



Continuing Professional Education Programme

中医继续教育

Clinical Mentorship Programme

临床导师计划

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1. Background

The transmission of Traditional Chinese Medicine (TCM) has historically relied on the mentor-mentee apprenticeship(师承) model, through which clinical judgement, tacit skills, and proprietary methods are passed directly from teacher to student. This approach preserves lineage-specific traditions such as family formulas (家传方), school of thought (学派), distinctive needling techniques (针法传承), and specialized diagnostic frameworks (e.g., unique pulse or tongue diagnostic systems).

Modern TCM education emphasizes structured coursework, evidence-based practice, and broad clinical competencies. In Singapore, the Ministry of Health's Clinical Training Programme (CTP) strengthens newly qualified TCM practitioners' clinical skills, professionalism, and patient safety. Building on this foundation, integrating the mentor-mentee (师承) model can further enrich training by deepening clinical insight, safeguarding effective traditional practices, and advancing TCM in ways that are both rigorous and rooted in heritage.

TCM has been practiced in Singapore for several decades. The local community of senior TCM practitioners hold decades of local clinical practice experience that is at risk of being lost without a structured pathway for transmission. The Clinical Mentorship programme (CMP) addresses this gap by formalizing lineage-based mentorship within a Continuing Professional Education (CPE) framework, honouring apprenticeship traditions while incorporating modern educational structures, competency-based assessment, and quality assurance.

2. Programme Goals

Goal	Description
Preserve Lineage Heritage	Document and transmit lineage-specific knowledge (proprietary diagnostic approaches, treatment techniques, formula systems, oral teachings, unpublished case logs, and tacit clinical wisdom) to prevent loss of heritage and support future teaching.
Develop Advanced Clinical Competence	Equip mentees with lineage-based skills beyond standard TCM curricula to improve precision in managing complex cases.
Formalize the Apprenticeship Pathway	Provide a clear structured model that supports the mentor-mentee relationship within contemporary professional development systems.
Foster Ethical Stewardship	Cultivate responsibility in mentees to preserve, practise, and transmit lineage knowledge with integrity and respect for tradition.

3. Programme Requirements

3.1 Structure and Duration

Structure	Duration
Programme duration	Minimum 3 months
Number of training sessions	Minimum 12 sessions per programme
Session duration	2-4 hours per clinical training session
Documentation (see logbook)	At least 3 clinical case logs per session At least 3 case study reports by end of programme Learning objectives: set jointly at start of programme between mentor and mentee; assessed by mentor at the end of programme.
CPE points allocation	Mentee: 12 points per completion of programme Mentor: 24 points per completion of programme

3.2 Assessment Framework

Assessment Method	Description	Timeline
Direct Observation of Clinical Encounter	Mentor observes mentee conducting a full consultation (history, diagnosis, treatment) and provides structured feedback on lineage understanding, professionalism, and areas for improvement.	Monthly
Case Study	Mentee submits at least 3 cases, defending their diagnostic reasoning and treatment rationale using lineage principles.	End of Programme
Skillset Demonstration / Assessment of Learning Objectives	Mentee demonstrates a signature lineage technique (e.g., specific needling method or school-based approach) and explains its principles; assessed for fidelity to lineage standards and stated objectives.	End of Programme
Reflective Portfolio	Collection of case logs, mentor's feedback, self-reflections, and documented lessons learned, demonstrating integration of lineage knowledge into practice.	Ongoing; final submission
Mentor's Letter of Transmission	Final mentor assessment confirming the mentee's competency and readiness to apply and transmit lineage knowledge and skills.	End of Programme

3.3 Programme Commitment

Both mentor and mentee **must commit to the full programme duration**. CPE points will only be awarded fully after completion of the full programme. No partial CPE points will be awarded. If either party cannot fulfil this commitment, the programme must be restarted to maintain educational integrity.

