchange programmes and visits to famous Chinese medicine institutions in China and overseas, and had been actively seeking support from local partners, including local universities, hospitals and the Hospital Authority. With the support of a group of western doctors who were keen on the development of Chinese medicine, the first centre at Kwong Wah Hospital was finally opened in November 2001.

It was a fully computerized paperless operation with extensive application of western hospital management techniques and philosophy in various aspects of the centre. With the joint effort of Chinese medicine and western medicine doctors, full support from the management and the efficient application of information technology, the centre co-existed harmoniously with the western medical infrastructure and became a new model for modern Chinese medicine service centres.

The centre was also an important training base for the new generation of local Chinese medicine practitioners. With the opening of the fourth Chinese medicine service centres, the next target will be to introduce Chinese medicine services to in-patients in wards of the hospitals of TWGHs so as to enable patients to benefit from treatments of both Chinese medicine and western medicine.



香港大學中醫藥學院於2002年成立，並由該年起招收本港高級程度會考之聯招（JUPAS）學生。由於中醫藥學院隸屬香港大學醫學院，故此可以善用擁有百多年教學歷史的醫學院的設備及師資優勢，及合作教學，提供最新的現代醫學知識，一起培訓具備中西醫學知識的新一代中醫。再者，以香港大學綜合大學及通識教育之優勢，除教導學生專業知識外，更注重全人教育，務求教育具才德兼備的優質畢業生。由於港大學生英語水平較高，有助培育具國際宏觀視野和溝通能力之中醫人才，從而帶領中醫藥走向國際化之最終目的。

為求達到以上教學理念與目標，中醫藥學院的五年課程，由中醫藥學院及醫學院合作教授中醫及西醫兩部份，而大學通識教育，則由大學其他學系負責。整個課程（包括臨床實習）合共5235學時。而作為現代醫學基礎的現代生物科學知識課程佔232學時，即總學時之4.4%。怎樣才可善用這學習時間達到與時並進之效？

香港大學醫學院已於1997年開始推行“新醫學課程”。新課程的有別於傳統的教學方法，它的特色，是以“學為主，教為輔”，課程的主題包括：（1）健康與患病情況下的身體機能運作（2）醫生與病人的關係（3）醫療與社會的關係，和（4）專業的發展。教學方面，則以系科專科為本，融合各醫學科目。採用學習個案，由導師推進之下用小組討論方式，同學們可自選學習目的，透過網上及其他資訊，尋找資料來解答問題。這是一種以解難為本的學習模式，更可發高廣學基，融和各學科的學理。更配合了社會需要。



至今，這“新醫學課程”，已推行了七年，亦有兩屆畢業生，我們仍繼續跟進他們畢業後的就業及進修情況，僱主，病人及同行的評價。這課程是否成功尚待驗證。不過，就港大醫學生在非典型肺炎在港肆虐期間，我們的醫學生亦曾自發性地站出來參加防疫宣傳，可見他們深明醫療與社會的關係。中醫藥學院既為港大醫學院之成員，何不乘天時地利人和之便，參照我們的“新醫學課程”，而發展“新中醫藥學課程”呢？



上海中醫藥大學有著極為豐富的中醫臨床教學資源，除了四所一流的附屬醫院外，還建立了遍佈全市及臨近省市的中醫醫教研聯合體，這為開展中醫臨床實踐教學提供了必要的條件。大學通過“三學期制”來達到“早臨床、多臨床”的目的，從第一年到第四年每年安排10周時間進行包括社區醫療、預防醫學、中醫內科見習在內的臨床實踐教學，並將中醫文化、辨證思維訓練融入其中。跟師和案例教學是學生中醫悟性培養的重要途徑。在畢業實習階段，除制定基本中西醫病種教學要求外，更採用臨床導師制，使學生通過與名師的直接交流，體驗中醫辨證的靈活性。

我們強調學生採集臨床資訊的基本技巧，同時更注重他們分析資訊的能力。為此，在臨床實習中大量採用案例教學，並要求學生參與整理名醫醫案，在考核和訓練中還利用電腦技術製作了中醫臨床病案思維程式類比系統。加強基本理論知識是完成臨床實踐教學關鍵，我們在臨床實踐中增設了中西醫基礎理論水平考核，要求學生在實踐中進一步鞏固理論知識。

在新的醫療模式和終身教育觀念的背景下，尤其隨著中醫藥教育國際化的趨勢，中醫臨床教學的目標還有待重新確定，我們還需要處理好幾方面的關係：知識掌握與思維培養；基本疾病概念與中醫豐富的經驗；溝通能力、倫理、情感、文化背景教育與基本技能訓練；西醫與中醫辨證能力等。同時為保證中醫藥國際化發展的內在質量，有必要建立起全球中醫藥教育基本要求。



Professor Hongyi-HU, Professor Hailei-ZHAN
Academic Affairs, Shanghai University of Traditional Chinese Medicine, Shanghai

Shanghai University of Traditional Chinese Medicine (SUTCM) has abundant clinical teaching resources in Traditional Chinese Medicine (TCM) which contains not only four top-ranking affiliated hospitals, but also the Medicine, Teaching & Research Unions of TCM widely spread in Shanghai city and adjacent provinces. That supplies the fundamental condition for the teaching of clinical practice in TCM. In order to achieve the more and earlier involvement in clinical teaching, the university carries out the “tri-semester mode” to allow the students 10 weeks annually from the freshmen to the 4th year in the clinical practice teaching including community healthcare, preventive medicine, TCM internal medicine and so on. The TCM culture and differentiation thought training has also been blended into this mode.

