

China-US Medical Education Summit
Great Hall of the People
Summit Speeches

中美医学教育高层论坛
人民大会堂
论坛演讲



China Medical Board Centennial Celebration
September 20, 2014

美国中华医学基金会百年庆典
2014年9月20日



CMB Celebrates 100th Anniversary in Beijing

CMB celebrated its 100th anniversary in Beijing on September 19-22, 2014. Joined by over 250 participants from more than 10 countries, the celebratory event was conducted as a series of collaborative exercises between CMB trustees and the Chinese government, Peking Union Medical College, Peking University Health Sciences Center, and partner universities throughout China and neighboring Asian countries.

CMB's 100th anniversary events began with the **China-US Medical Education Summit**, co-hosted by the China National Health and Family Planning Commission (NHFPC). The Summit was conducted in the Great Hall of the People on the morning of September 20.

Following the morning Summit, an international academic conference on **Innovations for Health Equity in the 21st Century** was held at the Beijing Grand Hyatt. Over two days, the conference brought together more than 200 academic leaders to promote panel discussions on policies for equitable primary care, educational innovations in a digital age, collaboration in a global health world, and priorities for CMB's work in its second century.

On September 20, CMB trustees hosted a 100th Gala Dinner to celebrate CMB's century of partnerships in China and Asia.

The main celebratory events also included two special side events. On September 19, Peking Union Medical College hosted its 6th Medical Education Forum and CMB Centennial Books Launch at the auditorium and courtyard of the PUMC campus. On September 22, *The Lancet-CMB China Series* was launched at Peking University Health Sciences Center.

CMB 百年庆典系列活动在北京

CMB于2014年9月19至22日在北京举行了百年庆典系列活动，来自十多个国家的250位嘉宾与会。庆典活动由CMB理事会与中国国家卫生和计划生育委员会、北京协和医学院、北京大学医学部、以及中国和亚洲邻国CMB的合作伙伴联合举办。

在北京的庆典活动，以CMB与中国国家卫生和计划生育委员会共同举办的“中美医学教育高层论坛”作为开幕式。高层论坛于9月20日上午在北京人民大会堂开幕，由国家计生委副主任刘谦主持，论坛发言涉及中美医学教育领域合作的重要性及其历史和未来。

继上午的高层论坛之后，为期两天的“推动21世纪卫生公平战略创新”国际会议在北京东方君悦大酒店开幕。200多位医学界领导人畅谈了关于推动初级卫生保健公平性的政策研究，数据时代的教育创新，全球健康合作，以及CMB新百年的工作重点等议题。

CMB理事会于9月20日隆重举行百年庆典晚宴，庆祝与中国和亚洲伙伴的百年合作。

系列庆典活动还包括两个特别分会。一个是9月19日在北京协和医学院举办的第六届医学教育论坛和CMB历史书籍中文版发行仪式，另一个是9月22日在北京大学医学部举行的《柳叶刀》2014中国专刊发布会。



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THE MISSION OF CHINA MEDICAL BOARD is to advance health, equity, and the quality of care in China and Southeast Asia. Working in a spirit of partnership at the forefront of strategic philanthropy, CMB strives to build capacity that fosters innovation in professional education, policy research, and global health in an interdependent world.

Summit Speakers



*Liu Qian — Vice
Commissioner, National
Health and Family Planning
Commission*



*Chen Zhu — Vice
Chairman, Standing
Committee, National
People's Congress*



*Li Bin — Commissioner,
National Health and Family
Planning Commission*



*Lin Huiqing — Assistant
Minister of Education*



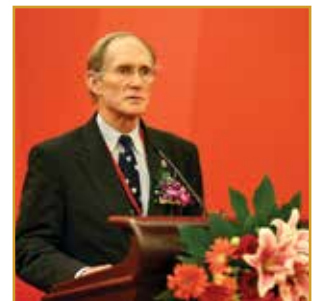
*Mary Bullock — CMB Chair;
Executive Vice Chancellor,
Duke Kunshan University*



*Wendy O'Neill — CMB
Trustee, Rockefeller family
member*



*Zeng Yixin — President,
Peking Union Medical
College*



*Peter Agre — Nobel
Laureate, Johns Hopkins
University*



*Ke Yang — Executive Vice
President, Peking University*



*Peter Piot — Former
Director, UNAIDS; Director,
London School of Hygiene &
Tropical Medicine*



*Gui Yonghao — Vice
President, Fudan University;
Dean, Fudan Shanghai
Medical College*



*Lincoln Chen — CMB
President*

Summit Agenda

CHINA-US MEDICAL EDUCATION SUMMIT

The West Hall, Great Hall of the People, Beijing, Saturday, September 20, 2014

Co-organizers: National Health and Family Planning Commission (NHFPC)
China Medical Board (CMB)

Moderator: **Liu Qian**, Vice Commissioner, NHFPC

0900–0940 **Keynote Session**

Chen Zhu, Vice Chairman, Standing Committee, National People's Congress

Li Bin, Commissioner, NHFPC

China-US cooperation to promote medical education in the 21st century

Lin Huiqing, Assistant Minister, Ministry of Education

Medical education in China

0940–0950 **Mary Brown Bullock**, CMB Chair; Executive Vice Chancellor, Duke Kunshan University
A century of China-US cooperation

0950–1000 **Wendy O'Neill**, CMB Trustee, Rockefeller family member
Reflections on Rockefeller family philanthropy in China

1000–1010 **Zeng Yixin**, President, Peking Union Medical College
PUMC tradition and China's health care reform

1010–1020 **Peter Agre**, Nobel laureate; Professor, Johns Hopkins University
Improving health: China-US scientific cooperation

1020–1030 **Ke Yang**, Executive Vice President, Peking University
Innovations in reform of medical education in China

1030–1040 **Peter Piot**, Former Director, UNAIDS; Director, London School of Hygiene & Tropical Medicine
China as a crucial partner in global health

1040–1050 **Gui Yonghao**, Vice President, Fudan University; Dean, Fudan Shanghai Medical College
Reform and innovations in China's clinical medical education

1050–1055 **Lincoln Chen**, CMB President
Visions for CMB's second century

1055–1105 Summit participant photo

论坛日程

中美医学教育高层论坛

北京人民大会堂西大厅 2014 年9 月20 日

- 联合主办单位： 中国国家卫生和计划生育委员会、
美国中华医学基金会 (CMB)
- 主持人： 中国国家卫生和计划生育委员会副主任刘谦
0900-0910 人大常委会副委员长陈竺致欢迎辞
- 0910-0930 中国国家卫生和计划生育委员会主任李斌
中美携手共谱21 世纪现代医学教育新篇章
- 0930-0940 教育部部长助理林蕙青
中国医学教育
- 0940-0950 CMB 理事长、 昆山杜克大学常务副校长玛丽·布洛克 Mary Bullock
中美百年合作
- 0950-1000 CMB 理事、 洛克菲勒家族成员欧文迪 Wendy O'Neill
回顾洛克菲勒家族和中国卫生慈善
- 1000-1010 北京协和医学院院长曾益新
协和传统与中国医改的需求
- 1010-1020 诺贝尔奖获得者、 约翰·霍普金斯大学教授皮特·阿格雷 Peter Agre
中美科技合作为改善健康带来的机遇和共赢
- 1020-1030 北京大学常务副校长柯杨
中国医学教育改革与创新
- 1030-1040 联合国艾滋病规划署前主任、 伦敦卫生与热带病学院院长彼得·皮奥特 Peter Piot
中国在全球卫生中的关键角色
- 1040-1050 复旦大学副校长、 复旦上海医学院院长桂永浩
中国临床医学教育综合改革的探索和创新
- 1050-1055 CMB 主席陈致和 Lincoln Chen
展望 CMB 新百年
- 1055-1105 集体合影

Speakers and special guests convene prior to the start of the China-US Medical Education Summit.



Commissioner Li Bin and Director-General Ren Minghui arrive at the Great Hall.



CMB Chair Mary Brown Bullock and National People's Congress Vice Chairman Chen Zhu exchange greetings.



Former Vice Minister Huang Jiefu, Institute of Medicine President Victor Dzau, and CMB Trustee Harvey Fineberg.



