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世界中医药学会联合会
World Federation of Chinese Medicine Societies

SCM NP-2026-208

中医药国际学员培训指南

Guidelines for International Trainees in Chinese medicine

（征求意见草案，CD）

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世界中联国际组织标准
International Standard of WFCMS

20**–**–**发布实施
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前　言

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中医药国际学员培训指南

1 范围

本文件规定了中医药国际培训项目全周期管理的关键原则与基本要求，涵盖需求分析、项目设计、资源开发、组织实施与效果评估等全周期。

本文件适用于全球范围内各类中医药培训项目的提供方、管理及教学人员，为其项目运营提供通用的管理框架与操作指南。

本文件适用于对专业背景学员与非专业背景学员在培训项目管理上的差异化指导策略。

2 规范性引用文件

本文件无规范性引用文件。

3 术语和定义

下列术语和定义适用于本文件。

3.1

中医药国际培训

在全球范围内开展，以传播中医药文化、理论、技能与方法等为核心内容，主要面向成人学员的非学历教育服务活动。

3.2

培训提供方

提供中医药国际培训服务的组织或机构。

3.3

专业学员

具备医学、药学或相关健康领域系统教育背景或法定从业资格的学员，其参与培训旨在提升专业领域内的中医药临床或应用能力。

3.4

非专业学员

不具备医学或相关健康领域专业背景的学员，其参与培训主要出于个人健康管理、文化认知或兴趣等目的。

3.5

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全周期管理流程

基于系统化方法，对培训项目从启动到结束所经历的各阶段（包括需求分析、设计、开发、实施、评估与改进）进行的系统性、连续性管理活动。

4 基本原则

4.1 安全性

培训项目应将学员安全与健康置于首位。涉及中医药特有的实践操作（如针灸、推拿、用药等），应明确其安全规范、禁忌症及潜在风险，并符合所在国家或地区的法律法规。

4.2 文化尊重与适应性

培训项目的设计、内容与实施应尊重学员所属国家或地区的文化传统与价值观，教学案例与表达方式宜具备文化敏感性与包容性。

4.3 培训项目信息公示

培训提供方应公开项目的目标、内容、收费、师资、评估方式、证书类型及退费政策等，保障各方知情权。

4.4 可追溯性

项目全周期应留存文档记录，包括计划、教学实施、评估数据及改进措施，便于审查与追溯。

5 管理要求

5.1 准备阶段

5.1.1 需求分析

应系统收集并分析目标学员的背景、知识起点、学习期望及实际需求，区分专业与非专业学员。

5.1.2 环境分析与法律合规

应评估学员所在国家或地区与中医药相关的法律法规、行业准入、文化环境及市场需求。宜委托当地法律顾问或通过可靠渠道，查明并遵守培训所在国或地区关于中医药教育、医疗广告、执业权限、数据隐私等方面的法律法规。不得承诺或暗示学员完成培训后可获得培训举办地或学员所在国的行医资格，除非确有官方认可。

5.1.3 资源与风险分析

应评估内部师资、教材、设施等资源匹配度，识别项目可能面临的文化、法律、运营及中医药特有的安全风险，并制定突发事件的应急预案，包括但不限于学员受伤、文化冲突、

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法律纠纷、自然灾害等。应提供 24 小时紧急联系人信息，学员应购买适合的意外保险（尤其涉及实操课程时）。

5.2 设计阶段

5.2.1 目标设计

应基于需求分析，制定清晰、可衡量的总体培训目标与具体学习成果。

5.2.2 课程结构设计

应规划培训内容模块与逻辑顺序。专业培训内容宜与世界卫生组织（world health organization, WHO）《中医药培训基准》中界定的知识领域相协调。

