

中医药国际学员培训指南

国际组织标准编制说明

一、工作简况

主要起草单位：中国中医科学院西苑医院。

参与起草单位：世界针灸学会联合会、湖南中医药大学、北京中医药大学、天津中医药大学、中国中医科学院针灸研究所、全欧中医药学会联合会、山东中医药大学、北京中医药大学东方医院、中国亚洲经济发展协会、巴西中国友好协会、中国人民大学、美国纽约国际健康联盟、印尼中医师学会、萨尔瓦多公共高等委员会、巴西中草药学院、德国夏里特医学院传统与整合医学中心、韩国国立中央医院、斯里兰卡甘帕哈·维克拉马拉奇奇医科大学、尼泊尔尼中文化交流协会、摩洛哥拉巴特穆罕默德五世大学、摩洛哥传统中医私立学院、白俄罗斯国立医科大学、西哈萨克斯坦马腊特·奥斯帕诺夫医科大学、坦桑尼亚卫生部、宗主区医院、塔亚内·蒙泰罗针灸诊所、Itermed 私立医院、冈比亚卫生部、北马其顿斯蒂普戈瑟德尔瑟夫大学、越南 175 军医院。

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北马其顿：Kire Stojkovski。

越 南：Ms Hoang Thi Phong Lan （黄氏风兰）。

二、标准起草过程简介

本项目源于中国中医科学院西苑医院在中医药国际培训领域的长期实践积淀。起草组基于中国国家中医药管理局国际合作专项、商务部援外培训项目以及“中医药短期国际培训模式构建与应用”等项目的实施经验与研究成果，系统总结了十余年来的培训管理经验。鉴于目前全球中医药非学历教育培训缺乏统一的管理标准，起草组旨在将上述国家级项目的成熟经验转化为世界中医药学会联合会（WFCMS）国际组织标准，以规范全球中医药国际培训活动，提升培训质量。

本项目的主要起草单位为中国中医科学院西苑医院。作为国家国际科技合作基地、国家服务贸易出口基地、首批北京市中医药服务交往机构，西苑医院是中医药国际传播的重要窗口。医院已连续 16 年承办援外培训项目，累计开展中医药国际培训 90 余期，项目惠及五大洲 3000 余名外籍人士。基于这一丰富的实践基础，起草组严格遵循“理论构建—实践检验—标准提炼”的科学路径，完成了标准草案的撰写与初步论证。具体起草过程如下：

1. 基础研究与数据积累

依托商务部援外培训项目，起草组系统收集并分析了近五年内执行的 30 余期培训项目数据（涵盖线上线下），建立了包含“国际中医师胜任特征模型”和“柯克帕特里克（Kirkpatrick）四级培训效果评估模型”在内的理论体系。同时，开发了“中医药国际短期培训教学平台”（具备签到、考勤、考试、讨论等功能），并编写了《中医药文化宣传系列教材》，为标准制定积累了核心素材与操作规范。

2. 草案撰写与内部研讨（2026 年 1 月-2026 年 3 月）

基于前期成果，起草组于 2025 年开始起草标准文本。2026 年 1 月至 3 月，起草组组织了多次内部研讨会，确定了以“ADDIE 模型”（分析、设计、开发、实施、评估）作为标准的主体架构，并完成了《中医药国际培训指南》草案初稿。

3. 第一轮专家函询（2026 年 4 月）

2026 年 4 月，起草组通过电子邮件将草案初稿发送至商务部培训中心、国家中医药管理局国际合作司的国内政策专家，以及部分长期合作的海外中医药中心负责人等。本轮函询重点征集了关于“标准适用范围”及“培训需求分析”章节的意见。专家建议进一步明确本文件仅适用于非学历的短期职业培训，排除学历教育范畴。起草组据此对草案进行了第一次系统性修订。

4. 第二轮专家审阅（2026 年 5 月）

在修订基础上，起草组于 2026 年 5 月启动了第二轮专家审阅。本轮审阅范围扩大至更广泛的国际专家网络，重点聚焦于“跨文化培训实施”及“培训效果评估”的技术指标，特别是针对来自五大洲不同文化背景学员的适应性进行了论证。目前，起草组正在汇总处理反馈意见，计划在吸收专家建议后形成标准的征求意见稿，为后续公开征求意见和审定工作做好准备。

