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中醫傷科專科醫師制度之建立與展望

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摘要

近幾年來，在衛生署中醫藥委員會及中醫師公會全國聯合會政策性的領導下，與幾家醫學中心（如中國、長庚、奇美、慈濟、三總、榮總等）及三十多家附設中醫部（科）醫院的投入，使中醫藥的發展明顯的受到重視與肯定，中醫專科醫學會亦相繼成立，並積極推廣中醫的在職教育與專業訓練。中醫傷科醫學會是最早成立的中醫專科醫學會，於民國 85 年 10 月 21 日在台中中國醫藥大學附設醫院成立，第一屆理事長為吳勝賢主任。

但由於中醫師的來源與訓練背景的差異，使中醫的醫療專業與診療水準有相當大的落差，因此中醫的養成教育與在職訓練的模式，對中醫的發展成為當前非常重要的課題。

專科醫師制度在西醫各科已實施十幾年，中醫界在台灣以往能提供像西醫的訓練場所與師資則明顯不足，故欲實施專科醫師制度確有其困難與限制；目前中醫藥界培植的師資與人才（碩博士）已有相當的水準，能提供教學訓練的醫院或學校也愈來愈多，此時談中醫專科醫師的建立與發展是最確切的時機。

本研究計畫，以問卷調查與專家座談的方式進行，訂定「中醫傷科訓練醫院認定標準」與「中醫傷科訓練課程綱要」，並將中醫傷科醫學會擬訂的「中醫傷科專科醫師甄審辦法草案」作合理的修訂。根據專家會議所擬定的各項草案，以及專家問卷回收後整理相關建議，最後經專家會議修正草案定稿。以提供衛生主管機關推動中醫專科醫師制度時有很明確的依據。

本研究對象為執業中醫師，專家學者包括各中醫醫學會理監事為主以及長庚醫院和中國醫藥大學附設醫院醫師，發出問卷 73 份，回收問卷 36 份，回收率 49.3%。回收問卷經統計後發現，就「基本資料」問卷而言，專家學者認為

「中醫傷科專科醫師制度」對中醫的發展、中醫傷科的發展、以及是否贊成施行「中醫傷科專科醫師制度」的皆有高達 90% 以上的正面看法。而且認為對醫師本身影響是有利的也佔 85% 以上。

「中醫傷科專科醫師甄審原則」的問卷中，所有草案條文皆有高達 80% 至 90% 以上的同意看法，其中有許多專家學者所提供之建議也列入此甄審原則修訂之參考。

有關「中醫傷科專科醫師訓練醫院認定標準」平均也高達有 90% 表示贊同，但是對於有傷科住院病人每年應有三十人的條文僅有 58% 表示贊成，是本份問卷中表示同意看法最低之條文，許多的意見提及目前健保尚未給付中醫傷科住院，因此此條文是否需有配套措施，例如及早推動中醫住院之健保給付，則是非常重要的議題。另外有許多不合時宜的法令限制中醫之進步與發展也需及早修法，例如許多檢驗及檢查應開放與中醫專科醫師使用，例如：X 光檢查即是應用物理學原理的檢查方法，是屬於中醫望診部分，所以應開放使用。

在「中醫傷科專科醫師訓練課程綱要」部分，因為列出綱要性條文，所以也有 90% 以上表示同意。但是有意見表示中醫傷科醫師應該要有西醫骨科、復健科、神經內科、外傷科等，與中醫傷科相關科別之訓練。

本研究整體看來，經過事前專家會議審慎的修訂相關草案做成問卷後，回收問卷中，專家學者對「中醫傷科專科醫師制度」的推動有 80% 以上是贊同的，其他相關專科醫師訓練亦是如此，然而需要政府的中醫住院健保制度配合以及相關法令修訂，且應該開放中醫師的專科醫師使用現代發展之檢查處置及檢驗，才能使得專科醫師制度在施行上更具有可行性。相關的細則，更需要在實施專科醫師制度後逐年修訂檢討。

關鍵詞：中醫、中醫傷科、專科醫師、甄審原則、訓練醫院、訓練課程

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Establishment and Prospect of Specialist Physician System of Chinese Traumatology

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The Association of Chinese Traumatology of R.O.C.

ABSTRACT

In the past few years, in the guide of Committee on Chinese Medicine and Pharmacy, Department of Health, Taiwan, R.O.C. and the National Union of Chinese Medical Doctors' Associations, R.O.C. there are many medical centers (such as China Medical University Hospital, Chang Gung Memorial Hospital, Chi Mei Hospital, Buddhist Tzu Chi General Hospital, Tri Service General Hospital and Veterans General Hospital etc.) and about thirty hospitals set the department of Chinese medicine which made the development of Chinese medicine become obviously important and confirm. There were many associations of Chinese Medical specialist physician which were established succession. These associations popularized the education on the job and the specialist physician training program of Chinese medicine very actively. The Association of Chinese Traumatology is the first association of the Chinese medical specialist physician, which set on 1996. 10. 21 in the China Medical University Hospital at Taichung, and the first president of the association was Sheng-Xian Wu who is the director of the Department of Traumatology in China Medical University Hospital.