4. Programme Stakeholders

Stakeholder	Role & Benefit
Mentees (TCM Practitioners)	Licensed TCM practitioners (TCM Physicians and acupuncturists) seeking advanced specialization, deeper clinical mastery, and connection to a recognized lineage tradition.
Mentors (Lineage Holders/Senior TCM Practitioners)	Experienced senior practitioners who wish to formalize their teaching, receive institutional support, and ensure continuity of their legacy.
Patients & the Public	Patients gain access to practitioners trained in highly refined, lineage-based approaches that may yield improved outcomes for specific conditions.
TCM Institutions & Professional Bodies	Enhance CPE offerings, preservation of cultural heritage, and stronger alignment between traditional training and modern regulatory requirements.
The Broader TCM Community	Preservation of TCM's intellectual and clinical diversity, reducing the risk of lineage loss as senior practitioners retire.

5. Roles and Responsibilities

The programme is built on a structured mentor-mentee (师徒) relationship with clear roles and expectations.

Role	Responsibilities
All parties	• Commit to full programme (restart required if either party cannot complete) • Uphold professional standards and programme integrity • Participate actively in mandatory monthly review sessions • Keep documentation accurate, complete, and duly signed
Mentor (师)	• Obtain Secretariat approval with pre-submission requirements equivalent to speaker and trainer qualifications (via event provider). Licensed TCM physicians/acupuncturists holding valid Practising Certificate (PC); minimum Consultant TCMP equivalent level (per ADVISORY ON TCM PRACTITIONERS' CAREER AND REMUNERATION GUIDELINES (CRG)) • Maintain professional independence (no employer-employee relationships with mentees) • Withdraw only in exceptional circumstances (e.g., organisational departure) • Provide written assessment and sign the logbook after each session • Verify documentation accuracy and completeness; ensure programme educational objectives are met

Role	Responsibilities
Mentee (徒)	• Licensed TCM physicians/acupuncturists with valid Practising Certificate (PC), with at least 1 year of clinical experience. Clinical experience shall generally be determined based on the practitioner's registration year and proof of employment and/or voluntary practice in a TCM organisation. • In exceptional circumstances, a Fully Accredited CPE Event Provider may recommend a mentee who does not meet the minimum clinical experience requirement. The recommendation must be supported by: a) a statement from the mentor and the mentee; b) the rationale for recommending the mentee for participation in the programme; and c) the mentee's academic transcript. Such exceptional cases shall be capped at no more than 5 mentees per calendar year per Fully Accredited CPE Event Provider and are subject to Board approval. • Participate only in CMP administered by Fully Accredited CPE Event Providers • Maintain comprehensive logbook records including dates, times, and clinical cases observed • Complete all Clinical Session Records and Case studies, ensuring all fields are populated and assessments passed • Prepare thoroughly for monthly review sessions and discussions • Demonstrate respect for the lineage's traditions.
Programme Coordinator	• Fully Accredited CPE Event Provider • Safeguard programme integrity. Facilitates mentor-mentee matching, monitors progress, ensures compliance with CPE requirements

6. Programme Governance & Oversight

To ensure quality, integrity, and sustainability, the programme operates under the following structure:

Body	Composition	Responsibilities
Programme Steering Committee	CPE committee	Sets strategic direction, approves new mentors, reviews programme quality, and addresses policy issues.
Programme Coordination Unit	Fully Accredited CPE Event Providers	Manage mentor–mentee matching, track documentation, coordinate clinical training and liaise with TCMPB on CPE matters.

7. Conclusion

This CMP preserves the richness of TCM lineage traditions within a structured, accountable CPE framework. Through direct clinical immersion, systematic transmission of proprietary skillsets, and rigorous competency assessment, it ensures that each lineage’s diagnostic and therapeutic wisdom, not only is preserved but also passed on with integrity to the next generation of practitioners.

Note: *The Board may review and update the Clinical Mentorship Programme and its supporting documents from time to time to ensure that they remain relevant and effective. Practitioners should refer to the TCMPB website for the latest versions of the programme documents.*

8. Annex

Suggested Programme Flow

The programme is structured around three interconnected pillars: **Clinical Immersion** (临床跟师), **Skillset Transmission Modules** (技能传承模块), and **Lineage Knowledge Preservation & Contextualization** (学术流派传承与脉络理解).

Pillar 1: Clinical Immersion (临床跟师)

The mentee observes and then gradually participates in the mentor's clinical practice.