三、主要技术内容介绍

《中医药国际培训指南》（以下简称《指南》）的研制，旨在为全球范围内日益增长的

中医药线下非学历培训活动，提供一套系统、科学且可操作的全过程管理框架与质量保障指南。《指南》不规定具体的课程内容，而是聚焦于培训项目的管理流程，填补了当前国际标准体系中“如何组织与管理培训项目”这一关键环节的空白。

1. 核心框架与理论基础：《指南》的总体设计

《指南》的核心技术内容建立在对国际培训领域最佳实践的深入研究与整合之上。其总体设计遵循两大理论基础：

首先，《指南》的结构设计与核心流程采用了国际公认的教学系统设计 ADDIE 模型，即分析、设计、开发、实施和评估五个阶段。这确保了培训项目管理具备系统性、闭环性和可迭代性，为全球使用者提供了一个严谨且通用的管理逻辑。

其次，《指南》在内容定位上实现了与既有国际顶层框架的有效衔接。在专业培训的知识内容上，与 WHO《中医药培训基准》(Benchmarks for training in traditional Chinese medicine, 2010) 相协调；在服务流程理念上，参考了 ISO 29993:2017《非正规教育学习服务——服务要求》。这使得《指南》既承接了国际权威的知识体系，又聚焦于具体实施过程，形成了“内容有参照，过程有规范”的完整解决方案。

在此基础上，《指南》确立了五大核心原则：安全性原则（将学员安全置于首位）、文化尊重与适应性原则（尊重不同文化背景）、质量可控原则（建立明确的质量目标与流程）、透明性原则（公开项目核心信息）以及可追溯性原则（全过程留存文档记录）。这五大原则构成了所有技术条款的基石。

2. 全过程管理流程：从分析到评估的闭环系统

《指南》的核心技术内容是将培训项目的管理科学地划分为五个连续且相互关联的阶段，并为每个阶段设定了明确的操作要求。

(1) 分析阶段：要求项目提供方在启动前必须系统收集并分析目标学员的需求，区分专业与非专业学员；评估学员所在国家或地区的法律法规、文化环境等外部条件；并识别项目可能面临的文化、法律及安全风险。这是确保项目具有针对性与可行性的前提。

(2) 设计阶段：要求基于需求分析，制定清晰、可衡量的培训目标与学习成果；科学规划课程模块与逻辑顺序；并根据学员特点选择适宜的教学策略。该阶段为培训项目绘制蓝图。

(3) 开发阶段：聚焦于资源的准备。要求开发或选用适配的教材与辅助材料，核心术语应参照 WFCMS 或 WHO 发布的国际标准；明确师资资质要求并提供必要培训；确保教学场所符合安全、卫生与功能要求，并准备必要的教具与耗材。

(4) 实施阶段：规定了项目的具体执行规范。包括：涉及跨国合作必须签订书面协议，明确各方权责；在培训前向学员履行知情同意义务，说明潜在风险及证书性质；进行真实、准确的宣传招生；有序组织教学活动并建立安全记录；为学员提供必要的学习与生活支持。

(5) 评估与改进阶段：《指南》引入了柯克帕特里克 (Kirkpatrick) 四层次评估模型，要求开展多维度的效果评估。这包括：反应层（学员满意度）、学习层（知识与技能掌握）、行为与结果层（学员返回工作岗位后的应用情况及对健康结局的影响）。此外，还要求建立申诉处理机制，并基于评估数据进行项目总结与持续改进，形成闭环。

3. 差异化实施策略：对两类学员的针对性管理

《指南》的一个显著技术亮点，是针对培训市场的两大主要对象——专业学员与非专业

学员，提供了差异化的管理实施指南。

针对专业学员（具备医学背景的从业者），《指南》要求设定明确的准入基础；能力培养应侧重于临床思维、辨证施治与安全操作规范；考核必须包含充足、有督导的实践环节；并可提供详细学时证明，探讨与专业教育体系的学分衔接。

针对非专业学员（出于兴趣或养生目的的学习者），《指南》则将目标定位于文化普及与养生体验，明确禁止涉及需要专业资质的诊断与治疗技术教学；推荐采用体验式、生活化的教学方式；评估侧重于文化理解度与学习体验；并强制要求在宣传材料中明确安全风险提示，不可替代专业医疗。

这一差异化设计，既保障了专业培训的严谨性与深度，也规避了普通公众培训可能带来的安全隐患，体现了分类指导的科学管理思想。

4. 质量保障体系：对培训提供方的系统要求

为确保《指南》的有效实施，最终用户章节对培训提供方的基本条件提出了系统性要求。要求机构具备合法资质与管理能力；授课教师应具备匹配的专业与教学能力；鼓励建立覆盖全流程的文件化质量管理体系；对跨国合作中的协议管理、信息保护与数据安全提出了明确要求，例如须遵守所在国数据保护法规、对临床病例进行去标识化处理，影像、照片使用须获授权。

