

# Resource Allocation for the Teaching of Traditional Chinese Medicine

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Received on: 21 Jan 2025 Revised on: 20 Mar 2025 Accepted Date: 25 April 2025  
Published on: 16 June 2025

**Abstract:** Context: TCM education and TCM practice in mainland China have both undergone significant transformations in recent decades as a result of a number of variables. The question of who gets to claim TCM curricula is an important one for universities. The goal of this research is to examine the variables that affect funding for traditional Chinese medicine education. Our methodology is based on attribution analysis, and we illustrate our points using the case of a single TCM university. End result: The analysis is divided into four sections: First, value choice, in the sense that health care companies flourish as a result of shifting public consumption patterns brought about by economic growth, and second, increased public interest in traditional Chinese medicine (TCM) and its teaching as a result of societal trends toward the revival of traditional cultural practices; 2) TCM education is legal, with many government regulations supporting it and its instruction; 3) TCM education is feasible, with research and teaching programs involving external executive organizations being initiated; and 4) TCM education is appropriately funded. In conclusion, the analytical framework offers a viable analytical route for comprehending TCM educational appropriations and for illuminating future policies and strategies for TCM growth.

**Keywords:** Topics covered include: traditional Chinese medicine (TCM) educational appropriations, attribution analysis, changing consumer patterns, revitalizing traditional culture, TCM policy, and implementation.

## I. INTRODUCTION

According to the World Health Organization (WHO), a wide variety of conventional and complementary medical practices fall under the umbrella of "alternative medicine." These practices include acupuncture and its related techniques, chiropractic care, osteopathy, manual therapies, qigong, tai-chi, yoga, naturopathy, thermal medicine, and many more. Traditional medicine is the main method of health treatment for 60–90% of the population in Asian and African countries, whereas more than 40% of the population in industrialized nations opts for alternative medicine. 1 Traditional medical training is coming into focus as interest in alternative medicine grows throughout the world. Among Japan's traditional medical practices,

In the nineteenth century, during the Meiji Restoration, traditional medicine was modernized by the integration of western medicine with education. 2 Due to the standardization of TCM education in universities, South Korea began its TCM (Traditional Korean Medicine) education tremendous growth phase in the 1980s and 1990s. 3. Traditional Chinese Medicine (TCM) has been the primary method of protecting the health of the Chinese people for a long time. For instance, the Peking Union Medical College, which received funding from the Rockefeller Foundation in 1917, is one example of how western medical education

spread to China after the 1840 Opium War between the United Kingdom and China. 5 The debate between traditional Chinese medicine (TCM) and Western medicine has persisted ever since. 6 There has been significant progress in TCM in recent years, nevertheless. About 41.87% of the elderly and 53.59% of children ages 0-3 received TCM health management services at the end of 2015, and the overall medical services provided by TCM accounted for 15.7% of the market. The TCM industrial production was 86,530 million yuan, or about 13,051 million USD. 7 These days, medical education in China runs in conjunction with another system. In 2016, China has established 83 medical schools, with 25 of them specializing in traditional Chinese medicine (TCM) and 752,000 students enrolled. 8 Western medical education seems to have taken the lead based on the number of medical schools in the world. However, the Chinese government has recently made efforts to improve TCM teaching; for instance, the country has established 1,280 TCM Inheritance Studios, 230 National TCM Clinical Research Bases, and 130 TCM Projects that have been recognized as National Intangible Cultural Heritage. 9 We need funding for all these research and educational initiatives. About 0.22 percent of China's total government spending in 2016 went toward traditional Chinese medicine (TCM) and related fields of study, totaling 41,580 million yuan. 9 So, a jumble of concerns arises, including why TCM education was reshaped and what variables could impact the appropriation of TCM education.

To answer these questions, we take X province as an example, which is located in southwest part of China, trying to finish an attribution analysis.

## II. ATTRIBUTION ANALYSIS OF TCM EDUCATIONAL APPROPRIATIONS

The changing situation of medical education in X province. We take X province as an example, for it has two types of medical university, including Y Medical University (YMU) as a western medicine school and X University of TCM (XTCM) as a TCM school. Considering the founding year, school size and development history, they are quite comparable. YMU was founded in 1956, and has 15,318 students.<sup>10</sup> X University of TCM (XTCM), founded in 1960, has 10,726 students.<sup>11</sup> Both of these two universities are supported by X Provincial Education Department. "Table I" reveals the basic information of these two universities. It seems that YMU has a better development, especially the number of National Research Projects. The number of graduate students of XTTCM also indicates that its research ability need to be improved, given that improving one university's research ability needs much more financial support and takes long time.<sup>12</sup>