CMB Trustees Jeff Williams and Tony Saich.



Summit speaker Peter Piot and Senior Fellow Japan Center for International Exchange Keizo Takemi.



Chairman of University Council Mahidol University Vicharn Panich and Deputy Minister of Health Daw Thein Thein Htay of Myanmar.

MODERATOR

Liu Qian

Vice Commissioner, National Health and Family Planning Commission

Good morning, distinguished officials, guests, ladies, and gentlemen. It is a great honor for me to be the moderator. A warm welcome to you all for participating in this **China-US Medical Education Summit** cohosted by China National Health and Family Planning Commission (NHFPC) and China Medical Board (CMB). In this golden autumn of harvest, over 200 academic leaders and scholars in the medical field of China and the United States gather together to review the achievements of China-US collaboration in medical education over the past century, to explore future mutually beneficial collaborations, and to open a new century of collaboration. This Summit is marked by the occasion of CMB's 100th anniversary and serves as its best celebration. We are honored to have the presence of Mr. Chen Zhu, Vice Chairman of the Standing Committee of the National People's Congress; Ms. Li Bin, Commissioner of China National Health and Family Planning Commission; CMB's Chair, President and several trustees; as well as leaders and senior scholars of medical schools in China and from abroad. Please allow me, on behalf of NHFPC, to express our warmest welcome and most sincere thanks to all of you!

Now I announce the official opening of the **China-US Medical Education Summit**. Mr. Chen Zhu, Vice Chairman of the Standing Committee of the National People's Congress, will deliver the welcome remarks. Mr. Chen Zhu is a leading hematology expert and molecular biologist. He holds a professorship at the School of Medicine of Shanghai Jiao Tong University. He is the former Minister of Health and has long been dedicated to the education of excellent medical professionals. Now, please welcome Mr. Chen Zhu.



主持人 刘谦

国家卫生和计划生育委员会副主任

尊敬的各位领导各位来宾，女士们、先生们，大家早上好，很荣幸主持这次高层论坛，欢迎各位参加由中国国家卫生计生委和美国中华医学基金会共同举办的中美医学教育高层论坛。在这金秋九月收获

的季节里，来自中美卫生领域的两百多位同仁及学者齐聚一堂，共同回顾中美医学教育合作在过去一个世纪当中，所取得的成就；探讨未来的合作和共赢，开创中美医学教育合作的新百年。此次高层论坛的召开，正值CMB百年的庆典，这也是对CMB成立百年的最好的庆祝，本次会议特别邀请到了全国人大常委会副委员长陈竺，国家卫生计生委主任李斌，CMB诸位理事和主席，以及国内外医学高校代表和资深的学者出席，在此请允许我代表国家卫生计生委向各位领导，海内外的嘉宾，各位朋友，表示最诚挚的欢迎和最由衷的感谢。

现在我宣布中美医学教育高层论坛正式开始，首先请全国人大常委会副委员长陈竺院士致欢迎辞，陈竺院士是血液病的专家，分子生物学的专家，上海交通大学医学院的教授，他也曾经是中国卫生部的部长，长期致力于推动优秀医生的培养。有请陈竺院士。

We gather together to review the achievements of China-US collaboration in medical education over the past century, to explore continued win-win success for the future, and to open a new century of collaboration.



Chen Zhu

*Vice Chairman, Standing Committee,
National People's Congress*



Thank you, Vice Commissioner Liu Qian.

Distinguished CMB Chair Mary Bullock, CMB President Lincoln Chen, Commissioner Li Bin, honorable guests, ladies and gentlemen.

Today the **China-US Medical Education Summit** is held in the Great Hall of the People. Experts of medical education from China and the United States meet here to discuss medical education reforms, exchange, and collaboration. I extend my warm congratulations to the Summit and sincere greetings to all the participants. 2014 is CMB's centennial anniversary. Here I would like to express my warm congratulations, on behalf of the Chinese Medical Association and for myself, to the China Medical Board. CMB has greatly helped China's medical education and promoted China-US medical exchange. One hundred years ago, the Rockefeller Foundation and CMB founded the Peking Union Medical College (PUMC) and introduced modern medical knowledge and technology to China, which opened an important new chapter of China's modern medical education. Over the past century, CMB has made a positive impact on promoting medical exchange between China and the United States in many ways. In recent years, CMB has been even more actively involved in China-US medical education collaboration. CMB's efforts have been focusing on the key areas of health policy, systems sciences, and education of medical professionals, as well as on the key disciplines of global health, public health, and nursing. CMB has advocated for the innovative teaching and learning model of Massive Open Online Courses (MOOCs), advanced development of medical universities in the western part of China, and made contributions for the progress of China's

medical education. The Chinese people and medical profession will not forget the outstanding work and great contributions of CMB and the Rockefeller Foundation.

Health concerns people's well-being. Since 2009, the Chinese government has been engaged in deepening the reform of the health system. The objective is to achieve universal primary health care through strengthening primary care at the grassroots level and establishing mechanisms and programs that will provide public health products and services to the entire population. So far, remarkable results have been achieved. Yet, due to the rapid growth of China's economic and social development, people's demands on health services are increasing and becoming more diverse. The imbalance between the supply and demand of medical services has become increasingly prominent. Thus the main emphasis of health services is transforming from the treatment of diseases to health management and better quality of life. To respond to these challenges, we need a contingent of highly trained health professionals who are willing to work at the grassroots level. Yet the reality remains that among the medical professionals trained every year, very few work at the grassroots level and even fewer stay. This situation poses a great challenge to medical education and supportive policies. To improve the situation, we must proceed from China's actual conditions and bind the task of medical education and relevant policies to actual demand. Over the past few years, NHFPC has made great efforts in standardizing the training of resident doctors and establishing medical networks.

Next, we must put more emphasis and effort on training more general practitioners (GPs) who will receive a formal and well-rounded health education. GPs are regarded as gatekeepers of people's health. GPs playing a greater role can better implement the policy of prevention first and differentiated treatment, can better treat and prevent chronic illnesses, and can better control and manage sudden outbreaks of infectious diseases. With more GPs, grassroots medical facilities will not have a shortage of medical professionals, and excess demand for medical professionals in large urban hospitals will be alleviated. Strengthening GP education must first proceed from the current needs, especially at the grassroots levels in mid and western parts of China, where a more practical approach is to train more assistant GPs, with three years of junior college education plus two years

of clinical experience (i.e., the “3+2” approach). In addition, a program of special subsidies for placement of GPs in areas of need should be introduced to attract more medical graduates and incentivize personnel with professional medical and GP training to work at the grassroots level for a certain period of time. Second, GP education must have a long-term vision and strengthen the efforts of five-year medical college education plus three years of practical experience (the “5+3” model of GP training). Medical schools and health facilities should establish a special GP department with sound policy support. Third, relevant policies should be put in place, such as establishing a relatively independent career path system for GPs; providing necessary human resource and remuneration incentives; encouraging social capital investment in community GP facilities; expanding commercial medical insurance coverage in grassroots communities; and recognizing and commending outstanding GPs to make the GP profession more attractive and elevate its professional and social status.

Furthermore, we must also speed up medical education reform in a coordinated way by encouraging sound practices for medical professionals, innovating education models, combining medical education with the needs of the health care system, strengthening international exchange including drawing on the good experience of our American colleagues, so that we can improve the quality of education and training of our medical professionals. A new generation of Chinese medical professionals should have their roots in China and the ability to work at the grassroots level, and at the same time have a global vision, a daring spirit to strive for the health of humanity, and a lack of fear for personal sacrifice. As the world is currently dealing with the Ebola outbreak, inspired by the heroic tradition of their predecessors, Chinese medical professionals, including middle-aged and young doctors, are going to the frontline of this sudden outbreak and other public health emergencies.

Ladies and gentlemen, medical education, through science education and talent development, carries great weight in China’s prosperity. It is also conducive to the effective implementation of the strategic development goals of the two great countries of China and the United States, as well as to the realization of national education reform alongside medical system reform.

Health concerns people’s well-being. Since 2009, the Chinese government has been engaged in deepening the reform of the health system. The objective is to achieve universal primary health care through strengthening primary care at the grassroots level and establishing mechanisms and programs that will provide public health products and services to the entire population.