此外，《指南》提供了两个规范性附录：附录 A（学员评估表示例）和附录 B（培训提供方自评表），为用户提供了可直接参考或采用的实用工具，增强了标准的可操作性。

综上所述，《中医药国际培训指南》的主要技术内容，是从大量国际培训实践中提炼出的一套以 ADDIE 模型为核心、以差异化分类管理为特色、以质量保障为支撑的全流程管理规范。它专注于填补“如何组织与管理”这一过程性指导框架的空白，旨在为全球中医药培训的规范化、标准化与高质量发展提供坚实的技术支撑。

四、重大分歧意见的处理经过和依据

本文件在制定过程中，未出现重大分歧意见。

五、其他应说明的事项

无

Guidelines for International Trainees in Chinese medicine

International Organization Standard Formulation

Explanations

I. Work Summary

Main drafting organization: Xiyuan Hospital of CACMS.

Participating drafting organizations: WFCMS Training Department; World Federation of Acupuncture-Moxibustion Societies; Hunan University of Chinese Medicine; Beijing University of Chinese Medicine; Tianjin University of Traditional Chinese Medicine; Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences; All European Federation of Chinese Medicine; Shandong University of Traditional Chinese Medicine; Dongfang Hospital, Beijing University of Chinese Medicine; China Association for Asian Economic Development; Brazil-China Friendship Association; Renmin University of China; International Health Alliance, New York, USA; Indonesian Association of Chinese Medicine Practitioners; Consejo de Educación Superior de El Salvador; Brazilian College of Chinese Herbal Medicine; Charité – Universitätsmedizin Berlin, Center for Traditional and Integrative Medicine; Korea University Medical Center; University of Kelaniya, Sri Lanka; Nepal China Cultural Exchange Association; Mohammed V University in Rabat, Morocco; Moroccan Private Institute of Traditional Chinese Medicine; Belarusian State Medical University; Marat Ospanov West Kazakhstan Medical University; Ministry of Health, Tanzania; Chongwe District Hospital; Taiane Monteiro Acupuncture Clinic; Itermed Private Hospital; Ministry of Health, The Gambia; Goce Delcev University of Shtip, North Macedonia; 175 Military Hospital, Vietnam.

Main drafters: Li Qiuyan, Jia Guanchun.

Participating drafters (listed alphabetically by surname):

China: Pang Bo, Fu Jianhua, Li Hebai, Yang Yuyang, Yang Huaizhong, Cai Xiaoqing, Yu Rong, Fei Yutong, Tian Xuefei, Li Hainan, Tong Xiaoying, Zhu Miansheng, Liu Junhua, Wang Wei, Xie Yuhan, Yang Guanglin, Su Ziliang, Cui Yashan, Wang Jing, Li Xiang, Wang Xujie, Li Jiayi, Lu Yonghui, Xu Yun, Zhang Lu, Liu Weiwei, Sun Lingyun, Dong Fei, Liu Ying.

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Nepal: Harish Chandra Shah.
Morocco: Naoufal Louati.
Belarus: PADSADCHYK LARYSA, HARBAR NATALLIA.
Kazakhstan: TAUSHANOVA Maiya.
Tanzania: VUMILIA LIGGYE MAHAMOUD.
Zambia: Audrey Muleya, Rabecca Nyirongo.
Mongolia: EVSANAA BAIGALMAA.
The Gambia: Komma Fatoumata.
North Macedonia: Kire Stojkovski.
Viet Nam: Ms Hoang Thi Phong Lan.

II. Brief Description of the Standard Drafting Process

This project originates from the long-term practical experience of Xiyuan Hospital of CACMS in the field of international TCM training. Based on the implementation experience and research results of projects such as the International Cooperation Special Project of the National Administration of Traditional Chinese Medicine of China, the foreign aid training projects of the Ministry of Commerce, and the “Construction and Application of Short-term International Training Models in TCM”, the drafting team systematically summarized more than ten years of training management experience. Considering the current lack of unified management standards for non-degree education and training in TCM globally, the drafting team aims to transform the mature experience gained from the above-mentioned national-level projects into an international organization standard of the World Federation of Chinese Medicine Societies (WFCMS), so as to regulate international TCM training activities worldwide and improve training quality.