TABLE I. BASIC INFORMATION OF XTTCM&YMU

Items	XTTCM	YMU
<i>Year of Establishment</i>	1960	1956
<i>No. of Undergraduate</i>	9,736	12,057
<i>No. of Graduate</i>	990	2,811
<i>No. of Faculty</i>	831	1,598
<i>No. of National Research Project (last 5 years)</i>	100	316
<i>No. of Affiliated Hospital</i>	15	15
<i>1% ESI Discipline</i>	0	1(Clinical Medicine)
<i>No. of National &amp; Provincial Research Bases</i>	49	44

<sup>a</sup> Note: XTTCM=X University of Traditional Chinese Medicine; YMU=Y Medical University. Information are retrieved from these two university's official website by the end of 2016.

"Table II" shows the growth rate of XTTCM and YMU from 2012 to 2016. In these five years, compared with YMU, XTTCM got several tremendous growing in number of graduate students, faculties, and national research projects, all these indicate the research ability was greatly enhanced. Note that "Table I" shows that the number of national and provincial research bases are even more than YMU. In addition, XTTCM launched several foreign cooperation and exchange programs with more than 30 countries and regions in the world, and YMU only had about 20 international programs.

TABLE II. GROWTH RATE OF XTTCM & YMU (FROM 2012-2016, IN PERCENTAGE)

Items	XTTCM	YMU
<i>No. of Undergraduate</i>	1.07%	2.07%
<i>No. of Graduate</i>	43.06%	23.07%
<i>No. of Faculty</i>	21.04%	1.46%
<i>No. of National Research Project (last 5 years)</i>	88.68%	8.59%
<i>No. of Affiliated Hospital</i>	15.38%	36.36%

<sup>b</sup> Note: XTTCM, X University of Traditional Chinese Medicine; YMU, Y Medical University. Information is retrieved from these two university's official website by the end of 2016.

It seems that XTTCM is stepping into a fast lane for development, and the financial support plays a key role in the TCM development process. To analyze this situation, we consider the following factors in an integrated model in "Fig. 1" Over all, the economic development and social trend plays a footstone role. Then, the Chinese government made several policies to advocate TCM education, and founded executive organizations, carried out implementation projects as the implement approach. Finally, all these external factors lead to the increase of TCM educational appropriations.

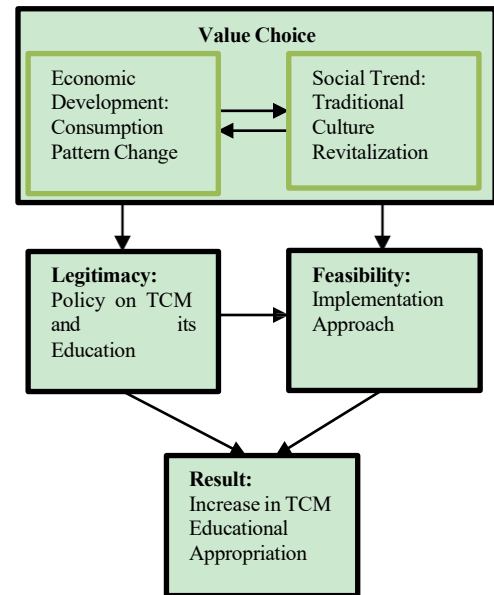


Fig. 1. An integrated model about TCM educational appropriation.

### A. Value Choice: Economic Development and Social Trend Make TCM Education to be Increasingly Addressed.

After almost 40 years economic reform (initiated in 1978), the mainland China has become the second largest economic entity in the world.<sup>13</sup> China's values shifted from appreciating western culture to reevaluating traditional culture.<sup>14</sup>

If we retrospect this springhead from the history, modern China was invaded by several countries from 1840 to 1945, and China's cultural confidence was destroyed then. The —May 4th Movement in 1919 was initiated by intellectual elites and supported by whole Chinese people. —Science and Democracy was the main appeal, as with complete westernization, and this movement was regarded as the Chinese —renaissance. As one label of traditional culture, TCM and its education was under criticism until P.R. China was founded (in 1949).<sup>6</sup> Even though they kept TCM education, public still turned their healthy problem to western medicine, so that TCM education was in an awkward position.

However, economic development and social trend make TCM education refashioned.

First, economic development changed the pattern of consumption. With the increase of per capital income, the Engel coefficient in mainland China dropped down year by

year. In 2008, Engel coefficient was 40.8%, and in 2016 was 35.95%, during the consumption structure upgrading process, health care expenditure accounted for 7% in 2016.<sup>16</sup> Compared with the survival consumption pattern in the past, Chinese people are now pursuing enjoyment-centric consumption and high life standard.<sup>17</sup> TCM treatment is regarded as —Preventive Treatment, which is one of the best way to keep health, especially acupuncture, massage, and herbal medicine. This leads to the increasing requirement of professional TCM practitioners, which is counted for TCM education.<sup>18, 19</sup> Hence, TCM education is supported by public, which is related to their vital interests.

