

# COMPARATIVE STUDY ON THE EDUCATION SYSTEM OF TRADITIONAL MEDICINE IN CHINA, JAPAN, KOREA, AND TAIWAN



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**Context:** China, Japan, Korea, and Taiwan have developed modernized education systems in traditional medicine.

**Objective:** This study aims to provide an overview of the education systems in these countries and compare them.

**Methods:** Data were collected through the websites of government agencies, universities, and relevant organizations.

**Results:** These countries have systemically developed basic medical education (BME), postgraduate medical education (PGME), and continuing medical education (CME) in traditional medicine. BME is provided at colleges of traditional medicine at the undergraduate level and graduate levels. The length of education at the undergraduate level is five, six, and seven years in China, Korea, and Taiwan, respectively; the length at the graduate level is four years in Korea and five years in Taiwan. A seven- or eight-year program combining undergraduate and graduate courses is unique to China. In Japan, unlike in other countries, there are two distinct education systems—one is comprised of courses on traditional

medicine included in the curriculum for Western medical doctors, and the other is a three- or four-year undergraduate program for practitioners including acupuncturists and moxibustionists. PGME in Korea consists of one-year internship and three-year residency programs which are optional; however, in China and Taiwan, internship is required for the national licensing examination and further training is in the process of standardization. The required credits for maintenance of CME are eight per year in Korea, 25 per year in China, and 180 over six years in Taiwan.

**Conclusions:** The design of the educational systems in these countries can provide useful information for the development of education in traditional medicine around the world.

**Key words:** traditional medicine, education, basic medical education, postgraduate medical education, continuing medical education

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## INTRODUCTION

According to the World Health Organization (WHO), 60%–90% of the population in developing countries uses traditional medicine for primary healthcare, and over 40% of the population in developed countries such as the United States of America, Australia, France, and Germany may use complementary and alternative medicine as often as once per year.<sup>1</sup> Because so many people utilize traditional and complementary medicine (T&CM) worldwide, quality

assurance in education for T&CM practitioners is a priority to protect the public health. WHO recently published strategies for strengthening the quality assurance in T&CM education including establishment of accreditation systems and development of regulation on education, licensing, and registration.<sup>2</sup> The WHO regional office for the Western Pacific also recently published guidelines for quality assurance of traditional medicine education.<sup>3</sup>

A recent survey on the regulatory status of T&CM showed that 12 out of 23 countries have regulations on licensing and education for T&CM practitioners.<sup>4</sup> In Australia, the Chinese medicine board was integrated into the Australian Health Practitioner Regulation Agency in 2012 under the National Registration and Accreditation Scheme, and an accreditation system for schools of Chinese medicine was introduced.<sup>5</sup> In the United States, licensed complementary and alternative medicine practitioners have their own educational accreditation standards; a recent focus in the United States is the development of core competences for interdisciplinary cooperation.<sup>6</sup> Such efforts toward quality assurance in the education of T&CM are spreading rapidly worldwide.

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Asian countries such as China, Japan, Korea, and Taiwan have developed modernized educational systems in traditional medicine. Traditional medicine is officially recognized as equal in status to Western medicine in the healthcare systems in China, Korea, and Taiwan, and these systems are often categorized as “dual” or “two-tiered” healthcare systems.<sup>7</sup> In all of these countries doctors of traditional medicine are recognized as medical practitioners in the laws or regulations of the country, and the educational systems are equivalent to those of Western medicine.

On the other hand, in Japan, traditional medicine was integrated into Western medicine during the Meiji Restoration in the 19th century, and in Japan the healthcare system is categorized as a unified healthcare system.<sup>7-9</sup> There are two types of health practitioners of traditional medicine in Japan: Western medical doctors and healthcare practitioners such as acupuncturists, moxibustionists, and massage therapists. Western medical doctors can practice traditional Japanese medicine (i.e., Kampo medicine) without any limitation in the scope of practice.<sup>8,9</sup> However, other health practitioners can practice only a subset of traditional medicine allowed within their license such as acupuncture, moxibustion, or massage. Therefore, in Japan there are two distinct educational systems for traditional medicine, one for Western medical doctors and one for other practitioners.