培训内容可划分为以下模块：

a）基础理论模块：中医基础理论、中医诊断学、经络腧穴等；

b）技能操作模块：针刺、推拿、拔罐、艾灸等标准化操作流程；

c）安全与法规模块：禁忌证、不良反应处理、所在国医疗法规；

d）文化与伦理模块：中医药文化背景、患者沟通与尊重文化差异。

各模块应注明学时、教学方式（讲授/演示/实操/案例）、考核方式及安全风险等级。

5.2.3 教学策略设计

应根据学员特点与培训目标，选择适宜的教学方法、活动与媒体形式。

5.3 开发阶段

5.3.1 学习资源

应开发或选用适配的教材、案例及辅助材料。核心中医药术语宜参考 WFCMS 或 WHO 发布的国际标准术语。

5.3.2 师资准备

宜优先选用熟悉学员所在国家或地区语言与文化的师资或助教。应明确授课师资应具备的中医药专业知识、技能与教学能力要求，并为师资提供必要的项目背景与教学方法培训。所有教学材料、知情同意书、安全提示等应翻译为学员官方语言或通用语言，翻译内容需经专业审核。

5.3.3 环境与设施准备

应确保教学场所符合安全、卫生与功能要求，并准备必要的中医药教具、模型及实践耗材。

5.3.4 培训场地与设施

培训提供方应确保场地具备以下条件：

a）理论教学区：配备多媒体教学设备及符合成人学习习惯的课桌椅，教学区照明与通风良好；

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b）实践操作区（如涉及针灸、推拿等）：应独立设置，面积不少于 30 ㎡，配备消毒设备、急救箱、模型人、一次性耗材、锐器盒等，并符合感染控制与消防安全要求；

c）线上教学支持：如提供混合式教学，应具备稳定的网络教学平台与技术支持团队。

5.4 实施阶段

5.4.1 合作协议

涉及双方及多方合作（如跨国机构、联合办学等），应签订书面协议，明确各方在招生、教学、收费、安全、证书发放、财务安排及争议解决等方面的责任与权利，并约定争议解决机制。合作方应具备所在国家或地区教育或培训服务的合法资质，并提供证明文件。

5.4.2 知情同意

应在培训开始前向学员说明培训内容、方式、潜在风险（尤其是实践操作部分）、费用及证书性质，并获取其书面或电子确认。

5.4.3 宣传与招生

应进行真实、准确的项目宣传，明确招生条件与流程。重要信息应采用学员可理解的语言版本。

5.4.4 教学组织

应按照计划组织教学活动，维护课堂秩序，管理教学进度，并建立日常教学与安全记录。

5.4.5 学员支持

应为学员提供必要的学习支持与基本生活、后勤服务指引，并明确学员行为规范与安全要求。

5.5 评估与改进阶段

5.5.1 反应层评估

应收集学员对课程内容、师资、管理与服务的满意度反馈。

5.5.2 学习层评估

应通过笔试、实操、报告等方式，评估学员对中医药关键知识与技能的掌握程度。

5.5.3 行为与结果层评估

宜建立跟踪机制，了解学员在培训结束后所学知识与技能在实际工作或生活中的应用情况。

5.5.4 项目总结与改进

应基于评估数据与过程记录，总结项目成效与改进点，并用于后续项目优化。

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5.5.5 申诉与争议处理

应建立申诉渠道与处理流程，对考核结果异议、文化冲突等提供调解支持。

5.5.6 项目调整或终止

如因不可抗力、政策变化等原因需暂停或终止项目，应向学员充分说明，并根据协议约定提供替代学习方案或合理的退费安排。

6 项目差异化实施指南

6.1 专业学员培训项目

6.1.1 准入基础

宜设定明确的医学或相关健康领域教育背景或从业资历要求。

6.1.2 能力培养重点

应侧重于中医药临床思维、辨证施治能力、安全操作规范及符合当地法规的实践技能深化。

6.1.3 实践与考核

必须包含充足的、有督导的中医药实践环节。考核应侧重临床问题解决能力与技能实操水平。

6.1.4 证书与法律声明

可提供注明培训内容与学时的结业证书。所发证书应明确注明“本课程为非学历培训，不等同于培训举办地或学员所在国的执业资格”。证书样式与内容不得违反所在国关于教育证书的法律规定。有条件时，可与相关专业教育或认证体系探讨学分衔接可能性。