Furthermore, TCM education has benefited from the societal movement toward reviving traditional culture. As the Chinese economy surpassed Japan's in 2010 and the Chinese people gained self-assurance in their traditional cultural practices, the year may be described as a traditional cultural renaissance.<sup>20</sup> At the same time, as people are rethinking their traditional practices and history, traditional Chinese medicine (TCM) education has seen a surge in support. Several factors contribute to this, including an improving economy, a more moral culture, the preservation of national identity in the face of globalization, and so on.<sup>21</sup> Moreover, the consumption model is affected by societal trends as well. As one of the most recognizable symbols of Chinese culture, TCM and its teaching, was reshaped as the public began to value traditional culture, and consumers' preferences shifted to certain traditional goods and services. Consequently, a value choice was made: TCM and its education were more and more addressed due to the booming economy and resurrection tendency of traditional culture. X has a first-rate natural setting and is hence one of the most visited places in China. This is quite appealing since pollution in China is not adequately managed. As a whole, X's government has taken note of the health industry's potential for future economic development, particularly in TCM.

- Rules for the Safekeeping and Administration of Herbal Remedies Derived from Wild Plants.<sup>26</sup> Because certain traditional Chinese medicine prescriptions favor their usage, this law sought to safeguard wild herbal plants and wild animals.
- Important Information Regarding TCM Tuina's Impact on Businesses.<sup>27</sup> There was an effort by the government to standardize TCM commercial operations. Both the commercial market for Tuina (TCM massage) and the employment prospects of TCM graduates were impacted by this announcement.<sup>28</sup>
- Notice on Strengthening Rural TCM Clinical Physician. According to the People's Republic of China's State Administration of Traditional Chinese Medicine on 2006, This rule made it possible for traditional Chinese medicine (TCM) practitioners in rural areas to save money on treatment by collecting herbal remedies independently.
- Guidelines for Examining and Qualifying Traditional Mentors and Experts.<sup>30</sup> There is an immediate need for non-academic specialists with the right credentials, since mentoring is still a crucial component of TCM education.

The government's authorization of mentoring and the shift in TCM education reform toward an emphasis on "genuine" tradition are two viewpoints held by various experts.<sup>31</sup>

- Establishing guidelines for clinics practicing traditional Chinese medicine.<sup>32</sup> It was acceptable for 32 clinics to be run by traditional TCM practitioners.

Regulations to Supplement the Traditional Chinese Medicine Registration Process.<sup>33</sup> Patent medicine was an area that the government sought to regulate and normalize. General Practitioner Post Training Management Method of Traditional Chinese Medicine (2007), TCM Continuing Education Regulations (2006), and Methods of Standardized<sup>34</sup>

issue.<sup>22</sup> Therefore, there is a greater emphasis on TCM education in X now than in the past.

#### B. Credibility: Chinese Medicine and Its Education Are Supported by Official Policies

The common prosperity of citizens prompted a reevaluation of TCM's function for maintaining health status, while the Chinese central and provincial governments have recently recognized that traditional Chinese medicine (TCM) and its education could be a good way for a traditional cultural renaissance.<sup>24</sup> Accordingly, X provincial administration and the State Administration of Traditional Chinese Medicine of P.R. China both issued policies to encourage the growth of TCM and its teachers. What following are official government policies on traditional Chinese medicine and its teaching:

- Rules for the Preservation of Chinese Traditional Herbal Medicine.<sup>25</sup> The goal of this rule was to raise the standard of herbal medicine, and as a result, TCM schools were mandated to establish management reference standards.

Instruction for Traditional Chinese Medicine Resident Physicians (2014). The goal of these rules was to make TCM classes more commonplace and popular.

- 2016–2030 Strategic Plan for the Advancement of Traditional Chinese Medicine.<sup>35</sup> In an effort to make a macro-adjustment to the growth of TCM, the State Council of P.R. China published this strategy. This blueprint confirms the development aims and priorities of Chinese medicine for the next 15 years, with an eye on the practical demands and trends of TCM's future, and it develops thorough organizational measures and safeguards.<sup>36</sup> TCM legislation enacted by the People's Republic of China. As the most crucial "regulation," this legislation will guarantee and advance TCM and its education, according to the State Administration of Traditional Chinese Medicine of P.R. China (2016).