Today we’ll have the opportunity to enjoy the insights of representatives from the medical field of China and the United States. I sincerely hope that the ideas that spark from this discussion will further broaden the horizon and scope of practical collaboration of our two countries. Collaboration in health and education is a win-win undertaking, which will render strong support for the healthy development of the China-US relationship, for our joint response to major global health challenges, and for the well-being of the people of our two countries and all of humanity. In conclusion, let me wish for great success of the Summit and for more fruitful accomplishments of China-US collaboration in the field of medical education.

Thank you!



Peter Agre, Zeng Yixin, and Chen Zhu.

陈竺

人大常委会副委员长



谢谢刘谦副主任，尊敬的Mary Bullock理事长，尊敬的陈致和主席，尊敬的李斌主任，各位来宾，女士们、先生们，今天中美医学教育高层论坛，在人民大会堂隆重举行，两国医学教育界的专家，群贤毕至，共同探讨医学教育的改革与发展，交流与合作。值此盛事，我谨对论坛的召开表示热烈祝贺，并向两国与会代表致以诚挚问候。今年正值美国中华医学基金会百年华诞，借此机会，我谨代表中华医学会并以我个人的名义向助力中国医学教育发展，推动中美医学教育交流的美国中华医学基金会表示热烈祝贺。一百年前，美国洛克菲勒基金会，美国中华医学基金会创建了北京协和医学院，将现代医学的理念知识和技术引入中国，翻开了中国现代医学教育的重要一页。一百年来，美国中华医学基金会，一直以各种方式，为推动中美医学交流发挥了积极作用。近年来，更活跃于中美医学教育合作的舞台上，以卫生政策与体系科学，和卫生专业教育为重点领域，推动中国全球卫生健康，公共卫生，卫生护理等重点学科建设，推广以大规模网络公开课程为代表的教学模式创新，带动中国西部医学院校的发展，为中国医学教育的进步发展贡献力量，中国人民和中国卫生界不会忘记美国中华医学基金会，美国洛克菲勒

基金会的卓越工作和杰出贡献。

医疗卫生事业事关人民群众的健康福祉，自2009年启动深化医药卫生体制改革以来，中国政府以人人享有初级保健卫生服务为目标，通过保基本强基层，建机制致力于将初级保健卫生服务作为公共产品向全民提供，现已取得重要阶段性成果；但由于中国经济社会的快速发展，人民群众的健康需求日趋广泛多样，医疗服务提供能力和医疗服务需求间的矛盾日益凸显，医疗卫生的任务要求也正从疾病治疗为主向健康管理提高生命质量为主转变。要解决以上问题，前提条件是要有一支高素质广覆盖基层强的卫生人才队伍。现实情况是，基层卫生人才队伍还不够强，每年培养的医疗卫生人才，适用于基层的不多，其中能下到基层的较少，能留在基层的就更少，这就对医学教育和政策支撑提出了挑战，要应对挑战，就必须从中国国情出发，紧密围绕需求来明确医学教育的主要任务，来设计相关政策的主要着力点。近几年，卫生计生部门，已在住院医师规范化培训，组建医疗联合体等方面做了大量工作。

下一步还需要着重在培养建立一支经过正规医学教育，接受过规范全科培训的全科医生队伍方面投入更大力量。全科医生被称为居民健康的守门人，培养好发挥好全科医生的作用，才能体现好预防为主的卫生工作方针，落实好分级诊疗制度，实施好慢病防控和突发传染病控制等健康管理等工作，让基层医疗卫生机构，无人才短缺之余，同时缓解城市大医院人满为患之困。加强全科医生工作，一要立足当前，在基层特别是中西部实施三加二助理全科医生培训，培养基层实用型的助理全科医生，同时设立基层全科医生特岗特岗的项目，吸引受过正规医学教育和规范全科医学培训的医学专业毕业生和医务人员，在基层工作一定年限。所以三加二就是大专三年，加两年的临床的培训。二要着眼长远，加强五加三全科医生规范化培养力度，推动医学院系设立全科医学系，医疗卫生机构设立全科医学科，并在学科发展和科室建设方面，给予政策支持，五加三就是本

科五年加三年的规范化住院医师培训。三要加强政策扶持，建立相对独立的全科医师支撑晋升体系，积极完善人事薪酬制度和激励机制，同时鼓励社会资本在社区开办全科医疗机构探索推进商业医疗保险在基层社区的覆盖面，还要注重对优秀全科医生典型代表的表彰和宣传，提高全科岗位的吸引力，及其行业和社会地位。

此外还要统筹兼顾加快医学教育体制机制改革，尊重医学人才培养规律，创新人才培养模式，促进医学教育，与卫生服务体系紧密结合，要注意加强国际交流，借鉴包括美国同行在内的有益经验，提升医药卫生人才培养质量。中国新一代的医学人才，应该是立足中国能够扎根基层，同时也胸怀世界，具有为人类健康不怕牺牲，奋勇拼搏的国际视野的人才，就像现在全球应对埃博拉疫情就需要我们的卫生界，包括中青年医生，继承前辈光荣传统，奔赴人类抗击新生突发重大传染病一线，以及其他的公共卫生应急事件。

女士们、先生们，中国医学教育事业的发展事关科教兴国，人才强国，两大国家战略的有效实施，事关国家教育改革和医药卫生体制改革，两大改革目标的实现。今天我们将有幸聆听中美两国医学教育界代表的真知卓见，我衷心希望通过本次论坛的交流，让两国同行碰撞出的思想火花为医学教育的未来发展提供更为广阔的视野，为中美医学教育的务实合作开启更广阔的空间，卫生合作，教育合作，是共赢的事业，必将为中美两国关系的健康发展提供有力支持，并将为两国卫生界携手应对全球重大卫生挑战提供支撑，也必将为两国人民乃至全人类的健康

中国医学教育事业的发展事关科教兴国，人才强国，两大国家战略的有效实施，事关国家教育改革和医药卫生体制改革，两大改革目标的实现。

发展创造更多福祉。最后预祝本次论坛圆满成功，预祝中美两国在医学教育领域的合作取得更多成果，谢谢大家。

Liu Qian

Thank you, Vice Chairman Chen Zhu, for your impassioned speech. We also firmly believe that China-US collaboration in health and education will be a mutually beneficial and lasting relationship. Since July of this past year, at the fifth round of the China-US high-level cultural consultation, health has become a new pillar of this mechanism. And this Summit is providing another platform for further cooperation and richer exchange. The newly established China National Health and Family Planning Commission (NHFPC) has given high priority to the education of medical professionals and has taken a series of measures to strengthen medical education. Next, we invite Commissioner Li Bin of NHFPC to deliver a keynote speech on "China-US cooperation to promote medical education in the 21st century." Please welcome Commissioner Li Bin.

刘谦

感谢陈竺副委员长充满激情的致辞，我们也坚信卫生合作和教育领域的合作，必将成为中美两国互惠互利合作共赢的长久事业。今年的7月，在第五轮中美人文交流高层磋商期间，卫生领域已经成为该机制的新的支柱，本次论坛作为中美两国医学教育界的交流平台，将进一步促进合作，丰富人文交流的内涵，中国的新组建的中国国家卫生计生委，对于医学人才的培养给予高度重视，采取了一系列的措施，加强医学教育工作。下面我们有请国家卫生计生委李斌主任作题为中美携手共谱21世纪现代医学教育新篇章的主旨发言，大家欢迎。

Li Bin

Commissioner, National Health and Family Planning Commission



Distinguished Vice Chairman Chen Zhu, Distinguished Chair Mary Bullock, Distinguished President Lincoln Chen, ladies, gentlemen, and friends, good morning!

The China-US Medical Education Summit is held in Beijing in the autumn, on the days when we enjoy the cool breeze and osmanthus fragrance and on the auspicious occasion of CMB's centennial celebration. First of all, let me convey the warm congratulations of Vice Premier Liu Yandong, who is now visiting abroad, and extend a cordial welcome to the participating medical educators and health professionals of China and the United States. I would like to especially express our heartfelt gratitude to CMB. Taking improvement of education and health as its mission, CMB has made positive contributions to China's medical education and to medical exchange between our two countries. A warm congratulation to CMB on its 100th-year anniversary!