The main drafting organization of this project is Xiyuan Hospital of CACMS. As a National International Science and Technology Cooperation Base, a National Service Trade Export Base, and one of the first batch of Beijing TCM Service Exchange Institutions, Xiyuan Hospital of CACMS serves as an important window for the international dissemination of TCM. The hospital has been organizing foreign aid training programs for 16 consecutive years, conducting a total of more than 90 sessions of international TCM training, benefiting over 3,000 foreign nationals from five continents. Based on this rich practical foundation, the drafting team strictly followed the scientific path of “theoretical construction

– practical testing – standard extraction” to complete the drafting and preliminary validation of the standard draft. The specific drafting process is as follows:

1. Basic research and data accumulation

Relying on the foreign aid training projects of the Ministry of Commerce, the drafting team systematically collected and analyzed data from more than 30 training programs implemented in the past five years (covering both online and offline formats), and established a theoretical system including the “International TCM Practitioner Competency Model” and the “Kirkpatrick Four-Level Training Effectiveness Evaluation Model”. At the same time, a “Teaching Platform for Short-term International TCM Training” (with functions such as check-in, attendance tracking, examination, and discussion) was developed, and the Series of Textbooks for TCM Culture Promotion was compiled, thereby accumulating core materials and operational norms for standard development.

2. Draft writing and internal discussions (January 2026 – March 2026)

Based on the preliminary work, the drafting team began drafting the standard text in 2025. From January to March 2026, the drafting team organized multiple internal seminars in Beijing, determining that the ADDIE model (Analysis, Design, Development, Implementation, Evaluation) would serve as the main framework for the standard, and completed the first draft of the Guidelines for International Training in Chinese Medicine.

3. First round of expert consultation (April 2026)

In April 2026, the drafting team sent the first draft via email to domestic policy experts from the Training Center of the Ministry of Commerce and the Department of International Cooperation of the National Administration of Traditional Chinese Medicine, as well as to heads of some long-term cooperating overseas TCM centers. This round of consultation focused on gathering opinions on the “scope of application” of the standard and the “training needs analysis” chapter. Experts suggested further clarifying that this document only applies to non-degree short-term vocational training and excludes the scope of academic education. The drafting team made the first systematic revision of the draft accordingly.

4. Second round of expert review (May 2026)

Based on the revisions, the drafting team initiated the second round of expert review in May 2026. This round expanded the scope to a broader international

expert network, focusing on the technical indicators for “cross-cultural training implementation” and “training effectiveness evaluation”, particularly the adaptability to participants from different cultural backgrounds across five continents. At present, the drafting team is summarizing and processing the feedback and plans to form a working draft (WD) for public comment after incorporating expert suggestions, in preparation for the subsequent public consultation and review process.

III. Introduction to the Main Technical Content

The Guidelines for International Training in Chinese Medicine (hereinafter referred to as “the Guidelines”) aim to provide a systematic, scientific, and operational full-cycle management framework and quality assurance guide for the growing global activities of offline, non-degree TCM training. The Guidelines do not prescribe specific course content but focus on standardizing the management process of training programs, filling a key gap in the current international standard system regarding “how to organize and manage training programs”.

1. Core framework and theoretical basis: overall design of the Guidelines

The core technical content of the Guidelines is based on in-depth research and integration of best practices in the international training field. The overall design follows two major theoretical foundations:

First, the structural design and core process of the Guidelines adopt the internationally recognized instructional system design ADDIE model, namely the five stages of Analysis, Design, Development, Implementation, and Evaluation. This ensures that training program management is systematic, closed-loop, and iterative, providing global users with a rigorous and universal management logic.

Second, the Guidelines effectively align with existing international top-level frameworks in terms of content positioning. In terms of knowledge content for professional training, they are coordinated with the WHO Benchmarks for Training in Traditional Chinese Medicine (2010); in terms of service process philosophy, they refer to ISO 29993:2017 Learning services outside formal education – Service requirements. This enables the Guidelines to both inherit internationally authoritative knowledge systems and focus on specific implementation processes, forming a complete solution of “content reference, process standardization”.

On this basis, the Guidelines establish five core principles: the **safety principle** (prioritizing participant safety), the **cultural respect and adaptability principle** (respecting different cultural backgrounds), the **quality controllability principle** (establishing clear quality objectives and processes), the **transparency principle** (disclosing core program information), and the **traceability principle** (maintaining documentation throughout the entire process). These five principles form the cornerstone of all technical provisions.