On one side, X local government carried out central government policies; on the other side, X provincial government also released several supporting policies as follows: 1) X TCM Development Plan from 2015 to 2020, Health and Family Planning Commission of X Province

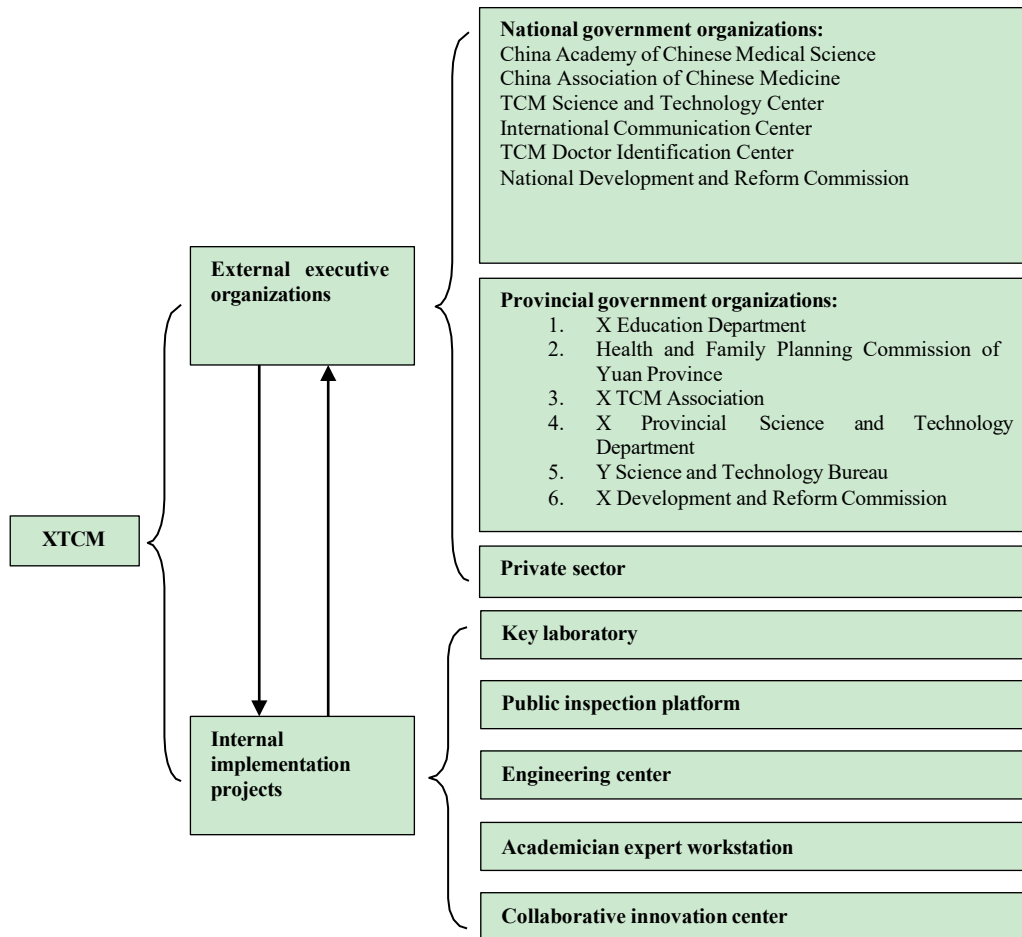
(2015) which is based on the local rich herbal medicine resources and distinctive health tourism industry; 2) X Action Plan for TCM from 2014 to 2020,<sup>39</sup> & The TCM Regulations of X,<sup>40</sup> these two policies are connected with national strategy and related to regional features, for X province is rich in herbal medicine resources, which occupied about 51.4% of total herbal output in China.<sup>41</sup> Thus, all these government policies are advocating TCM development, and XTCM, as the only TCM higher education institution in X, deserved to be invested.

The purpose and effectiveness of governmental policies are making sure that TCM education to be regulated. First, the relationship between TCM and commercial operation indicates that, as the large number of TCM health care institutions in the free market, standardizing the practice of TCM will ensure its reputation. Second, it is about the relationship between TCM and clinical standard. TCM is based on yin-yang and wu-xing (five elements) philosophy, advocating overall analysis and personalized medical treatment which is not popular for modern science.<sup>42</sup> In order to make TCM in line with modern medical norms, policies standardize the TCM practitioners' clinical norms. Finally, the relationship of TCM between its education suggests that, TCM deeply relies on its education, because

the higher education institutes are the main role of R&D. Thereafter, the external executive organizations and internal implementation projects are carried out by TCM universities, and regulated by government policies.