Different training backgrounds of these traditional Chinese medical doctors made the standard of the professional practice and diagnosis have a great gap. Now,

the models of the training program of the traditional Chinese medical doctors of the education on the job are very important to the traditional Chinese medicine.

The specialist physician had been approved in the western medicine more than 10 years. In the past few years the traditional Chinese medicine could not provide the training hospital and the source of teacher for the traditional Chinese medical students such as western medicine. So there were many difficulties and limitations for put into practice the specialist physician system. The number of teachers and talents of the traditional Chinese medicine are increasing very fast. There are more hospitals or universities that can provide training program than before. So it is time to develop and set the specialist physician system of the traditional Chinese medicine.

This program will proceed in the form of the professional formal discussion and investigation. This study will set the standard of the training hospital for the Chinese traumatology specialist physician and the outline of training course for the Chinese traumatology specialist physician. Also make a moderate revision for the qualification criteria of the Chinese traumatology specialist physician by the Association of Chinese Traumatology and provide the government a definite reference to put into practice the specialist physician system.

These objects of this study were traditional Chinese medical doctors, these experts and scholars included the doctors in the related associations, the doctors in Chang Gung Memorial Hospital and the doctors in China Medical University Hospital. We sent out 73 copies of the questionnaire and retrieved 36 copies, the recovery rate was 49.3%. After statistic theses retrieved questionnaires, in the basic data of the questionnaire, 90% of these experts consider "the Chinese traumatology specialist physician system" for the Chinese medicine and Chinese traumatology were good. 90% of these experts agreed with put into practice the Chinese traumatology specialist physician system. And there are 85% of these experts considered the specialist physician system were good for the doctors.

In the questionnaire of the qualification criteria of the Chinese traumatology specialist physician system, more than 80% to 90% of experts agreed with these draft articles. And there were many comments provided by these experts which included in the references of revision of the qualification criteria.

In the questionnaire of "the standard of the training hospital for the Chinese

traumatology specialist physician", there were about 90% of experts agree with these draft articles. But there were only 58% agree with the article that said there should be over 30 traumatic inpatients per year. This article was the lowest that agree with in this questionnaire. Many of these comments said that insurance is not yet pay for the Chinese medicine traumatic inpatient. So there need the other related measures to form a complete set. Such as the insurance should pay for the Chinese medicine hospitalized is a very important topic. Besides, there were many laws which limited the progress and development of the Chinese medicine are out of time. There are many examination should be let the Chinese medicine doctors used.

In the questionnaire of "the outline of the training course of the Chinese traumatology specialist physician", there were also 90% agree with these draft articles. But, there were some opinion show that the Chinese traumatology specialist physician system should need the training of related fields, such as orthopedic, rehabilitation, neurology and traumatology in the fields of western medicine.

In this study, these experts cautiously revised the related draft articles and made these questionnaires. In these retrieved questionnaires, there were about 80% of the experts agree with the draft article of the Chinese traumatology specialist physician systems. They also agreed with the other related specialist physician systems. However these needed the insurance pay for the Chinese medicine hospitalized systems and revise related laws by government. There are many examinations should be let the Chinese medicine doctors used. All of these are important for the practicable of the specialist physician system. The related detail rules of the specialist physician system should be revised after put into practice the specialist physician system year by year.

Keywords: Traditional Chinese Medicine, Chinese Traumatology, qualification criteria, Specialist physician, Training hospital, Training course

壹、前言

全民健康的維護有賴於充足的醫療資源，最重要的包括兩點：第一是醫療人力的充裕，第二是醫療品質的提昇。而專科醫師制度的建立對醫療品質的提昇，更有其必要性及重要性（于大雄等，1999）。專科醫師制度的法源依據為民國七十五年十二月二十六日修正公佈的醫師法第七條之一規定：「醫師經完成專科醫師訓練，並經中央衛生主管機關甄審合格者得請領專科醫師證書」。其目的為建立住院醫師的訓練標準，以及期許專科醫師必須經過專科住院醫師訓練（吳英璉等，1995）。衛生署也於七十九年六月二十九日發佈專科醫師甄審規章。在台灣隨著醫學的發展早於 1950 年內科已開始培育次專科醫師並陸續成立次專科醫學會。