6.2 非专业学员培训项目

6.2.1 目标与内容定位

宜聚焦中医药文化普及、基础理论认知、养生保健方法体验及安全常识教育，明确避免涉及需专业资质的诊断与治疗技术教学。

6.2.2 教学方式建议

宜采用体验式、互动式、生活化的教学方式，如文化讲座、养生功法练习、药膳制作体验等。

6.2.3 评估侧重点

评估应以文化理解度、知识普及效果、学习体验满意度及安全认知水平为主。

6.2.4 安全风险提示

应在教学内容及宣传材料中明确提示学员不可将所学用于替代专业医疗，并知晓基本的安全禁忌。

7 培训提供方基本条件

7.1 机构资质

培训提供方应在其运营所在地具有合法注册或运营资质，应满足以下条件之一：

a）在所在国依法注册的教育、医疗或文化传播机构；

b）具有中医药相关专业办学许可或备案；

c）如为境外机构合作培训，需提供合作方的合法资质证明及责任划分文件。

7.2 管理能力

应具备与培训项目规模相适应的管理能力，能够有效组织、协调与监督培训活动的实施。

7.3 师资队伍

授课师资应具备与其教学任务相匹配的中医药专业资质与教学能力。承担核心课程或临床带教的师资，原则上应具备系统的高等中医药教育背景或经认可的同等资质。

7.4 质量管理体系

应建立制度化的内部管理程序，覆盖本项目第 5 章所述主要流程，确保项目运行的规范性与一致性。

7.5 合作协议管理

如与境外机构合作，应签署正式协议，明确责任分工、场地安全、数据共享、证书管理及知识产权安排。

7.6 信息保护与数据安全

应遵守所在国的数据保护法规，确保学员信息安全，临床病历去标识化处理，影像、照片使用须获授权。

8 培训提供方评估与持续改进

8.1 反馈机制

应建立涵盖项目全周期与多方利益相关的评估机制，系统收集反馈信息。

8.2 档案管理

应对每个培训项目的关键文件进行归档保存，保存期限应符合实际需要及相关规定。

8.3 持续改进

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应定期审查评估结果与归档资料，分析改进空间，修订相关管理文件与实施方案，实现服务质量的持续提升。

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附录 A
（规范性）
中医药国际培训项目学员评估表

A.1 目的

本附录提供了用于收集与评估学员反馈、学习效果及行为影响的标准化表格示例，供培训提供方参考使用。

A.2 反应层评估（培训结束时）

评估维度	具体指标	评分（1-5 分）	文字反馈/建议
课程内容	内容的系统性、前沿性与实用性		
	中医药理论与实践的平衡		
	文化相关性与案例适配性		
师资教学	专业知识的深度与广度		
	教学方法的多样性与有效性		
	互动与答疑的充分性		
组织管理	培训日程安排的合理性		
	学习资料与设施的完备性		
	后勤与学员支持的及时性		
总体满意度	是否达到个人学习期望		
	是否愿意推荐给他人		

A.3 学习层评估（考核记录）

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学员类型	培训目标	考核方式	考核内容要点	成绩/等级	评语/改进建议
专业学员	提升临床决策、辨证施治、安全操作能力，适应本国法规与职业发展需求	理论测试	中医药核心概念、原则、安全知识		
		技能实操	诊断方法、针灸/推拿基本手法、用药常识（根据课程设定）		
		案例分析/报告	运用中医药思维解决实际问题的能力		
非专业学员	理解中医基本理念，掌握安全、适用的自我保健方法，增强文化认同	知识问答	基础中医药知识		
		安全认知测试	常见中医药安全知识		
		满意度调查	中医药文化体验		