This study aims to introduce and describe the traditional medicine educational systems of China, Japan, Korea, and Taiwan through all stages of education from basic medical education (BME) to continuing medical education (CME), and compare the similarities and differences between the systems in these countries.

## METHODS

Because the scope of health practitioners in traditional medicine differs between the countries of interest, we define the practitioners as doctors of traditional medicine in China, Korea, and Taiwan and as Western medical doctors, acupuncturists, and moxibustionists in Japan for comparison purposes. In addition, education in this study refers to only higher education approved by the government in each country, which generally means university-level education.

Data were gathered mainly through the official websites of government agencies, universities, academic societies, associations of practitioners, and relevant organizations such as institutes for the national licensing examination and those for accreditation. Data were also collected from reports or papers published by these organizations.

The laws or regulations governing education in traditional medicine were gathered from a search of the official websites of the relevant government bodies. The websites of the National Health and Family Planning Commission (<http://www.nhfpc.gov.cn/>) and the State Administration of Traditional Chinese Medicine (<http://www.satcm.gov.cn/>) were used for China. The websites of the Ministry of Internal Affairs and Communications (<http://www.e-gov.go.jp/index.html>), the Ministry of Health, Labour, and Welfare (<http://www.mhlw.go.jp/>), and the Ministry of Education, Culture, Sports, Science, and Technology (<http://www.mext.go.jp/>)

were used for Japan. The websites of the Ministry of Government Legislation (<http://www.law.go.kr>) and the Ministry of Health and Welfare (<http://www.mw.go.kr>) were used for Korea. The websites of the laws and regulations database (<http://law.moj.gov.tw/>) and department of Chinese Medicine and Pharmacy (<http://www.mohw.gov.tw/cht/docmap/>) were used for Taiwan.

Statistics related to BME and the national licensing examinations were searched through the websites of the Ministry of Education and the institutes in charge of the licensing examination.

The data for the analysis of the required credits for graduation and the composition of the curriculum were collected from the oldest universities in these countries. The proportions of the subjects of traditional medicine, Western medicine, and humanities and sociology were calculated based on the number of credits in these subjects out of the total required credits for graduation. Additional searches for relevant data were performed using PubMed and representative databases in each country: CNKI, Wanfang, and VIP in China; CiNii and J-STAGE in Japan; RISS, DBPIA, and OASIS in Korea; and Ariti library in Taiwan. The search terms used were combinations of “education,” “traditional medicine,” “basic medical education,” “postgraduate medical education,” “specialty training,” and “continuing medical education.”

All the data were categorized into BME, postgraduate medical education (PGME), and CME according to the stages of medical education,<sup>10,11</sup> and the educational system in each category was compared across the countries.

## RESULTS

### Basic Medical Education System of Traditional Medicine

In China, Korea, and Taiwan, BME in traditional medicine is provided at the colleges of traditional medicine at the undergraduate level or graduate level. However, there are differences between these countries in many aspects such as the number of schools, degree conferred, length of education and curriculum (Table 1).

In Korea, there are 12 schools, 11 of which are private and undergraduate schools and only one of which is a public and graduate school. The undergraduate schools provide a six-year program, which consists of a two-year premedical program and a four-year medical program. The medical program is composed of two-year preclinical courses and two-year clinical courses and clerkship. The graduate school provides a four-year program, equivalent to the four-year medical program of the undergraduate schools.

In China, there are 16 schools providing a five-year undergraduate program and 12 schools providing both a five-year undergraduate program and a seven-year program combining undergraduate courses and graduate courses. All of them are public schools. Graduates from the undergraduate schools receive a bachelor's degree, and graduates from the schools providing a seven-year combined program receive both bachelor's degree and master's degree.

In Taiwan, there are four private schools. Two out of four schools provide a seven-year undergraduate program consisting

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