Phase	Duration	Activities
Observation Phase	2-4 sessions	Full-time observation of mentor's consultations: • Focus on understanding the lineage's diagnostic flow, pattern differentiation logic, and therapeutic decision-making.
Assisted Practice Phase	2-4 sessions	Mentee takes on limited patient cases under direct supervision: • Focus on replicating the lineage's specific skills
Independent Practice with Review	2-4 sessions	Mentee manages their own caseload but presents all cases to the mentor for review: • Focus on internalizing the lineage's approach and developing clinical autonomy within the tradition.

Pillar 2: Skillset Transmission Modules (技能传承模块)

CMP is designed to systematically pass down specific, often proprietary, lineage-based skills. Each lineage will have a customized set of modules. Mentor-mentee will identify the domain expertise for CMP and discuss the learning objectives accordingly at the start of the programme.

Domains for CMP:

Domain	Description	Transmission Method
Proprietary Herbal Formulas (经验方传承)	Understanding the logic behind a lineage's core principles of prescription, including modifications, preparation methods, and hidden ingredients.	Mentor shares lists of some formula books to read; mentee annotates and analyse formulas; case-based analysis of formula modifications.
Distinct Needling Techniques (针法传承)	Mastering a specific acupuncture style (eg. Scalp acupuncture, balance needling etc)	Hands-on practice on mentees and patients; video recording for technique analysis; mentee demonstrates proficiency under observation.
Diagnostic Intuition & Pattern Recognition (辨证心法)	Developing the mentor's intuitive approach to synthesizing complex, often ambiguous clinical data—the “art” of pattern differentiation.	Case-based dialogues; mentor “thinks aloud” during consultations; mentee maintains a reflective journal comparing their own diagnostic reasoning with the mentor's.

Pillar 3: Lineage Knowledge Preservation & Contextualization (学术流派传承与脉络理解)

Beyond clinical skills, this pillar ensures the mentee understands the *history*, *philosophy*, and *ethical responsibilities* of the lineage.

- **Oral History Sessions:** Mentor shares the lineage's origin story, key historical figures, and evolution over generations.
- **Textual Transmission:** Access to lineage-specific manuscripts, annotated classics, and case logs to categorise and analyse. Mentee creates a *transmission document* (e.g., a summary of key principles) as a capstone project.
- **Ethics of Lineage Practice:** Discussions on the responsibility of preserving the lineage's integrity while adapting to modern clinical contexts and evidence-based standards.

中文版 / Chinese Version

1. 背景

传统中医学术传承历来依赖导师与学徒之间的师承模式，由导师通过长期、直接的临床指导，向学徒传授临床判断、隐性技能及流派特有的诊疗方法。此模式有助于保存流派特色传统，例如家传方、学派、特色针法传承，以及专属诊断体系（如特定的脉诊或舌诊方法）。

现代中医教育更加重视系统化课程、循证实践及全面临床能力培养。在新加坡，卫生部的临床培训计划（Clinical Training Programme, CTP）旨在加强新晋中医执业者的临床技能、专业素养及患者安全意识。在此基础上，将传统师承模式融入现代专业培训体系，可进一步深化临床洞察力、保存行之有效的传统经验，并推动中医在保持传统根基的同时，以严谨方式持续发展。

中医在新加坡已有数十年的发展历史。本地资深中医从业者积累了多年的本地临床实践经验，如缺乏结构化的传承途径，这些宝贵经验可能面临流失的风险。本地中医临床师带徒计划（Clinical Mentorship Programme, CMP）旨在填补这一缺口，在中医继续教育（Continuing Professional Education, CPE）框架下，将传统师承模式正式纳入结构化、可评估及具质量保证的基础上，引入现代教育设计、能力评估、学习记录及质量监督机制。

2. 计划目标

目标	说明
保存流派传承	系统记录及传承流派特色知识，包括特色诊断方法、治疗技术、方药体系、口授经验、病例经验及其他具有传承价值的隐性临床知识，以降低学术及临床经验流失的风险，并为后续教学及传承建立基础。
提升高级临床能力	通过传授标准中医课程以外的流派特色知识及技能，协助学徒深化辩证思维、治疗决策及复杂病力的处理能力。
规范师承培养路径	建立清晰透明且结构化的师承培养模式，使导师与学徒之间的师徒关系能够获得现代专业教育体系的支持及适当监督。
培育传承责任意识	培养学徒以诚信及尊重传统的态度，承担保存、实践及传承流派知识的责任。