A.4 行为与结果层跟踪评估（培训结束后 3-6 个月可选）

跟踪内容	是/否/部分	具体实例或影响描述
是否在工作中应用了所学中医药知识/技能？		
应用后是否观察到积极效果（如效率提升、患者/自身健康状况改善）？		
是否将中医药文化或养生理念融入个人/家庭生活？		
对中医药的认知与态度是否发生积极变化？		

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附录 B
（规范性）
中医药国际培训项目提供方自评表

B.1 目的

本附录为培训提供方提供一套系统性的自我检查工具，用于评估项目实施过程与标准要求的符合程度，并识别改进机会。

B.2 自评表

检查阶段	关键检查项	符合程度（是/部分/否）	证据或说明	改进计划
基础条件	机构具备合法资质			
	管理能力与项目规模匹配			
	建立了质量管理、信息安全管理体系			
分析阶段	已完成系统的学员需求与环境分析			
	已识别并评估了项目相关风险（尤其是安全与文化风险）			
设计阶段	培训目标清晰、可衡量，并区分学员类型			
	课程结构合理，内容与中医药知识体系协调			
	教学策略考虑了学员特点与文化背景			
开发阶段	学习资源准确、适配，核心术语规范			
	师资资质与能力经过审核与必要培训			
	教学环境与设施满足安全与实践要求			
实施阶段	合作协议（如适用）与知情同意手续完备			
	宣传招生信息真实、透明			
	教学过程组织有序，记录完整			

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检查阶段	关键检查项	符合程度（是/部分/否）	证据或说明	改进计划
	为学员提供了必要的支持与服务			
评估与改进阶段	开展了多层次的学员评估			
	建立了申诉处理机制			
	完成了项目总结并用于持续改进			

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Foreword

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. The issuing body of this document shall not be held responsible for identifying any or all such patent rights.

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Guidelines for International Trainees in Chinese medicine

1 Scope

This document specifies the key principles and basic requirements for the full life-cycle management of international Chinese medicine training programs (offline, non-degree), covering the entire cycle including needs analysis, program design, resource development, organization and implementation, and effectiveness evaluation.

This document is applicable to providers, managers, and teaching staff of all types of Chinese medicine training programs worldwide, providing a general management framework and operational guidelines for their program delivery.

This document is applicable to differentiated guidance for the management of training programs for professional and non-professional learners.

2 Normative References

This document has no normative references.

3 Terms and Definitions

For the purposes of this document, the following terms and definitions apply.

3.1

International Training in Chinese Medicine

Non-degree educational service activities conducted globally, focusing on the dissemination of Chinese medicine culture, theories, skills, and methods as the core content, primarily targeting adult learners.

3.2

Training Providers

Organizations or institutions that provide international Chinese medicine training services.

3.3

Professional Learners

Learners with a systematic educational background in medicine, pharmacy, or

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related health fields, or with legal professional qualifications, whose participation in training aims to enhance their clinical or application capabilities in Chinese medicine within their professional domains.

3.4

Non-professional Learners

Learners without a professional background in medicine or related health fields, whose participation in training is primarily for the purposes of personal health management, cultural understanding, or personal interest.

3.5

Full Life-cycle Management Process

Systematic and continuous management activities conducted based on systematic approaches across all stages of a training program from initiation to completion (including needs analysis, design, development, implementation, evaluation, and improvement).

4 Basic Principles

4.1 Safety

The training program shall prioritize the safety and health of learners. For Chinese medicine-specific practical operations (such as acupuncture, Tuina, and herbal medication), the safety regulations, contraindications, and potential risks shall be clearly defined and shall comply with the laws and regulations of the country or region where the training is delivered.

4.2 Cultural Respect and Adaptability

The design, content, and delivery of training programs shall respect the cultural traditions and values of the learners' countries or regions. Teaching cases and modes of expression should be culturally sensitive and inclusive.