骨傷傷科發展的時代背景：早在公元前 2100 年到公元前 1100 年甲骨文時代就有中醫骨傷病的記載；在公元前 1100 年到公元前 800 年西周時代就有瘍醫；公元前 500 年到公元前 300 年戰國至秦漢時代，中醫學基本理論形成有基本理論而且論及骨傷科診斷與治療；三國、兩晉、南北朝，華陀在骨外科有很高的成就；在隋、唐時代骨傷科為太醫署的一科，藺道人（841 ~ 861）：仙授理傷續斷秘方；宋、金、遼、元：有正骨兼金鏃科；明清：正骨科為朝廷太醫院，九門分科之一；一直到現在公元 2003 年，大陸地區中醫骨傷科發展的脚步似乎受到比較少的限制，而且走的比較快。台灣反而沒有中醫骨傷科專科醫師制度，這個問題很值得重視與探討。

西醫專科醫師制度已行之有年，其成效良好，因此中醫專科醫師的確有實施的迫切性與需要性。尤其是中醫傷科在傳統與現代醫學的接軌，更須透過先期的審慎評估規劃以建立「中醫傷科專科醫師」制度。其甄審原則、訓練醫院之認定標準及訓練課程綱要，更需藉此前導研究為參考之依據，進行中醫傷科專科醫師之訓練規劃。其中有關「專科醫師及次專科醫師之培育」，在「國家衛生研究院」「論壇」之「醫療人員培育及醫療制度委員會」為提昇專科醫師及次專科醫師培育，建議把創辦「住院醫師制度」及「fellowship」的美國，及把美國制度當作藍本而修改的加拿大兩國的制度，當作參考寫成建議案（宋瑞樓，2002）。

目前台灣的中國醫藥學院中醫系、學士後中醫系畢業生以及特考及格醫師每年大約有 200 人投入中醫臨床工作，數年後將有長庚大學中醫系畢業生，但是由於缺乏住院醫師制度以及專科醫師制度，以致於只有少數畢業生（約十分之一）可進入較大型醫院或醫學中心接受住院醫師訓練，因此更有必要建立住

院醫師訓練制度及專科醫師訓練制度，以期中醫的教育及住院體系建構更完善及完整。另本研究也將參考大陸地區的中醫骨傷科醫師制度。

在保險給付方面專科醫師與非專科醫師之間的給付差異也有其必要性。於 1988 年衛生署成立專科醫師制度時，雖無次專科醫師制度；但是這些次專科學會自己執行次專科醫師培育制度及其甄審與頒佈證書，雖然不是正式之制度，公保、勞保及全民健保都把它當為支付制定資料之一（宋瑞樓，2002）。行政院衛生署醫政處曾表示，此制度強調的首要是經過專科醫師的訓練過程，訓練專科醫師醫院的資格、條件及可招收的住院醫師人數，由衛生署制訂標準，三年認定一次。

「中醫傷科專科醫師甄審原則」、「中醫傷科專科醫師訓練醫院認定標準」及「中醫傷科專科醫師訓練課程綱要」，將在此研究當中探討與剖析，以期提昇中醫傷科醫療品質，作為行政院衛生署中醫藥委員會全面推動中醫師專科醫師制度之參考。從中國醫療史上來看各朝代醫療政策之演變，在清朝以前各專科醫師都確實執行，一直到了民國因現代醫學的衝擊和局勢演變，以及主管衛生單位的政策，使的中醫的發展腳步停滯且受到許多限制。近年來，在衛生署中醫藥委員會和全體中醫界的努力下，相信此一創舉將在中國醫療史上留下記錄。

貳、材料與方法

本研究對象為執業中醫師，專家學者包括各中醫醫學會理監事、長庚醫院、中國醫藥大學附設醫院及其他醫院醫師。發出問卷 73 份，回收問卷 36 份，回收率 49.3%。研究的內容包括「中醫傷科專科醫師甄審原則」、「中醫傷科專科醫師訓練醫院認定標準」及「傷科專科醫師訓練課程綱要」等。研究以問卷調查與專家座談的方式進行。

「中醫傷科專科醫師甄審原則」的問卷設計主要是參考中華民國中醫傷科醫學會訂定之「中醫傷科專科醫師甄審暫行辦法」、「專科醫師分科及甄審辦法」、「骨科專科醫師甄審原則」、「復健科專科醫師甄審原則」及「家庭醫學科專科醫師甄審原則」為主。

「中醫傷科專科醫師訓練醫院認定標準」的問卷設計主要是參考「骨科專科醫師訓練醫院認定標準」、「復健科專科醫師訓練醫院認定標準」及「家庭醫學科專科醫師訓練醫院認定標準」。

「傷科專科醫師訓練課程綱要」的問卷設計主要是參考「骨科專科醫師訓練課程綱要」、「復健科專科醫師訓練課程綱要」及「家庭醫學科專科醫師訓練課程綱要」為主。

上述草案先經資料收集彙整後經過專家會議修正草案，接著設計成專家問卷，再發出專家問卷及回收統計，最後再次經過專家會議依據問卷回收意見予以修訂。

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