Modern Western medicine began to be introduced to China in the 19th century and the beginning of the 20th century, when people and organizations from North America and Europe established schools and hospitals in China. In 1914, the Rockefeller Foundation founded China Medical Board and built Peking Union Medical College (PUMC). Right from the beginning, PUMC adopted the most advanced medical model in America, giving emphasis to practical training and clinical skills of medical students and their research ability. PUMC also emphasized public health knowledge and training. Its method of teaching through discussion and experiments, and learning from ward visit rotation and clinical practice, demonstrated effectiveness and vitality. The

24-hour responsibility system of resident doctors laid a solid foundation for the standardized training system of China's resident doctors.

In the past 100 years, PUMC has produced a contingent of first-class medical leaders with high moral character and medical expertise, such as Lin Qiaozhi, Huang Jiasi, and Wu Jieping, who are highly regarded in China and abroad and have made important contributions to China's health progress.

Recalling the remarkable achievements in health over the past century and making comparisons to when New China was founded, we can see the life expectancy of the Chinese people has increased from 35 years old in 1949 to the present level of about 75 years; the maternal mortality rate has decreased from 1,500 per 100,000 to 23.2 per 100,000; the infant mortality rate has decreased from 200 per 1,000 to 5.9 per 1,000. Fundamental improvements in people's health have been realized.

In 2009, the Chinese central government made a decision to deepen the reform of the health system, and so far it has achieved great success. A universal primary care framework is now in place covering over 95% of the population, which is the largest primary care safety net in the world. A new medicine system and a new network of grassroots medical facilities have been established, which have greatly enhanced service capacity. Basic free public health service now covers 43 items in 11 categories. The level of equity has been greatly improved. Pilot reforms are being carried out in public hospitals. The total amount of hospital resources has increased remarkably. People's health care rights are better protected, which is beneficial to overall economic and social development.

Medical education bears great significance on the training of medical professionals, in health system reform, and in the well-being of the population. China has made great progress in medical education and reform. First, a postgraduate medical education and training model has been set up. In 2013, seven government agencies, including the NHFPC, issued a joint directive on establishing a standardized training program for resident doctors. The directive included a series of documents regarding training content, management, standards, and accreditation criteria for training bases. In 2014, 450 training bases were accredited, and 50,000 graduates of clinical medicine were enrolled for resident doctor standardized training.

The central government provides 30,000 yuan per year for each of the trainees. Standardized training for specialists also is making good progress. This will greatly enhance the overall clinical and research capacity of Chinese medical professionals.

Second, there is better coordination between medical education and the needs of medical service. Six government agencies, including NHFPC and the Ministry of Education, worked together and formulated a plan of deepening the reform of clinical physician training and explored ways to achieve a balance between the demand for health care services and the supply of medical professionals. The clinical physician's master's degree program has gone through reforms to establish a five-year medical college plus three-year clinical practice training system, and the medical doctorate degree program is connected with the standardized training of specialist doctors.

Third, great efforts have been made to promote the training of general practitioners (GPs), for whom there is both an urgent need and a great shortage. From 2010 to 2013, 110,000 GPs were trained through a standardized GP program, rotation of positions, and targeted free training of medical students in rural areas. By the end of 2013, the national total of GPs reached 146,000, averaging 1.07 GP per 10,000 people. In the meantime, construction of training bases for urgently needed GPs and specialists—such as pediatricians, psychiatrists, and pathologists—is speeding up, and enrollment is rapidly increasing.

Fourth, continuing education and on-the-job training for health professionals and technicians have been strengthened. From 2011 to 2013, the central government invested 3 billion yuan in support of various training programs throughout the country, such as GP training, key skill training for urban and rural grassroots health workers, training of urgently needed clinical personnel, and training of leading doctors at the county level. In total, 6 million medical professionals at various levels, including rural health workers, received training.

Ladies and gentlemen, health is a common concern of mankind, one that transcends national boundaries. There is a saying in the Chinese classic *The Book of Changes*, that “the biggest virtue in heaven and on earth is protecting life.” Last year, when President Xi Jinping met with the WHO Director-General Margaret Chan, he stressed that the Chinese government gives priority

to protecting people's health in accordance with people-oriented principles and governing for the welfare of the people. Looking to the future, a new generation of medical professionals must have a noble spirit to serve humanity with solid knowledge, independent thinking, and creative ideas and abilities. They need a global vision and strong self-improvement skills to face various challenges; they need to be keenly aware of the direction of medical development and adaptable to its constant changes; they need to master technical means and provide proper and effective medical service for the people. Medical education is an arduous, long-term cause; therefore broader and greater international cooperation and exchanges are needed.

Over the past 100 years, China Medical Board has made a positive impact on China's medical education and China-US exchange. We are very willing to further strengthen our cooperation with CMB, further promote between our two countries exchanges of medical institutions, professors, doctors, and medical students. Together, we will explore medical education in a new historic era and train more outstanding medical professionals who will make great new contributions to the health of the people in China, in the United States, and in the world.

I sincerely wish great success for this Summit and good health to our American friends during your stay in China. Thank you!



Commissioner Li Bin and Vice Chairman Chen Zhu greet Peter Piot.

李斌

国家卫生和计划生育委员会主任



尊敬的陈竺副委员长，尊敬的Mary Bullock理事长，尊敬的陈致和主席，女士们、先生们、朋友们，大家上午好，在这秋风送爽，丹桂飘香的季节，在美国中华医学基金会成立百年之际，中美医学教育高层论坛在北京开幕了，首先在国外访问的中华人民共和国国务院刘延东副总理委托我转达对这次论坛召开的热烈祝贺，对出席论坛的中美两国医学教育家，医务工作者们的诚挚欢迎，特别对以支持教育改善卫生为己任，为推进中国医学教育发展，中美医学教育交流做出积极贡献的美国中华医学基金会表示衷心感谢，对百年诞辰致以热烈祝贺。

在19世纪至20世纪初，西方现代医学开始传入中国，北美及欧洲人士和组织先后在中国兴学办医，1914年美国洛克菲勒基金会成立了美国中华医学基金会，并在北京建立了协和医学院，建院伊始，北京协和医学院就采用了北美当时最先进的医学教育模式，注重培养医学生的实践和临床技能以及科研能力，注重公共卫生专业知识的学习和训练，其讨论式的教学和实验教学，先病房流转，然后门诊学习等等的教学方法，展示出了卓越的成效和强大的生命力，24小时住院医师负责制，更是为中国建立住院医师规范化培训的制度奠定了深厚的实践基础。

百年来协和医学院培养了林巧稚、黄家驷、吴阶平等一大批品德高尚学术一流医术精湛享誉中外的医学大师。为中国的卫生事业的发展做出了重要的贡献。回首百年，中国的卫生事业也取得了长足的进步，与新中国成立初期相比，中国的人均预期寿命从1949年的35岁提高到现在的75岁美国左右，孕产妇死亡率从十万分之一千五百，下降到十万分之二十三点二，婴儿死亡率从千分之二百，下降到千分之五点九，国民的健康状况得到了根本改善。

特别是2009年，党中央国务院做出深化医药卫生体制改革的重大决策部署以来，中国的卫生改革与发展取得了重大的阶段性成效，全民初级保健保障制度框架全面建立，覆盖了全国95%以上的人口，支起了世界上最大的初级保健保障安全网，基本药物制度和基层医疗卫生机构运行的新机制得到巩固完善，覆盖城乡的基层医疗卫生服务体系面貌焕然一新，服务能力大幅提升，基本公共卫生服务的内容不断拓展，现在已经免费提供11大类43项基本公共服务的项目，均等化的水平明显提高，公立医院的改革试点逐步深入，医院资源总量显著增加，广大人民群众的健康权益得到了更好的维护，为经济社会的发展，提供了有利的保障。