4.3 Public Disclosure of Training Program Information

Training providers shall publicly disclose core program information, including objectives, content, fees, teaching staff, evaluation methods, certificate types, and refund policies to safeguard all parties' right to know.

4.4 Traceability

Documentary records covering the full life-cycle of the program, including plans,

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teaching implementation, evaluation data, and improvement measures, shall be maintained to facilitate review and traceability.

5 Requirements for Management

5.1 Preparation Phase

5.1.1 Needs Analysis

The background, prior knowledge, learning expectations, and actual needs of target learners shall be collected and systematically analyzed, distinguishing professional learners from non-professional ones.

5.1.2 Environmental Analysis and Legal Compliance

The laws and regulations related to Chinese medicine, industry access, cultural environment, and market demands in learners' countries or regions shall be evaluated. It is advisable to engage a local legal advisor or use reliable channels to identify and comply with the laws and regulations of the country or region where the training is held regarding traditional Chinese medicine education, medical advertising, scope of practice, data privacy, and other relevant matters. No promise or implication may be made that learners will obtain a license to practice medicine in the country where the training is delivered or in their home country upon completion of the training, unless such authorization has been officially granted.

5.1.3 Resource and Risk Analysis

The availability and adequacy of internal resources (including teaching staff, learning materials, and facilities) shall be evaluated, and the potential cultural, legal, operational, and Chinese medicine-specific safety risks that the program may face shall be identified. Emergency response plans shall be developed for unforeseen incidents, including but not limited to student learners' injuries, cultural conflicts, legal disputes, and natural disasters. 24h emergency contact information shall be provided, and appropriate accident insurance shall be purchased for the learners (especially for hands-on courses).

5.2 Design Phase

5.2.1 Objective Design

Clear and measurable overall training objectives and specific learning outcomes shall be developed based on the needs analysis.

5.2.2 Curriculum Structure Design

The training content modules and their logical sequence shall be planned. For professional training, the content should be aligned with the knowledge domains defined in the World Health Organization (WHO) Benchmarks for Training in Traditional Chinese Medicine.

The training content can be divided into the following modules:

a) Basic Theory Module: Fundamental theories of Chinese medicine, diagnostics of Chinese medicine, meridians and acupoints, etc.;

b) Practical Skill Module: Standardized procedures for acupuncture, Tuina, cupping, moxibustion, etc.;

c) Safety and Regulatory Module: Contraindications, handling of adverse reactions, and applicable laws and regulations related to the medical practice of the country where the training is delivered;

d) Cultural and Ethics Module: Cultural background of Chinese medicine, patient communication, and respect for cultural differences.

For each module, the following shall be specified: study hours, teaching methods (lecture/demonstration/practical operation/case study), assessment methods, and safety risk level.

5.2.3 Teaching Strategy Design

Appropriate teaching methods, activities, and media formats shall be selected based on learner characteristics and training objectives.

5.3 Development Phase

5.3.1 Learning Resources

Appropriate learning materials, case studies, and supporting materials shall be developed or selected. For core Chinese medicine terminology, reference should be made to international standard terms published by WFCMS or WHO.

5.3.2 Teaching Staff Preparation

Preference shall be given to instructors or teaching assistants who are familiar with the language and culture of the trainees' countries or regions. The requirements for instructors' professional knowledge of Chinese medicine, skills, and teaching competence shall be clearly defined, and necessary training in program background and teaching methods shall be provided to instructors. All teaching materials, informed consent forms, safety instructions, and other documents shall be translated into the trainees' official language or a common language, and the translations must undergo professional review.

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5.3.3 Environment and Facility Preparation

It shall be ensured that the teaching venues meet safety, hygiene, and functional requirements, and that necessary teaching aids, models, and practical consumables for Chinese medicine teaching are prepared.