*B. Feasibility: Multiple Department Collaboration and Diversified Sources of Funding*

Based on consumers' demand and revival trend of traditional culture, governmental policies also advocate different type of research and teaching programs (see the specific content of the regulations, *Strategic Planning for the Development of Traditional Chinese Medicine from 2016 to 2030 & X Action Plan for TCM from 2014 to 2020, etc.*). Revitalizing TCM education is related to public and private sectors, therefore, the implementation path and executive mechanism are crucial. Generally, we divide three types of executive mechanisms and five kinds of implementation projects. For executive mechanisms, according to funding type, there are national government organizations, provincial government organizations, and private sector. For implementation projects, there are key laboratory, public inspection platform, engineering center, academician expert workstation, and collaborative innovation center in "Fig. 2".



<sup>c</sup> Note: data are retrieved from State Administration of Traditional Chinese Medicine of the People's Republic of China, Government Budget Expenditure of Public Health, China Statistical Yearbook of Chinese Medicine, 2016: D1-6. <http://www.satcm.gov.cn/2015tjzb/全国中医药统计摘编/atog/2016/d1-6.htm>

Fig. 2. Executive organizations and implementation projects of the funding system.

For several years, Chinese scholars discussed the management of TCM, from theory to practice.<sup>43</sup> Under the guidance of national and local government policies, external executive organizations start to launch several research and teaching projects which are internal implementation projects. TCM education has distinguished multiple department collaboration feature, that is, several government departments, school and even private sector joined together for one research and teaching project, hence the TCM education is promoted by whole society. "Table III" shows the source of TCM R&D revenue. Government, private sector and production income are three main sources; although the statistical report did not explain what —other| mean, it is implied that TCM educational appropriations are on the diversified funding way.

TABLE III. TCM R&D REVENUE IN 2016 (IN MILLION YUAN)

Government investment	2152.97
Private sector investment	1525.2
Production income	1238.743
Others	8447.995
Loan income	16.447
Total	11992.228

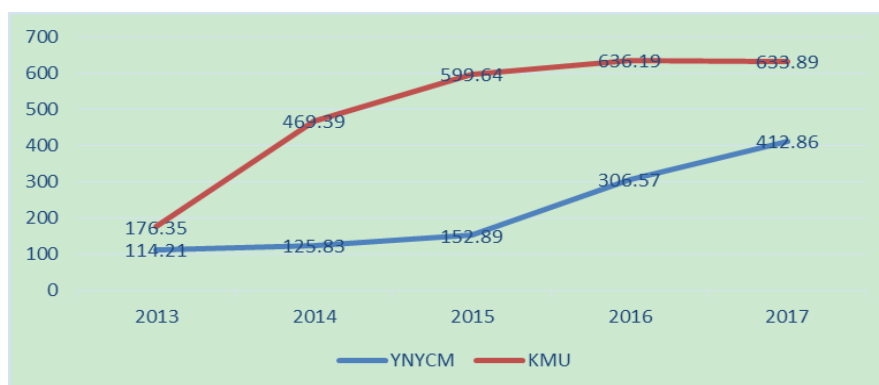
For XTCM, there are nine key laboratories, one public inspection platform, five engineering centers, eight academician expert workstations, six collaborative innovation centers, which cooperated with different academic institutions, government departments and private sectors. For example, XTCM and one local county launched a project called —Rehabilitation Center|, which offers preventive treatment and nourishing of life, with the aid of XTCM’s professional knowledge and skill.<sup>44</sup> XTCM is no longer an isolated institution, but establish several beneficial relations with many organizations. Like other higher education institutions, TCM universities start to take the social responsibilities and walk out the ivory tower. Bok

(2001) Therefore, through multiple department collaboration and diversified sources of funding, TCM education gets more financial support than before.

### C. Result: Educational Appropriations Inclined to TCM Education

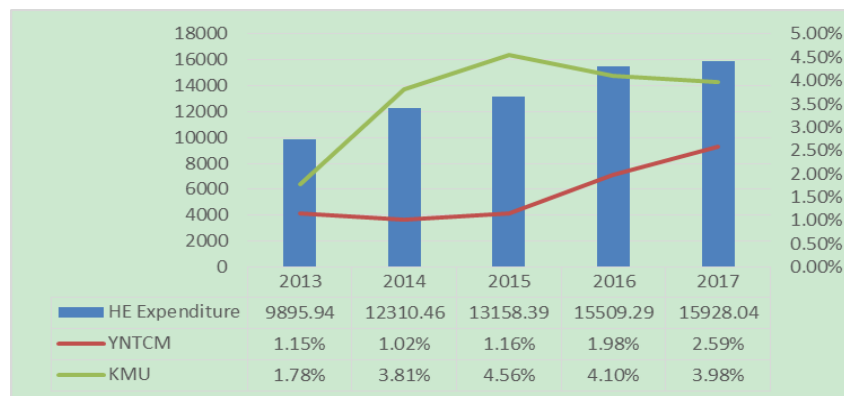
With several policies from central and provincial government was released and many research and teaching programs were launched, the TCM educational appropriations started to increase. Because of *TCM Continuing Education Regulations (2006)*, *General Practitioner Post Training Management Method of TCM (2007)*, *Methods of Standardized Training of TCM Resident Doctors (2014)* from central government, X province started to dock these regulations and allocated more fund to XTCM. In 2014 and 2015, *X Action Plan for TCM from 2014 to 2020 (2014)* and *X Development Plan of TCM from 2015 to 2020 (2015)* clarified to support XTCM as the major carrier for research, teaching and industrial incubation center.