医学教育事业关乎卫生人才的培养，事关卫生事业的改革发展，事关人民群众的健康福祉。近年来，中国医学教育的改革与发展，也取得了重要的进展，一是毕业后医学教育的模式基本确定。2013年，国家卫生计生委等七个部门，印发了关于建立住院医师规范化培训制度的意见，并制定了培训管理的办法培训内容和标准，培训基地认定的标准等一系列配套的文件。2014年在全国范围内认定了培训基地450家，招收五万名临床医学毕业生进入培训基地，接受统一规范的住院医师规范化培训，中央财政给予每一个培训人员每年三万元的专项补助，专科医师规范化培训制度建设也正在加快推进，这将从根本上提高中国医师队伍临床和医学科研的整体能力。

二是医教协同，深化院校医学教育改革取得了积极的进展。国家卫生计生委和教育部等六个部委研究制定了医教协同深化临床医学人才培养改革的意见，探索建立以卫生行业的需求为导向，医学院校人才培养供需平衡机制，全面改革临床医学硕士专业学位研究生的培养模式，加快构建以五加三为主体的临床医学人才培养体系，积极探索临床医学博士专业学位研究生的培养与专科医师规范化培训的有机衔接。

三是全科等急需紧缺人才的培养，全面推进。2010年到2013年，通过全科医生的规范化培养，全科医生的转岗培训，农村定单式的定向医学生免费培养等等方式，已经安排培养了全科医生11万人，到2013年底，全国医生全科医生已经有14.6万人，每万人口的全科医生达到1.07人，同时加强全科与儿科精神科病理科等紧缺专业住院医师规范化培训的基地建设。招收的规模不断的扩大。

四是在岗的卫生技术人才继续教育培训得到了加强，2011年到2013年中央财政累计投入了30亿元，支持各地开展全科医生培养培训，城乡基层卫生人员的重点业务培训，临床急需紧缺人才培养，县级骨干医师培训等多个项目，累计培养培训包括乡村医生在内的各级各类卫生人员达到了600万人次。

女士们、先生们，医疗卫生是超越民族和国界的人类的共同事业。中国古代的经典《周易》里面有一句话，天地之大德曰生，意思就是说，在这个世界上，最伟大的道德就是爱护生命。习近平主席去年在接见来访的世卫组织总干事陈冯富珍女士的时候，也强调，中国政府坚持以人为本，执政为民，把维护人民的健康权益放在重要的位置。展望未来，新一代医学人才，必须具有更加丰富的人文素养和宽泛坚实的学识，有独立思考和创新的职业精神和能力，有强大的自我学习自我发展的技能和全球化的广阔视野，不断应对各种挑战，必须紧紧把握医学发展的方向，适应医学模式的变化，掌握和应用更多更好的技术手段，为广大人民群众提供适宜、可及、有效的医疗健康服务，医学教育任重而道远，

更需要加强广泛深入的国际交流和合作。

美国中华医学会历经百年，为推动中美医学教育领域的交流和中国医学教育事业的发展，发挥了积极的作用，我们非常愿意加强与美国的中华医学基金会的合作，加强中美之间医学院校之间的交流，加强中美之间大学医学院校的教授医生和学生之间的交流，探索新的历史条件下，医学教育的规律，培养更多的优秀的医学人才，为中美两国和全世界人民的健康事业的发展，做出新的更大的贡献，我衷心的祝愿本次论坛取得圆满成功，祝愿来自美国的各位朋友在中国开会期间顺利健康。谢谢大家。

Liu Qian

Thank you, Commissioner Li Bin, for your excellent speech. You summarized the achievements and challenges of China's medical education and the need for a new generation of medical professionals under new historical conditions. We look forward to more in-depth China-US cooperation in education. As we know, the Ministry of Education is entrusted with the responsibility of training medical professionals in medical schools. Today it is our honor to have Ms. Lin Huiqing, Assistant Minister of Education in charge of medical education, to speak. Let's welcome Ms. Lin.

刘谦

感谢李斌主任的精彩演讲，李斌主任总结了我国医学教育工作所取得的成绩和面临的挑战，并提出了进一步加强国际交流探索新的历史条件下，医学教育规律培育新一代医学人才的要求，我们期待着中美两国教育界共同探讨开展更加深入的务实合作。大家知道，教育部承担着卫生医学领域人才院校内教育的重任，今天我们有幸请到了国家教育部分管医学教育的部长助理，林蕙青女士，下面我们有请她做发言。大家欢迎。

Lin Huiqing

Assistant Minister of Education



Distinguished Vice Chairman Chen Zhu, Commissioner Li Bin, distinguished CMB Chair Mary Bullock and President Lincoln Chen, experts, scholars, and guests, today

the China-US Medical Education Summit is held on the occasion of the China Medical Board's centennial celebration. First, let me on behalf of the Ministry of Education express our warm congratulations to CMB and also express our heartfelt gratitude to the experts and scholars of China and the United States, who have shown great interest and given great support to China's medical education reform. My thanks also go to the leaders and colleagues of various Chinese departments.

In the past 100 years, CMB has made great efforts to advance medical education in China, from founding the world-renowned PUMC to the endeavor in recent years of promoting medical research, rural health and medical training, public health, nursing education reform, and MOOCs. These efforts have seen great results and made important contributions to the reform of medical education in China.

Medical education is an integral part of the national education system and also an important foundation

We need to improve the scale and structure of medical education, paying special attention to the training of medical professionals who suit China's conditions at various levels and who have diverse knowledge and skills.

of health care. Over the past 100 years, great changes have taken place in China's medical education. The reform and open-door era was a historic leap, and now a medical education system with Chinese characteristics is in place, which provides strong talent support for the country's health care system. In recent years, the Ministry of Education has been joining hands with the National Health and Family Planning Commission to advance reforms in medical education. With joint efforts we have gained successful experience in the pilot reform of the "5+3" education and training model; have expanded grassroots-level GP training; have expedited setting up the medical education quality evaluation system; and have furthered the reform of the medical education management system.

While witnessing these great achievements, we also realize the difficulties and problems that need to be taken seriously. Medical education in China is big, but not yet strong. We need to improve the scale and structure of medical education, paying special attention to the training of medical professionals who suit China's conditions at various levels and who have diverse knowledge and skills; we need to improve the quality of medical education, especially the professionalism and practical skills of medical students; we need to improve the management system of medical education, especially medical schools in comprehensive universities; we need to improve the connection between medical education and the development of health care and medicine, especially the concept of doctors serving patients proactively. Our medical education needs to address these issues of a new era.

At present, our medical education is at a new historical starting point. Based on the present and looking into the future, we need to meet the goals set by the central government; meet the challenges imposed by the development of medical science; and fulfill the sacred mission and responsibility of our profession, which is tied to health and life. Recently, six government departments, including the Ministry of Education and the NHFPC, jointly drafted a plan to better coordinate medical education with health care services and to deepen the reform at various levels. In the near future, medical education reform will proceed from the "two one-hundred year" goal, drawing on advanced international experience to suit China's national conditions and needs.

We aim to complete the “5+3” standardized medical education and training system by 2020, which will be a talent stronghold for improved medical and health service.

Starting in 2015, newly enrolled master’s program medical students will be integrated into the standard national three-year resident doctors training program. At the same time, the seven-year medical school programs will be modified to comply to the “5+3” model for clinical doctors. Further reform of the medical doctorate program will be explored in order to closely link it with the training of specialists. To better support capacity building of all categories of health professionals, the training of GPs for grassroots health care facilities in rural areas will be emphasized, and the professional advantages of universities and affiliated teaching hospitals will be brought into full play.

Ladies and gentlemen, over the years, multifaceted China-US cooperation has achieved fruitful results. Today at the Summit, we will remember the past, look into the future, and explore new forms of collaboration. China Medical Board is entering a new journey for its second century. We look forward to CMB’s continued role of acting as a bridge for China-US medical education and with even greater achievements. I wish the Summit a full success. Thank you.



Fudan University Vice President Gui Yonghao, Lin Huiqing, and Ministry of Education Deputy Director Shi Pengjian.

In the past 100 years, CMB has made great efforts to advance medical education in China, from founding the world-renowned PUMC to the endeavor in recent years of promoting medical research, rural health and medical training, public health, nursing education reform, and MOOCs.