5.3.4 Training Venue and Facilities

Training providers shall ensure that the venue meets the following conditions:

a) Theoretical teaching area: Equipped with multimedia teaching equipment and desks & chairs suitable for adult learning habits, with adequate lighting and ventilation;

b) Practical operation area (for acupuncture, Tuina, etc.): It shall be set up independently, with an area of not less than 30 square meters, equipped with disinfection equipment, first-aid kits, mannequins, disposable consumables, sharps containers, etc., and shall comply with infection control and fire safety requirements;

c) On-line teaching support: If blended learning is provided, a stable on-line teaching platform and technical support team should be available.

5.4 Implementation Phase

5.4.1 Cooperation Agreement

In cases involving bilateral or multilateral cooperation (e.g., cross-border institutions, joint educational initiatives), a written agreement shall be signed to clarify the responsibilities and rights of all parties regarding admissions, instruction, tuition, safety, certificate issuance, financial arrangements, and dispute resolution, and establish a dispute resolution mechanism. The cooperating party must possess the legal qualifications required for educational or training services in its country or region and provide supporting documentation.

5.4.2 Informed Consent

Prior to the commencement of training, learners should be informed about the training content, delivery methods, potential risks (especially those associated with practical operations), fees, and certificate types. Written or electronic confirmation should be obtained.

5.4.3 Marking and Enrollment

Programs should be advertised truthfully and accurately, with clear enrollment criteria and procedures. Important information shall be provided in language

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versions that learners can understand.

5.4.4 Teaching Organization

Teaching activities shall be organized according to the plan, classroom order shall be maintained, teaching progress shall be managed, and daily teaching and safety records shall be established.

5.4.5 Learner Support

Learners should be provided with necessary learning support and guidance on basic living and logistical services; learner conduct and safety requirements should be defined clearly.

5.5 Evaluation and Improvement Phase

5.5.1 Reaction-level Evaluation

Learner satisfaction feedback on course content, teaching staff, management, and services should be collected.

5.5.2 Learning-level Evaluation

Learners' level of mastery of key Chinese medicine knowledge and skills should be evaluated through methods such as written exams, practical tests, and reports.

5.5.3 Behavior and Results-level Evaluation

A follow-up mechanism should be established to understand how learners apply the knowledge and skills acquired during training in their actual work or life.

5.5.4 Program Summary and Improvement

Based on evaluation data and process records, the achievements and areas for improvement shall be summarized and then used to optimize subsequent programs.

5.5.5 Complaint and Dispute Handling

Complaint channels and handling procedures should be established to provide mediation support for disputes regarding assessment results, cultural conflicts, and other relevant issues.

5.5.6 Program Modification or Termination

If a program needs to be suspended or terminated due to force majeure, policy changes, or other reasons, learners should be fully informed, and alternative learning options or reasonable refund arrangements should be provided

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according to the agreement.

6 Differentiated Implementation Guide for Programs

6.1 Training Programs for Professional Learners

6.1.1 Admission Criteria

Clear requirements for educational background or professional qualifications in medicine or related health fields should be established.

6.1.2 Focus of Competence Development

Emphasis should be placed on deepening clinical reasoning in Chinese medicine, syndrome differentiation and treatment competencies, safe operational standards, and practical skills that comply with local laws and regulations.

6.1.3 Practice and Assessment

Sufficient and supervised Chinese medicine practice sessions must be included. Assessment shall focus on clinical problem-solving capability and practical skill proficiency.

6.1.4 Certificates and Legal Notice

A certificate of completion specifying the training content and hours of instruction can be provided. The certificates issued must clearly state that: "This course is a non-degree training program and does not constitute a professional qualification in the country where the training is delivered or in the learner's home country." The format and content of the certificates shall not violate the laws and regulations of the host country regarding educational certificates. Where conditions permit, the possibility of credit articulation with relevant professional education or certification systems should be explored.