The tutor monitoring and case study are the important routes to TCM perception culture for the students. Besides the establishment of basic requirements to medicine learning, we apply the Clinical Tutor for the students to experience the flexibility in TCM differentiation by their direct communication with the masters. We emphasize on the basic techniques of clinical information collection by the students and the abilities to information analysis. Therefore, we have applied abundant case studies and obliged the students to anticipate the management of medical reports written by the famous doctors.

We have also established the imitation system in clinical thinking procedure of TCM during the examination and training. As we all know, the reinforcement of basic theories and knowledge is the fundamental of the accomplishment in clinical practice teaching. In the clinical practice, we have added the examination of basic theories of TCM and western medicine in order to the further consolidation of basic theories for the students. In the background of the new medical mode and the concept of life-long education, the object of TCM clinical teaching is still waiting for identification.

Concerned about the limited time of practice, we are still demanded to manage the relationship among knowledge achieving and clinical thought culture, basic concepts of disease and TCM abundant experience, communication abilities, ethics, feelings, education of culture background and basic technique training, profession learning by the western medicine and TCM differentiation abilities and so on.

In 1999, WFME has for the first time formulated international standards for medical education in undergraduates, suggesting that the core of medical education should include bio-medicine, behavior science and social science, medical strategy skills, criticism spirit, communication capacity and medical ethics. In light of such international standards, it is necessary to establish the global essential requirements (international standard) of Traditional Chinese Medicine education in clinical teaching. For guaranteeing the internal quality of internationalization development of TCM, this will directly determine the whole level of TCM medical practice and the equilibrium development in various areas of the world. Meanwhile, it is also the important guarantee of keeping the integrality and distinctness of its theory system during the spread to the world of TCM. The global essential requirements of TCM education should contain the tenet, aim, schedule and method of education, students examination, staffs, education evaluating, teaching resource, education management and so on.

It is also based on the common sole of TCM education. The establishment of the global essential requirements of TCM education should be rooted in the concept of TCM talents expansibility, not only according to the TCM objective practice in various nations of areas, but also forward looking the TCM international development. Thus, the TCM universities and colleges in mainland must achieve more common understanding in the qualified personnel culture mode and play the leading effect.



香港的高等教育機構參與中醫藥教育始於1991年，在15年間，從唯一的香港大學擴展到差不多所有香港的大學都有不同程度的參與。

其中三所大學設有五年全日制專門為培訓執業中醫師的學士學位課程，每年畢業人數不足百人，此外也有中藥的學士學位，以及中醫藥的碩士及博士課程。但是更加活躍的是中醫藥持續教育。

單單香港大學專業進修學院中醫藥學部已經有數以千計的學生，課程面對社會上不同行業，包括中醫藥專業及專業以外如法律、保險、護理、美容等的需要，設計上則照顧就業人士特點，提供4多：多類型，多層次，多進口，多出口的課程，務求儘量提供進修機會，讓有需要及有興趣的各方面人士都能按自己的情況選擇進修途徑，以最大限度地滿足社會發展的需求。

本文藉總結香港大學專業進修學院中醫藥學部的教學經驗，就目前香港中醫藥持續教育所存在的主要問題如醫療環境和學科建設等，探討香港中醫藥持續教育在二十一世紀的終生學習的時代，如何把握機遇，迎接挑戰，為進一步促進和完善香港中醫藥的持續教育，進而推動香港中醫藥事業的發展而努力。

Continuing Education of Chinese medicine in Hong Kong

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Hong Kong's tertiary institutions started to participate in the education of Chinese Medicine (CM) in 1991. It was pioneered by the University of Hong Kong and today, after a period of 15 years, most of the local universities have some sort of involvement in CM education.

Three of the universities are offering five-year full-time bachelor degree programmes in CM aiming at preparing graduates to become qualified CM practitioners. In addition to these programmes which graduate a total of less than 100 in a year, there are also similar scale of under- and post-graduates programmes in CM and CM pharmacy. In this respect, however, the continuing education (CE) sector is far more active.

The CM Division of the HKU SPACE (School of Professional and Continuing Education), for example, has thousands of students enrolled in CM courses. Apart from providing programmes to CM professionals, it also provides CM and CM related programmes to people of different walks of life such as those working in legal, insurance, nursing, beauty business, etc. The multiplicity of the programmes in specialisms, levels, entry and exit points caters for the special characteristics of working adults. It provides opportunities for people to pursue further learning, allows choices to satisfy different needs, and enhances the community's advancement.

This article tries to review the past experience of HKU SPACE, examine related issues such as the local health care environment and CM curriculum development, and explore the role of CE in CM, especially in this important era of life long learning.



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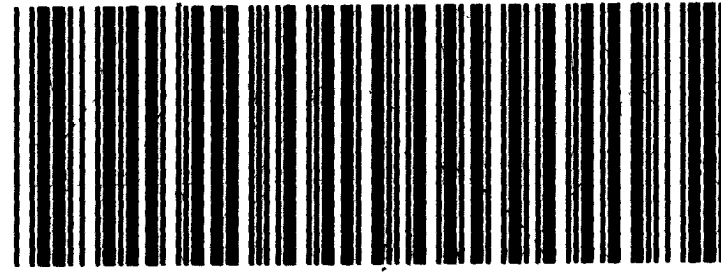
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