"Fig. 3" and "Fig. 4" demonstrate X provincial higher education financial allocation for XTCM and YMU. In the past five years (2013-2017), both of their education appropriations are increased. Western medicine education expenditure was always higher than TCM education; meanwhile, from 2015 to 2017, TCM education appropriation increased faster in "Fig. 1". Note that related governmental policies were implemented around 2015, which was the turning year, implying their realization in this situation. As a matter of fact, the educational appropriations in China are basically decided by student number and research project number.<sup>46</sup> In 2016, The XTCM students’ average expenditure is 18369.51 yuan, while YMU is 23050.66 yuan. For Per capita research expenditure, XTCM is 131,590.61 yuan, while YMU is 177,158.95 yuan. TCM education still lag behind western medicine education, but the gap is narrowing in 2017 in "Fig. 3" and "Fig. 4".



<sup>d</sup>. Note: XTCM, X University of Traditional Chinese Medicine; YMU, Y Medical University

Fig. 3. Educational Appropriations of XTCM & YMU (in million yuan).



<sup>c</sup> Note: HE, Higher Education; XTCM, X University of Traditional Chinese Medicine; YMU, Y Medical University

Fig. 4. HE Financial Ratio of XTCM&YMU (in million yuan & percentage).

### III. CONCLUSION

When it came to ancient China's public health, TCM was crucial. Traditional Chinese Medicine (TCM) has lately resurged, much like its educational component, despite having been in a subservient position for quite some time. We have examined the Chinese system of attributing TCM educational resources. External variables have a significant impact on TCM educational appropriations, which we aimed to address. Recent years have seen a reshaping of TCM as a result of societal trends toward a return to traditional values and the changes brought about by economic growth in consumer habits. The Chinese government then issued a slew of regulations meant to encourage TCM and its study, which led to the launch of initiatives involving the cooperation and execution of several government agencies. Spending on traditional Chinese medicine (TCM) schools went increased because of this. Underneath the surface of TCM educational appropriations, our analytical framework uncovered their profound motivations. Higher education appropriations in China are dependent on student enrollment and research and teaching initiatives, which is distinct from other nations' performance financing systems. 48 We added to this literature in a number of ways by building on prior studies. First, there is a lack of focus on the global education of traditional medicine in the existing literature. We attempt to cover one of the gaps in this sector by investigating the elements that effect TCM educational appropriations, which will impact its growth. Secondly, we also achieved a number of methodological milestones. With the help of one TCM institution and an analysis spanning the gamut from macro to meso, we were able to construct a comprehensive framework for studying TCM educational appropriations. In terms of viewpoint and external validity, this technique may provide a better knowledge of TCM educational appropriations. We learned thirdly how TCM educational expenditures were distributed; as a result of social and economic trends, China established external executive bodies and internal implementation initiatives, which allowed for the diversification of educational funding. We may learn about and foretell the future of TCM education in China by using this distribution method.

In an effort to see into the future, we propose that appropriations are causing some problems in TCM education. To begin, contemporary science and technology do not acknowledge the yin-yang and wu-xing theory upon which TCM is founded. 42 This concept is being debated, which might spark a social movement that ends up influencing policies about appropriation. Secondly, contrary to the general analysis and customized medical treatment heritage of TCM, some researchers and practitioners are advocating for the standardization of TCM. This entails adopting the method of western medicine to verify or validate TCM theory and prescription. 50 In order to address the disparity, some funds are used to demonstrate the practicability of conventional TCM instruction. 51 Furthermore, there is a dearth of instruction and training in TCM in the present educational system, despite the fact that it has strong ties to the Chinese classics. Graduates of TCM programs are allegedly lacking in professional classical understanding, according to published accounts. 52 Any suggested future allocations should take this into account.