3. 计划要求

3.1 结构与时长

结构	时要求
计划时长	最少 3 个月
培训课程次数	每个计划最少 12 次培训课程
每次培训课程时长	每次临床培训课程 2 至 4 小时
文件记录（见记录册）	每次培训课程至少 3 份临床病例记录；计划结束时至少 3 份病例分析报告；学习目标由导师与学徒在计划开始时共同制定，并由导师在计划结束时进行评估。
CPE 分数分配	学徒完成整个计划后获 12 分；导师完成整个计划后获 24 分

3.2 评估框架

评估方式	说明	时间
临床诊疗过程直接观察	导师观察学徒进行完整诊疗过程，包括问诊、诊断及治疗，并就其对流派理解、专业表现及可改进之处提供结构化反馈。	每月
病例分析	学徒须提交至少 3 个病例，并运用流派原则说明其辨证思路及治疗依据。	计划结束时
技能示范 / 学习目标评估	学徒须示范一项具代表性的流派技术（例如特定针法或学派治疗方法），并说明其原理；导师将根据流派标准及既定学习目标进行评估。	计划结束时
反思性学习档案	包括病例记录、导师反馈、自我反思及学习心得记录，以体现学徒如何将流派知识融入临床实践。	持续进行；计划结束时提交
导师传承证明信	由导师作出最终评估，确认学徒已具备相关能力，并已准备好应用及传承流派知识与技能。	计划结束时

3.3 计划承诺

导师与学徒均须在计划开始前确认并承诺完成整个计划周期。

师带徒采用**完整完成制**。CPE 学分只有在学徒及导师完成计划规定的全部课程、记录及评估要求后方可授予，原则上不授予部分 CPE 学分。

如任何一方因特殊情况无法完成计划，应向计划协调单位说明原因，并由计划协调单位根据具体情况决定是否允许在合理期限内恢复计划，或要求重新开始新的中医临床师带徒周期，以维护计划的教育完整性及评估有效性。

4. 计划相关方

相关方	角色与益处
学徒（中医执业者）	持牌中医执业者，包括中医师及针灸师，可通过计划寻求高级专科化学习、深化临床能力，并与认可的流派传统建立联系。
导师（流派传承人 / 资深中医从业者）	具丰富经验的资深中医从业者，可通过计划正式化其教学安排，获得机构支持，并延续其临床经验与学术传承。
患者与公众	患者可受益于经过精细化流派训练的执业者，这些执业者在特定病症管理方面或可提供更有针对性的诊疗。
中医机构及专业团体	有助于丰富 CPE 课程内容、保存文化与学术传承，并加强传统培训与现代监管要求之间的衔接。
整体中医界	有助于保存中医在学术及临床方面的多样性，降低资深从业者退休后流派经验流失的风险。

5. 角色与职责

本计划建立在结构化的导师与学徒（师徒）关系上，并明确各方角色与期望。

角色	职责
所有参与方	1. 承诺完成整个计划（如任何一方未能完成，须重新开始计划）。 2. 遵守专业标准并维护计划完整性。 3. 积极参与每月强制性的检讨会议。 4. 确保文件记录准确、完整，并已妥善签署。
导师（师）	1. 须符合与讲者及培训导师资格相等的预先提交要求，并经秘书处审批（由活动主办机构提交）。导师须为持有有效执业证书（Practising Certificate, PC）的中医师 / 针灸师，并至少达到顾问级中医师或同等水平（参照《中医从业者职业与薪酬指引》）。 2. 保持专业独立性（不得与学徒存在雇主与雇员关系）。 3. 仅可在特殊情况下退出计划（例如离开所属机构）。 4. 每次培训课程后提供书面评估，并在记录册上签署。 5. 核实文件记录的准确性及完整性，并确保计划教育目标得以达成。
学徒（徒）	1. 须为持有有效执业证书（PC）的中医师 / 针灸师，并具备至少 1 年临床经验。临床经验一般以注册年份，以及在中医机构受雇及 / 或提供义务服务的证明文件作为依据。 2. 在特殊情况下，完全认可的 CPE 活动主办机构可推荐未达到