6.2 Training Programs for Non-professional Learners

6.2.1 Objectives and Content Positioning

Emphasis should be placed on the popularization of Chinese medicine culture, basic theoretical knowledge, experiential engagement with health preservation methods, and safety awareness education. Teaching of diagnostic and therapeutic techniques requiring professional qualifications should be explicitly avoided.

6.2.2 Recommendations on Teaching Methods

Experiential, interactive, and everyday-oriented teaching methods are

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recommended, such as cultural lectures, health cultivation exercise sessions, and hands-on medicinal food preparation experiences.

6.2.3 Evaluation Focus

Evaluation shall primarily focus on cultural understanding, knowledge dissemination effectiveness, learner satisfaction with the learning experience, and safety awareness.

6.2.4 Safety Risk Notification

In both teaching content and promotional materials, learners shall be clearly informed that the knowledge acquired shall not be used as a substitute for professional medical care, and that they should be aware of basic safety precautions and contraindications.

7 Basic Requirements for Training Providers

7.1 Institutional Qualifications

Training providers shall possess valid legal registration or operating qualifications in their place of operation and shall meet at least one of the following conditions:

a) Educational, medical, or cultural transmission institutions legally registered in their country of operation;

b) Holding a license or registration for the operation of Chinese medicine-related professional education;

c) Where overseas institutions are engaged in joint training programs, proof of the partner institution's legal qualifications and documentation defining the division of responsibilities must be provided.

7.2 Management Capacity

Training providers shall possess management capacity commensurate with the scale of the training program, and shall organize, coordinate, and supervise the implementation of training activities effectively.

7.3 Faculty Team

Instructors shall possess Chinese medicine professional qualifications and teaching competence commensurate with their assigned teaching responsibilities. Instructors responsible for core courses or clinical teaching shall, in principle, possess a systematic higher education background in Chinese medicine or recognized equivalent qualifications.

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7.4 Quality Management System

Institutionalized internal management procedures shall be established, covering the main processes described in Chapter 5 of this document, to ensure the standardization and consistency of program operations.

7.5 Cooperation Agreement Management

Where cooperation with overseas institutions is involved, a formal agreement shall be signed to clarify the division of responsibilities, venue safety, data sharing, certificate management, and intellectual property arrangements.

7.6 Information Protection and Data Security

The data protection laws and regulations of the country where the training is delivered shall be complied with to ensure the security of learner information, de-identify clinical records, and obtain authorization for the use of images and photographs.

8 Evaluation and Continuous Improvement of Training Providers

8.1 Feedback Mechanism

An evaluation mechanism covering the entire program life cycle and involving multiple stakeholders shall be established to systematically collect feedback.

8.2 Records Management

Key documents for each training program shall be archived and retained for a period commensurate with operational needs and applicable regulations.

8.3 Continuous Improvement

Evaluation results and archived records shall be reviewed periodically to analyze possibility for improvement, revise relevant management documents and implementation plans, and achieve continuous improvement in service quality.

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Annex A
(Normative)
Learner Evaluation Form for International Chinese Medicine Training Programs

A.1 Purpose

This annex provides a standardized form for collecting and evaluating learner feedback, learning outcomes, and behavioral impact, for reference and use by training providers.

A.2 Reaction-level Evaluation (At the Conclusion of Training)

Evaluation Dimension	Specific Indicator	Rating (1-5 Points)	Written Feedback/Suggestions
Course Content	Systematicity, currency, and practicality of content		
	Balance between Chinese medicine theory and practice		
	Cultural relevance and suitability of case studies		
Faculty and Teaching	Depth and breadth of subject knowledge		
	Variety and effectiveness of teaching methods		
	Adequacy of interaction and Q&A		
Organization and Management	Reasonableness of training schedule		
	Completeness of learning materials and facilities		
	Timeliness of logistics and		

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Evaluation Dimension	Specific Indicator	Rating (1-5 Points)	Written Feedback/Suggestions
	learner support		
Overall Satisfaction	Whether personal learning expectations were met		
	Whether you would recommend this program to others		