There are several limitations to the present study that may be addressed in future studies, despite the fact that we did make some progress. First, although we did note certain problems with TCM educational appropriations, we did not investigate their application. We can go into further depth on this subject in future studies. A second point about the technique is that there are further approaches we might use to go deeper into the topic. For instance, we could employ quantitative methods from a micro viewpoint or do a longitude analysis. Due to the complexity of attributing TCM educational appropriations, a comprehensive analytical framework must be established. External executive organizations and internal implementation projects had a cross response from the attributes that impact TCM educational appropriations, which first came from outside sources. Within the scope of our findings, The need for traditional Chinese medicine (TCM) and its impact on education are both determined by economic and social trends. Politics, through laws and policies, played a major promoting role in shaping the overall design. The implementation strategy relies on both external executive organizations and internal implementation projects. Ultimately, all of these factors contribute to changes in the allocation of funds for TCM education. It is clear that traditional Chinese medicine (TCM) and western medical education grew up together.

## REFERENCES

- [1] World Health Organization. WHO Medicines Strategy—Countries at the Core 2004–2007., 2004.
- [2] Park YL, Huang CW, Sasaki Y, Ko Y, Park S, Ko S. Comparative Study on the Education System of Traditional Medicine in China, Japan, Korea, and Taiwan. *EXPLORE: The Journal of Science and Healing*. 2016;12(5):375-83.
- [3] Han SY, Kim HY, Lim JH, et al. The past, present, and future of traditional medicine education in Korea. *Integrative Medicine Research*. 2016;5(2):73-82.
- [4] Yongjie Q. Origins of Higher Western Medical Education in China (1840-1919): The Third Military Medical University, 2007.
- [5] Rockefeller Archive Center. *Medicine in China*. |\*2017\*2017.
- [6] Yongqiu H. The Study on the Campaign of Learning Traditional Chinese Medicine by Western Medicine Doctors in the early Stage after the Foundation of People's Republic of China (1955-1959). Guangzhou: Guangzhou University of Traditional Chinese Medicine, 2006.
- [7] State Administration of TCM. *New Achievement in TCM*., 2017.
- [8] National Bureau Of Statistics C. *Educational Statistics Yearbook of China 2015*. Beijing: China Statistics Press; 2015.
- [9] State Administration Of Traditional Chinese Medicine Of The People S Republic Of China. *Government Budget Expenditure of Public Health, China Statistical Yearbook of Chinese Medicine*., 2016.
- [10] YMU. *Introduction of Y Medical University*., 2017.
- [11] XTCM. *Introduction of X University of TCM*. |\*2017\*2017, 2017.
- [12] Geiger RL. *To Advance Knowledge: The Growth of American Research Universities, 1900-1940*. New Jersey: Transaction Publishers; 2003.
- [13] The World Bank. *Gross domestic product 2016, World Development Indicators database*., 2016.
- [14] Lin JY. China's economic development and cultural renaissance in the multipolar growth world of the twenty-first century. *China Economic Journal*. 2013;6(1):1-11.
- [15] Cezong Z. *The May Fourth Movement: Intellectual Revolution in Modern China*. Cambridge: Harvard University Press; 1960.
- [16] China Industrial Economic Information Network C. *The Analysis of China's GDP, Urbanization Rate and Engle Coefficient in 2016*. |\*2017\*2017, 2016.
- [17] Bing T. *Research on the Change of Chinese Consumer Behavior since the Foundation of China*. Chengdu: Southwestern University of Finance and Economics, 2010.
- [18] Minan H. *The Current Situation of Traditional Chinese Medicine and Development Trend*. Lishizhen Medicine and Materia Medica Research. 2016;27(8):1956-60.
- [19] Jianming L, Jiawen C, Zhiyong C. *The Study on Development Strategy and Trend of TCM Higher Education Reform*. *Chinese Medicine Modern Distance Education of China*. 2013;1(153):67-8.
- [20] Xiyou S. *Human Dimension in Economic Development—Market Economic and Cultural Transitions toward 21st Century*. Changchun: Jilin University, 2004.
- [21] Xiaoting T. *On the Revival of Chinese Traditional Culture*. Beijing: Beijing Jiaotong University, 2016.
- [22] X Province Government. *X Bio-medicine and Health Industry Development Plan(2016-2020)*., 2017.
- [23] Mingyuan G. *An Analysis of the Impact of Chinese Traditional Culture on Chinese Education*. *Journal of Hangzhou Teachers College (Social Sciences Edition)*. 2004(1):1-9.