林蕙青

教育部部长助理



尊敬的陈竺副委员长，李斌主任，尊敬的Mary Bullock理事长，Lincoln主席，各位专家学者，各位来宾，今天在美国中华医学基金会百年诞辰之际，中美医学教育高层论坛在这里隆重举行。首先我谨代表教育部向CMB百年诞辰表示热烈的祝贺，向长期关心和支持中国医学教育改革与发展的中美医学教育的专家和学者，以及各有关部门社会各界的领导和人士们表示衷心的感谢。

百年来，美国中华医学基金会，对中国医学教育给予了大力支持，有利的促进了中国医学教育事业的建设和发展，从创建享誉国内外的北京协和医学院，到近年来，推进中国医学教育的研究农村卫生医学教育，公共

医学教育是国家教育体系的重要组成部分，也是医药卫生事业发展的重要基础，百年来，中国的医学教育发生了巨大的变化，特别是改革开放以来，实现了历史性的跨越，初步形成了具有中国特色的医学教育体系，为中国医药卫生事业的发展，提供了强有力的智力支撑和人才保障。

卫生教育护理教育改革，以及最近的推动医学教育大规模网络视频课程建设等方面，都取得了明显的进展和成效，为中国医学教育的改革和发展做出了重要的贡献。

医学教育是国家教育体系的重要组成部分，也是医药卫生事业发展的重要基础。百年来，中国的医学教育发生了巨大的变化，特别是改革开放以来，实现了历史性的跨越，初步形成了具有中国特色的医学教育体系，为中国医药卫生事业的发展，提供了强有力的智力支撑和人才保障。近年来，教育部国家卫生计生委，加强合作，协同推进医学教育改革，在大家的共同努力下，医学教育改革发展提速，包括开展了五加三人才培养模式改革试点，取得成功经验，面向基层培养全科医生工作取得明显进展，医学教育质量评价体系建设步伐加快，医学教育管理体制深化改革，进一步深化，医学教育条件保障不断改善。

在充分肯定医学教育取得成绩的同时，我们也清醒的看到，医学教育在发展中仍存在一些困难和深层次的问题，中国是医学教育大国，但还不是强国，医学教育的规模结构特别是适合国情的人才培养的层次类型专业结构有待优化，医学人才培养质量，特别是医学学生的职业素养和实践能力有待加强。医学教育管理体制，特别是综合大学办好医学教育的体制机制有待完善。医学教育与医药卫生事业发展的紧密结合，特别是主动服务的意识有待增强。医学教育必须回答好这些新的时代命题。

当前，医学教育站在了一个新的历史起点上，面对中央提出的深化教育领域综合改革，建立适应行业特点的人才培养制度的新任务，面对深化医药卫生体制改革的新要求，面对医学科技发展的新趋势新挑战，医学教育必须与时俱进，深化改革，担负起健康所系，性命相托的神圣使命和责任，立足当前，着眼未来，最近，教育部卫生计生委等国家六部委共同印发了关于医教协同，深化临床医学人才培养改革的意见，对建立标准化人才培养体系框架，进行了系统谋划，

顶层设计，形成了进一步推进改革的政策举措。今后一段时间，医学教育改革，要立足面向两个一百年的奋斗目标，从基本国情出发，借鉴国际先进经验，以服务需求提高质量为主线。医教协同，深化改革，强化标准，加强建设，全面提高医学人才培养质量，到2020年，构建起具有中国特色的以五加三为主题的标准化规范化医学人才培养体系，为医疗卫生事业发展和提高人民健康水平提供更坚实的人才保障。

主要任务有，要建立医学人才培养与卫生计生行业人才需求，供需平衡机制，根据行业人才需求，调整完善院校教育培养体系，使人才培养规模结构更好的适应卫生事业的发展，要加快推进五加三临床医学人才培养体系建设，进一步调整完善医学教育学位制度，全面改革临床医学硕士专业学位研究生培养模式。从2015年起，新招收的临床医学硕士专业学位研究生，临床培养，按照国家统一制定的三年住院医师规范化培训要求进行，同时调整七年制，临床医学教育为五加三一体化培养模式，要深化五年制本科生培养改革，采取措施，吸引优秀的生源，加强医学人文和职业素养教育，强化临床实践能力培训，要探索临床医学博士专业学位研究生培养模式的改革，与专科医师规范化培训有机衔接，要扎实推进面向基层，特别是面向经济欠发达地区乡镇卫生院的全科医生培养，建立与基层卫生机构的合作机制，加强与助理全科医生培训的有机衔接，要加强继续医学教育，充分发挥高校与附属医院的人才资源优势，为各级各类医务人员的提高能力和水平提供支持。

各位专家学者，各位来宾，多年来，中美两国在医学教育领域，开展多方面的合作，取得了丰硕的成果，今天我们在这里召开中美医学教育高层论坛，一起铭记历史，展望未来，探讨在新的时代背景下，更广泛更深入的合作，必将对两国医学教育的改革发展起到积极的推动作用。美国中华医学基金会，即将进入新的百年征程，我们也期待它继续发挥好中美医学教育交流的桥梁作用，



Former CMB Trustee Gloria Spivak.

推动两国的医学教育交流与合作，医学教育事业的改革与发展，取得更大的成就，最后预祝会议圆满成功，谢谢大家。

Liu Qian

Thank you, Ms. Lin. As the previous speakers all mentioned, CMB has made positive contributions in promoting medical education in China. The next speaker, Mary Bullock, is the Chair of CMB. She is also a historian and the Executive Vice Chancellor of Duke Kunshan University. She will share the history of China-US collaboration of the past 100 years. Now, Mary Bullock, please.

刘谦

谢谢林蕙青女士的发言，正如前几位发言人共同提到的，CMB为推动中国的医学教育发展做出了积极的贡献，下面我们有请CMB的理事长，她也是历史学家，昆山杜克大学的常务副校长Mary Bullock发言，她将和我们大家一起分享中美的百年合作历程，大家欢迎。

Mary Bullock

CMB Chair



Distinguished leaders, thank you for your congratulatory remarks and your introductions to the extensive reform that is going on in medical education in China today.

Trustees of China Medical Board and friends of China Medical Board, medicine has always played a key role in US–China relations. One needs only to remember that the first Chinese delegation from the People’s Republic of China to the United States (after ping-pong) was a medical delegation led by graduates of Peking Union Medical College.

How has the work of the China Medical Board, whose centennial we celebrate today, contributed to the overall pattern of US–China relations? Let me suggest three ways: 1) The China Medical Board believed in scientific internationalism, leading the way in introducing the highest levels of US science and medicine to China, creating a trans-Pacific pattern of professional relationships that continues to characterize Sino-American relations. 2) Despite three wars and

There is a convergence of issues faced globally and in China—the challenge of educating physicians for a diverse economic population, of financing equitable health insurance policies, of combatting non-communicable diseases and the recurrence of infectious disease with the potential of global pandemics.

four revolutions, the China Medical Board was a nearly continuous presence in China, undeterred by politics, remaining focused on the health of the Chinese people. 3) The work of the China Medical Board has not remained static, but has evolved with the many changes in China, especially in recent years.

It all began in January 1914 when John D. Rockefeller, Jr. chaired a two-day meeting of the new Rockefeller Foundation, which sought to answer the question: what should the Foundation do in China? Participants included the presidents of Harvard and Chicago universities, leading educators and medical scientists, foreign policy experts, and missionaries. After two days of deliberation, they decided to create the China Medical Board and to task that group with establishing a new medical college in China.

Within two years, the China Medical Board had sent two medical commissions to China, met with scores of Chinese officials and intellectuals, published *Medicine in China*, laid out plans for building Peking Union Medical College and Hospital, and begun recruiting leading young medical scientists—both Chinese and international—to staff the institution. One hundred years later, PUMC is one of China’s leading medical institutions and the China Medical Board works with China’s leading medical institutions in the fields of medical education, health policy, and global health.

Today, we honor that history and seek to learn from it.

Think back to 1914. China had a new government that sought to develop a modern educational system, including science and medicine. It looked abroad—to Japan, Europe, and the United States—for effective new models. At the same time, the United States was undergoing a major reform in medical education that elevated educational and scientific standards and renewed attention to clinical medicine. The Rockefeller Foundation created the China Medical Board to bring this new model to China. Chinese government officials and intellectuals responded positively, recognizing that Peking Union Medical College could lead the way for high-quality medical education in China. The CMB not only funded PUMC, it also supported hospitals and medical colleges throughout China, emphasizing the basic sciences and collaborative research. In the many decades that have followed, the China Medical Board has sponsored thousands of CMB fellows and hundreds

American medical scientists who have now become integral to the great Sino-American medical relationship.