角色	职责
	最低临床经验要求的学徒参加本计划。有关推荐须提交以下文件： a) 导师及学徒的声明； b) 推荐该学徒参加计划的理由；以及 c) 学徒的学业成绩单。 此类例外个案每家完全认可的 CPE 活动主办机构每历年不得超过 5 名学徒，并须经董事会批准。 3. 仅可参加由完全认可的 CPE 活动主办机构管理的本地临床导师计划（CMP）。 4. 维护完整的记录册，包括培训日期、时间及所观察的临床病例。 5. 完成所有临床培训记录及病例分析，确保所有栏位均已填写，并通过相关评估。 6. 为每月检讨会议及讨论做好充分准备。 7. 尊重流派传统。
计划协调员	1. 完全认可的 CPE 活动主办机构。 2. 维护计划完整性，协助导师与学徒配对，监督进展，并确保符合 CPE 要求。

6. 计划治理与监督

为确保计划的质量、完整性及可持续性，本计划按以下架构运作：

机构 / 单位	组成	职责
计划指导委员会	CPE 委员会	制定战略方向、批准新导师、检讨计划质量，并处理政策事项。
计划协调单位	完全认可的 CPE 活动主办机构	管理导师与学徒配对、追踪文件记录、协调临床培训，并就 CPE 事项与 TCMPB 联络。

7. 结语

本地中医临床师带徒计划在结构化且具问责性的 CPE 框架内，保存中医流派传承的丰富内涵。通过直接临床跟师、系统传承专属技能，以及严谨的能力评估，本计划确保各流派的诊断与治疗智慧不仅得以保存，也能以诚信和负责的方式传承予下一代中医从业者。

8. 附件

建议计划流程

本计划围绕三个相互关联的支柱构建：**临床跟师、技能传承模块及学术流派传承与脉络理解。**

支柱一：临床跟师

学徒先观察导师的临床实践，随后逐步参与导师的临床诊疗工作。

阶段	时长	活动
观察阶段	2 至 4 次课程	全程观察导师诊疗： 重点理解流派诊断流程、辨证逻辑及治疗决策。
协助实践阶段	2 至 4 次课程	学徒在直接监督下参与有限的患者个案： 重点学习并复现实践流派特定技能。
独立实践与复盘阶段	2 至 4 次课程	学徒管理自己的病例，但须向导师汇报所有病例并接受复盘： 重点内化流派方法，并在传统框架内发展临床自主能力。

支柱二：技能传承模块

本地临床导师计划（CMP）旨在系统传承具体且常具专属性的流派技能。每个流派可根据自身特点设定相应模块。导师与学徒将在计划开始时共同确定 CMP 的专业领域，并相应讨论学习目标。

CMP 涵盖领域

领域	说明	传承方式
经验方传承	理解流派处方核心原则背后的逻辑，包括加减变化、制备方法 & 秘传药材。	导师提供部分方书供学徒研读；学徒批注并分析方剂；通过病例分析理解方剂加减变化。
针法传承	掌握特定针灸风格，例如头皮针、平衡针法等。	通过学徒及患者进行实操练习；以录像进行技术分析；学徒在观察下示范技能熟练度。
辨证心法	培养导师在面对复杂、模糊临床资料时进行综合判断的直觉与辨证思维，即辨证论治之“心法”。	通过病例对话、导师在诊疗过程中“边做边讲”，以及学徒记录反思日志，比较自身诊断思路与导师思路。

支柱三：学术流派传承与脉络理解

除临床技能外，本支柱确保学徒理解该流派的历史、理念及伦理责任。

- **口述历史课程：** 导师分享流派的起源、重要历史人物及历代发展过程。
- **文献传承：** 学徒接触流派专属手稿、批注经典及病例记录，并进行分类及分析。学徒须完成一份传承文件（例如主要原则摘要）作为总结项目。
- **流派实践伦理：** 讨论在现代临床环境及循证标准下，如何既维护流派完整性，又适当作出调整及应用。

注： 中医管理委员会可不时检讨及更新临床导师计划及其相关文件，以确保其持续保持相关性及成效。执业中医师应参阅中医管理委员会网站所公布的最新版本文件。