A.3 Learning-level Evaluation (Assessment Record)

Learner Type	Training Objective	Assessment method	Key Assessment Point	Score /Grade	Comments /Suggestions for Improvement
Professional Learners	Enhance clinical decision-making, syndrome differentiation-based diagnosis and treatment, and safe operation competencies; adapt to local regulations and professional development requirements	Theoretical Test	Core concepts, principles, and safety knowledge of Chinese medicine		
		Skills Practice	Diagnostic methods, basic acupuncture/Tuina techniques, and common herbal medicine knowledge (as determined by course design)		
		Case Analysis/Report	Ability to apply Chinese medicine thinking to address practical problems		
Non-professional	Understand the	Knowledge Quiz	Basic Chinese Medicine		

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Learner Type	Training Objective	Assessment method	Key Assessment Point	Score /Grade	Comments /Suggestions for Improvement
Learners	fundamental concepts of Chinese medicine, acquire safe and applicable self-care methods, and enhance cultural appreciation		Knowledge		
		Safety Awareness Test	Common Safety Knowledge in Chinese Medicine		
		Satisfaction survey	Chinese medicine cultural experience		

A.4 Behavioral and Outcome-Level Follow-up Evaluation (Optional, 3–6 Months After Training)

Follow-up Content	Yes/No/Partially	Specific Examples or Impact Description
Have you applied the Chinese medicine knowledge/skills acquired during the training in your work?		
Have you observed positive outcomes following application (e.g., improved efficiency, improvement in patient or personal health)?		
Have you incorporated Chinese medicine culture or health preservation concepts into your personal or family life?		
Have your understanding of and attitude toward Chinese medicine changed positively?		

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Annex B
(Normative)
Self-Assessment Form for Providers of International Chinese Medicine Training Programs

B.1 Purpose

This annex provides training providers with a systematic self-assessment tool for evaluating the degree of conformity of program implementation with the requirements of this document and for identifying opportunities for improvement.

B.2 Self-Assessment Form

Check Phase	Key Check Item	Degree of Conformity (Yes/Partially/No)	Evidence or Explanation	Improvement Plan
Basic Conditions	Institution possesses valid legal qualifications			
	Management capacity is commensurate with program scale			
	Quality management and information security management systems have been established			
Analysis Phase	Systematic analysis on learner needs and environment has been completed			
	Program-related risks have been identified and evaluated (especially safety and cultural risks)			
Design Phase	Training objectives are clear, measurable, and differentiated by learner			

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Check Phase	Key Check Item	Degree of Conformity (Yes/Partially/No)	Evidence or Explanation	Improvement Plan
Basic Conditions	Institution possesses valid legal qualifications			
	Management capacity is commensurate with program scale			
	Quality management and information security management systems have been established			
	types			
	Curriculum structure is reasonable, and content is coordinated with the Chinese medicine knowledge system			
	Teaching strategies consider learner characteristics and cultural background			
Development Phase	Learning resources is accurate and appropriate, and core terms are standardized			
	Teaching staff qualifications and competence have been reviewed with necessary training provided			
	Teaching environment and facilities meet safety and practical requirements			
Implementation Phase	Cooperation agreements (if applicable) and informed consent procedures are complete			

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Check Phase	Key Check Item	Degree of Conformity (Yes/Partially/No)	Evidence or Explanation	Improvement Plan
Basic Conditions	Institution possesses valid legal qualifications			
	Management capacity is commensurate with program scale			
	Quality management and information security management systems have been established			
	Marketing and enrollment information is truthful and transparent			
	Teaching process is well-organized, with complete records			
	Necessary support and services have been provided to learners			
Evaluation and Improvement Phase	Multi-level learner evaluations have been conducted			
	Complaint handling mechanism has been established			
	Program summary has been completed and used for continuous improvement			

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