Now, think back to 1917, 1927, 1937, and 1949. Each date represents a major world crisis or a crisis in US–China relations. The onset of World War I, Chiang Kai-shek’s Northern Expedition, the beginning of the Sino-Japanese War, and the creation of the People’s Republic of China. What is most surprising is that these events did not initially deter the work of the China Medical Board. As a nongovernmental institution the CMB was not necessarily subject to political relations: it had an independent voice and provided continuity in US–China scientific and cultural relationships at important and difficult times. This is even the case during 1949. As it became clear that the CCP would be victorious in the civil war, the China Medical Board met several times to consider whether it should withdraw from its support of PUMC. Each time the decision was unanimous: the CMB would continue its financial support of PUMC under the People’s Republic of China, which it did until 1951. Only the Korean War and actions by both governments brought that era to an end. Even as the political gulf between China and the United States widened in the 1950s, the China Medical Board voted to keep its original name: the China Medical Board, confident of future engagement in China. This was a courageous political decision at the time. And when the door to China began to re-open, the China Medical Board was among the first American institutions to re-engage with China. Two CMB trustees who participated in that renewal are here today: Robert Buchanan and Gloria Spivak.

Now, fast forward to 2008. The year that China hosted the Olympics and the world realized anew the financial strength, cultural creativity, and, of course, athletic prowess of the People’s Republic of China. What would a new era of US–China cultural and educational relations look like? Was there still a role for American educational institutions in China? Certainly the conditions of the early 20th century, which brought the CMB to China, have changed dramatically. China has an impressive medical system, world-ranked medical institutions, and one of the highest life expectancies of the developing world. Nonetheless, the China Medical Board believes that it is even more important to sustain an active role in China. What is different from a century ago is that Chinese medical, educational, and government

Working together we believe we can contribute to global health issues and continue to serve as both a ballast and a path breaker in US–China relations.

institutions play the leading roles in shaping health care and education in China. There is, however, a convergence of issues faced globally and in China—the challenge of educating physicians for a diverse economic population, of financing equitable health insurance policies, of combatting non-communicable diseases and the recurrence of infectious disease with the potential of global pandemics.

As it welcomes the arrival of its second century, the China Medical Board looks forward to addressing these challenges together with its century-old partner, Peking Union Medical College, its decades-old partners, China’s key medical universities, and new relationships yet to be discovered. Working together we believe we can contribute to global health issues and continue to serve as both a ballast and a path breaker in US–China relations. Thank you!



Mary Bullock, Lincoln Chen, and Liu Qian.

玛丽·布洛克

CMB理事长



尊敬的各位领导，感谢你们的祝贺以及对正在进行的医学教育外部环境改革的介绍。美国中华医学基金会的理事、基金会和医学界的朋友们在美中关系中一直起着关键性的作用。值得一提的是，继乒乓球外交之后，从中华人民共和国到美国访问的第一个中国代表团，是由北京协和医学院的毕业生们率领的医学代表团。

今天我们在此庆祝美国中华医学基金会的百年华诞。基金会的工作在美中关系全局中的贡献如何？我建议从以下三点来看：1) 本基金会认同科学国际主义，率先将最高水平的美国科学和医药介绍到中国，开创了跨太平洋专业合作的模式，这种模式仍然是中美关系目前的特点。2) 尽管经历了三场战争和四次革命，美国中华医学基金会在中国的存在几乎是延续的，不受政治阻碍地聚焦于中国

但仍有一系列综合性的问题是全球和中国都在面临的挑战，如为经济多元化的人口群体培养医生，为公平医疗保险政策提供财政支持，对非传染性疾病和反复出现的有可能成为全球疫情的传染性疾病的防治。

民众的健康。3) 基金会在中国的工作不是静止的，而是随着中国的变化不断发展，尤其是近年来。

这一切初始于1914年的1月，约翰·戴维森·洛克菲勒二世在新成立的洛克菲勒基金会主持了两天的会议，试图回答这样一个问题：洛克菲勒基金会应该在中国做些什么？与会者有哈佛大学和芝加哥大学的校长、教育家界和医学科学界著名专家、外交政策专家和传教士。经过两天的讨论，会议决定组建美国中华医学基金会，其任务是在中国建立一所新型的医学院。

其后两年中，美国中华医学基金会派遣了两个医学代表团来中国，会见了几十位中国官员和学者，在中国出版了医学刊物，制订了建立北京协和医学院及协和医院的规划，并开始为这两个机构招募优秀的中国和国际上年轻的医学科学家。一百年之后，北京协和医学院仍然是中国领军医学机构之一，CMB与中国重点医学院校在医学教育、公共卫生政策、和全球卫生健康等领域中密切合作。

今天我们在此庆祝和纪念这一段历史，以从中有所借鉴。

回想1914年，那时中国有了一个新政府，寻求发展现代教育制度包括科学和医学教育。他们向海外包括日本、欧洲和美国寻找有效的新模式。与此同时美国正在经历医学教育上的重要变革，提高了教育和科学水准，并给临床医学以更多关注。洛克菲勒基金会成立了美国中华医学基金会，将新的医学教育模式介绍到中国。中国政府官员和学者们做出了积极反应，认为建立北京协和医学院可引领中国走上高质量医学教育之路。CMB不仅出资建立了北京协和医学院，并在中国其他地方资助了医院和医学院，重点领域为基础科学及合作性科研。在以后的几十年中，美国中华医学基金会资助了数以千计的CMB研究员和几百名美国医学科学家，他们现已成为良好的中美医学关系的中坚力量。

现在我们来回顾一下1917年、1927年和

1949年。每一个年头都伴随着一场重要的世界性或中美关系的危机，分别为第一次世界大战开始，蒋介石的北伐，中日战争爆发，和中华人民共和国的成立。令人惊异的是，这些事件起初并没有使美国中华医学基金会的工作受阻。作为一个非政府机构，CMB不一定受制于政治关系，它是一个独立的声音，在重要的困难时刻使美国和中国的科学文化关系得以持续。1949年时也是如此。当中国共产党显然将在中国内战中取胜时，美国中华医学基金会开过几次会考虑是否撤出对北京协和医学院的支持。每次会议的结果都是一致通过，与中华人民共和国合作，继续对北京协和医学院进行资助，直到1951年，朝鲜战争和两国政府的行为使之告一段落。即使在50年代期间中美之间的政治鸿沟有所扩大时，CMB仍表决决定保持其原有名称，表现了对将来与中国继续交往的信心。这在当时是一个勇敢的政治决定。当中国重新对外开放时，美国中华医学基金会是最早进入中国的美国机构之一。两位当时参与了恢复关系的基金会理事Robert Buchanan和Gloria Spivak今天在座。

现在我们快进到2008年，中国举办了奥运会，使全世界重新认识了中华人民共和国的经济实力，文化创造性和不言而喻的杰出的体育才能。那么中美文化和教育新阶段又将是什么样的呢？美国的教育机构在中国仍能有所作为吗？与20世纪始CMB初来中国时相比，情况已大大改观。中国的医疗体系令人惊叹，医疗机构已达世界水准，人均寿命在发展中国家中也是最高的之一。尽管如此，CMB依然相信，在中国发挥积极作用更为重要。与一个世纪前相比所不同的是，中国的医疗、教育和政府机构在中国的医疗保健和教育体系形成中起着主导作用。但仍有一系列综合性的问题是全球和中国都在面对的挑战，如为经济多元化的人口群体培养医生，为公平医疗保险政策提供财政支持，对非传染性疾病和反复出现的有可能成为全球疫情

的传染性疾病的防治。

在迎接第二个百年时，美国中华医学基金会期待着与已有百年合作关系的北京协和医学院，及其它已有数十年合作关系的中国重点医学院校，以及未来新开发的合作伙伴们，共同应对这些挑战。我们相信，携手并肩，我们可以对全球卫生健康做出贡献，可以继续作为中美关系的坚定磐石和开路先锋。谢谢！

Liu Qian

Thank you very much, Mary Bullock, for your contribution to Chinese medical education, and thank you for this wonderful presentation. We are grateful for CMB's long-term contributions to promote medical exchanges between our two countries. A century ago, the Rockefeller Foundation founded CMB. It is our great honor to invite Wendy O'Neill, a trustee of CMB, Chair of the Asian Cultural Council, and a member of the Rockefeller family, to share with us the story of the Rockefeller family's philanthropy for China's health over the past century. Please welcome Wendy O'Neill.