- [24] Xi W, Shangfeng S, Tingting C. *The Value of Education in Chinese Ancient Civilization*. *Journal of Beijing Normal University (Social Science Edition)*. 2014;244(4):30-7.
- [25] The State Administration of Traditional Chinese Medicine of P.R. China. *Regulations on the Protection of Traditional Chinese Herbal Medicines*., 1993.
- [26] The State Administration of Traditional Chinese Medicine of P.R. China. *Regulations on the Protection and Management of Wild Medicinal Materials*., 1987.
- [27] The State Administration of Traditional Chinese Medicine of P.R. China. *Notice About Business Issues Related to TCM Tuina*., 2005.
- [28] Rongxing W, Yingqi W, Shiyun L. *The Influence and Reform Suggestion of TCM based on National and Local Policies and Laws*. *Journal of Chengdu University of TCM (Educational Science Edition)*. 2008;10(1):10-6.
- [29] The State Administration of Traditional Chinese Medicine of P.R. China. *Notice on Strengthening Rural TCM Clinical Physician*., 2006.
- [30] The State Administration of Traditional Chinese Medicine of P.R. China. *The Mentoring Teaching Students Qualification Examination Regulation*., 2006.
- [31] Lei L, Shijie C. *On the Research Progress of Education of Traditional Chinese Medicine*. *Journal of Traditional Medicine Management*. 2009;17(10):894-9.
- [32] The State Administration of Traditional Chinese Medicine of P.R. China. *Traditional Chinese Medicine Clinic Management Method*., 2007.
- [33] The State Administration of Traditional Chinese Medicine of P.R. China. *Regulations on the Registration of Traditional Chinese Medicine*., 2008.
- [34] The State Administration of Traditional Chinese Medicine of P.R. China. *Regulations about TCM Education*., 2015.
- [35] The State Council of P.R. China. *Outline of Strategic Planning for TCM Development (2016-2030)*., 2016.
- [36] Binsheng S. *An Interpretation of Strategic Outline for the Development of Chinese Medicine (2016-2030)*. *World Science and Technology-Modernization of Traditional Chinese Medicine*. 2016;18(7):1088-92.
- [37] The State Administration of Traditional Chinese Medicine of P.R. China. *Law of the People's Republic of China on Chinese Medicine (2017)*., 2016.
- [38] Health and Family Planning Commission of X Province. *X Development Plan of TCM (2015-2020)*., 2015.
- [39] Health and Family Planning Commission of X Province. *X Action Plan for TCM (2014-2020)*., 2014.
- [40] Health and Family Planning Commission of X Province. *The TCM Regulations of X*., 2016.
- [41] Wei Z. *Reflect on the Development of TCM in X Province*. *New West*. 2017(5):42-3.
- [42] Meng KT. *New stage of development on yin-yang and five elements*. *China Journal of Traditional Chinese Medicine & Pharmacy*. 2014;29(2):368-78.
- [43] Donghai Y, Ronghua L. *The Development and Current Situation of Traditional Chinese Medicine Management in China*. *China Medical Herald*. 2015;28(12):12-5.
- [44] XTCM. *XTCM Signed Strategic Cooperation Agreement About Rehabilitation Project with Yiliang County*., 2017.
- [45] Bok D. *Beyond the Ivory Tower: Social Responsibilities of the Modern University*. (Chinese Version). Hangzhou: Zhejiang Education Press; 2001.
- [46] Chen YT, Tuo XU. *Analysis of Factors and Standard of Financial Allocation in Local Higher Colleges-Taking Hunan Province as an Example*. *Journal of Hubei Correspondence University*. 2015;28(19):4-5.
- [47] Bouckaert G. *The History of the Productivity Movement*. Burke Chatelaine Press. 1995;3(1):97-115.
- [48] Zhenpeng W. *A Study of Appropriation Mode Based on Chinese Higher Education Performance*: Shenyang Normal University, 2009.
- [49] Xiufeng Y, Qing N. *Innovation research on the operational mechanism of TCM standardization work of China association of TCM*. *Clinical Journal of Chinese Medicine*. 2012;16(4):1-3.
- [50] Huang LY, Xiao-Ping YU, Jing AI, et al. *Practice of Constructing a Platform of Excavating and Protecting Characteristic Technology of Diagnosis and Treatment in Research-based Hospital of Traditional*

Chinese Medicine. Chinese Journal of Information on Traditional Chinese Medicine. 2014;21(10):4-6.

- [51] Long YL, Shi YF, Liang PH, Chen JN, Wang S. Consideration and practice on deepening construction of TCM standardized talent cultivation system by means of medicine-education cooperation. Education of Chinese Medicine. 2016;35(2):13-9.
- [52] Shen JL, MAHong-yao, Wei LX. Interactive and Evolutionary Logic for the Inheritance and Innovation of Chinese Medicine Core Values. Medicine & Philosophy. 2013;34(10):90-4.