2. Full-cycle management process: a closed-loop system from analysis to evaluation

The core technical content of the Guidelines scientifically divides the management of training programs into five consecutive and interrelated stages, with clear operational requirements for each stage.

(1) **Analysis phase:** Requires that program providers must systematically collect and analyze the needs of target participants, distinguishing between professional and non-professional participants; assess external conditions such as laws, regulations, and cultural environment in the participants' country or region; and identify cultural, legal, and safety risks that the program may face. This is the prerequisite for ensuring the program's relevance and feasibility.

(2) **Design phase:** Requires formulating clear, measurable overall training objectives and specific learning outcomes based on needs analysis; scientifically planning course modules and their logical sequence; and selecting appropriate teaching strategies according to participant characteristics. This phase maps out the blueprint for the training program.

(3) **Development phase:** Focuses on resource preparation. Requires developing or selecting appropriate teaching materials and supplementary aids, with core terminology referring to international standards published by WFCMS or WHO; defining instructor qualification requirements and providing necessary training; ensuring that teaching venues meet safety, hygiene, and functional requirements; and preparing necessary teaching aids, models, and practice consumables.

(4) **Implementation phase:** Specifies specific operational norms for program execution. These include: signing written agreements for cross-border cooperation, clarifying rights and responsibilities of all parties; obtaining informed consent from participants before training begins, explaining potential risks and the nature of the certificate; conducting truthful and accurate promotion and enrollment; organizing teaching activities in an orderly manner

and maintaining teaching and safety records; and providing necessary learning and life support for participants.

(5) **Evaluation and improvement phase:** The Guidelines introduce the Kirkpatrick Four-Level Evaluation Model, requiring multi-dimensional effectiveness evaluation. This includes: reaction level (participant satisfaction), learning level (mastery of knowledge and skills), and behavior/result level (application of what has been learned in the participant's work after training and impact on health outcomes). In addition, an appeal handling mechanism is required, along with program summarization and continuous improvement based on evaluation data, forming a closed loop.

3. Differentiated implementation strategies: targeted management for two types of participants

A notable technical highlight of the Guidelines is the provision of differentiated management implementation guides for the two main target groups of the training market — professional participants and non-professional participants.

For **professional participants** (practitioners with a medical background), the Guidelines require setting clear entry requirements; focusing competency development on clinical thinking, pattern differentiation and treatment determination, and safe operation standards; **mandating** that assessment include sufficient and supervised practical sessions; and providing detailed documentation of training hours, with possibilities for credit articulation with professional education systems.

For **non-professional participants** (learners driven by interest or health preservation purposes), the Guidelines position the objectives on cultural popularization and health maintenance experiences, **explicitly prohibiting** teaching of diagnostic or therapeutic techniques that require professional qualifications; recommending experiential, interactive, and lifestyle-oriented teaching methods; focusing assessment on cultural understanding and learning experience satisfaction; and mandating safety risk notices in promotional materials stating that the learning cannot replace professional medical care.

This differentiated design ensures both the rigor and depth of professional training and avoids safety risks that may arise from training the general public, reflecting a scientific approach of category-based guidance.

4. Quality assurance system: systematic requirements for training providers

To ensure effective implementation of the Guidelines, the chapter on end-users sets forth systematic requirements for training providers. Providers are required to possess legal qualifications and management capabilities commensurate with program scale; instructors must have appropriate professional and teaching competencies; a documented quality management system covering the entire process is encouraged; clear requirements are established for agreement management, information protection, and data security in cross-border cooperation, such as compliance with host country data protection regulations, de-identification of clinical cases, and obtaining authorization for the use of images and photographs.

In addition, the Guidelines provide two normative appendices: **Appendix A (Example of Participant Evaluation Form)** and **Appendix B (Self-assessment Form for Training Providers)**, offering practical tools that users can directly reference or adopt, thereby enhancing the operability of the standard.

In summary, the main technical content of the Guidelines for International Training in Chinese Medicine is a full-cycle management standard extracted from extensive international training practice, featuring the ADDIE model as its core, differentiated category-based management as its distinctive feature, and quality assurance as its support. It focuses on filling the gap in process-oriented guidance on “how to organize and manage” and aims to provide solid technical support for the standardization, high-quality development, and international standardization of global TCM training.

IV. Handling and Basis of Major Disagreements

No major disagreements occurred during the development of this document.

V. Other Matters to Be Explained

None.