刘谦

非常感谢布洛克女士精彩的演讲，感谢CMB长期以来支持中国的医学教育，推动中美两国医学交流和合作的开展，百年前是洛克菲勒基金会支持创立了CMB，下面我们很荣幸地邀请CMB的理事，亚洲文化协会理事长，洛克菲勒家族成员Wendy O'Neill，与我们一起回顾洛克菲勒家族和中国卫生的百年慈善事业。大家欢迎。

Wendy O'Neill

CMB Trustee



I am Wendy O'Neill, a trustee of the China Medical Board and a member of the Rockefeller family. A hundred years ago, my great-great-grandfather (JDR, Senior)

had a dream of improving health in China. Without our partners, many of whom are in this room, that dream would be just a dream. You all have made it a reality. So, on behalf of my great-great-grandfather, I want thank you from the bottom of my heart (*this paragraph was spoken in Mandarin*).

Ninety-three years ago this month, my great-grandparents (JDR, Junior and his wife, Abby) came with my grandmother to Beijing for the dedication of PUMC in 1921, seven years after the China Medical Board was established with funds from the Rockefeller Foundation. How the world has changed! It took me 14 hours to get to Beijing from New York, while it took them a month, requiring them to take a train across the United States and a boat trip across the Pacific.

I am asked all the time: what motivated the Rockefeller family to create philanthropic health institutions, like the CMB? Senior, like all of us, had seen the suffering of illness. He lost his first grandson to scarlet fever in 1901. Modern medicine was just emerging in Europe and the United States at that time, and he saw an opportunity to transform medicine in the United

I am asked all the time: what motivated the Rockefeller family to create philanthropic health institutions, like the CMB?

States and beyond as the most effective way to reduce suffering. He was a strategic thinker.

Senior also believed that it was his moral duty to use his wealth to help all of his fellow men; this duty was not bound by national borders. This is something that he truly believed at the core of his being, and he never expected or derived any personal benefit from his philanthropy. His reward was knowing his wealth was helping others. What could be more satisfying?

He funded medicine and public health in the United States. He founded Rockefeller University, and funded schools of public health at Johns Hopkins, Harvard, and the London School of Hygiene & Tropical Health. His vision was global. Throughout the 20th century, Rockefeller institutions would fund medicine and public health around the world in Europe and Latin America and eventually in Africa.

It isn't surprising that he sought to fund the health sector in China. As he was looking to transform health globally, Senior knew that China had the most efficient and promising medical system in the world. So it was out of respect for China and dreams of success that the bulk of foreign funding would be sent to China's shores. CMB, to this day, is the largest recipient of Rockefeller family funding outside the United States. And that respect of China only grew with the 1921 trip by his son and granddaughter, who became lifetime lovers of Chinese art and culture.

These days, the CMB is composed of 11 trustees, and I am the only trustee from the Rockefeller family. For 60 years, the CMB didn't have any Rockefeller family members on its board. I want to thank all those non-family volunteers, all experts in their fields, for their dedication and donation to John D. Rockefeller's vision and CMB's mission.

The Rockefeller family's goal was to bring the best that modern medicine and public health could offer to relieve the suffering of the Chinese. At the dedication of PUMC in 1921, Junior said he hoped that eventually most of the faculty, board, and funding would become Chinese. He saw PUMC as becoming an entirely Chinese institution. By 1940, PUMC's faculty had 109 Chinese members and only 10 Western. He would be impressed to see that PUMC, a fully Chinese institution, maintains its mission of bringing the best of modern medicine to China. Since 1980, CMB has funded many Chinese

medical universities in addition to PUMC. He would be proud that the Rockefeller family played a small role in China's health transformation in the past 100 years.

I once was a patient of PUMC hospital in 1988 (then called Shoudu Yiyuan), as it was the hospital designated for foreigners then. Since my last name is O'Neill, no one at PUMC knew that I was related to the founder. I was treated with great care and cheer, and it awakened in me a curiosity about my family's relationship to China. I really don't think JDR, Senior would have ever thought his great-great-granddaughter would walk the hall of PUMC hospital as a patient, but I am sure it would make him happy to hear of the excellence of care.

China's history of health philanthropy is long and vibrant, stretching back to ancient times, and more recently, the *shantang's* of the Ming dynasty and the founding of the Chinese Red Cross in 1904 by Shanghai tea merchant Shen Dunhe. Today, there are many Chinese foundations to improve health. The United States and China face many of the same health struggles, such as diseases like diabetes, cancer, and heart disease; inequitable distribution of health care; and aging societies. US-China private philanthropists, along with governments, should partner together and learn from each other and those around the globe. Our generation



Summit speakers Ke Yang, Wendy O'Neill, and Mary Brown Bullock.

But our real concern should be whether our efforts reduce human suffering and create a healthier world. The United States and China have accomplished so much together in the past 100 years—just think, if we cooperate, what we can accomplish in the next 100 years.

must take the torch from the health philanthropists of the past and not stand on the sidelines. It is easy to say health is someone else's job. I hope that many Chinese and American philanthropists take up the challenge looking beyond themselves, their families, and even beyond their borders to improve health.

Like those before us, we will make mistakes and be criticized. But our real concern should be whether our efforts reduce human suffering and create a healthier world. The United States and China have accomplished so much together in the past 100 years—just think, if we cooperate, what we can accomplish in the next 100 years.

Today is a day of celebration, and tomorrow we start working for the next 100 years. Thank you.



Chair US Alliance for Health Reform Bob Graham and CMB Trustee Jane Henney.

欧文迪

美国中华医学基金会的理事



我叫Wendy O'Neill, 是美国中华医学基金会的理事, 也是洛克菲勒家族的成员。一百年前, 我的曾曾祖父(外婆的爷爷)约翰·洛克菲勒一世有一个梦想, 希望能改善中国的健康。如果没有今天在座的许多伙伴的合作, 那仍然只是一个梦想。是你们使之成为了现实。所以我代表我的曾曾祖父对你们致以由衷的感谢。

93年前的这个月, 即1921年, 我的曾祖父洛克菲勒二世, 他的妻子埃碧, 还有我的外婆来到北京, 出席协和医学院的落成典礼。那时美国中华医学基金会在洛克菲勒基金的支持下已成立7年。与那时相比, 世界发生了多么大的变化。这次我从纽约到北京只飞了14小时, 而他们那时要乘火车横穿美国, 再乘船穿越太平洋。

人们经常问我, 是什么促使洛克菲勒家族创立像美国中华医学基金会这样的医疗慈善机构? 洛克菲勒一世和我们大家一样都目睹过疾病的痛苦。他的第一个孙子在1901年死于猩红热。那时现代医学刚刚在欧洲和美

人们经常问我, 是什么促使洛克菲勒家族创立像美国中华医学基金会这样的医疗慈善机构?

国兴起, 他看到这是一个转变美国及世界其他地方医疗健康的一个机会, 可以最有效地减少病痛。他是一个具有战略眼光和头脑的人。

洛克菲勒一世也认为, 用他的财富帮助所有人是自己的道德义务, 这义务不分国界。这是他发自内心的真诚信念, 他从来没有从自己的慈善事业中期待或获取过任何个人利益。他所得到的回报即是相信自己的财富能使很多人受益。还有什么比这更令人欣慰的?

他在美国资助建立了洛克菲勒大学, 资助的其他医学机构还有约翰·霍普金斯大学和哈佛大学的公共卫生学院, 以及伦敦卫生和热带病学院。他的视野是全球性的。在二十世纪中, 洛克菲洛基金会在欧洲、拉丁美洲, 以致在非洲都资助了医疗和公共卫生机构。所以他寻求在中国资助医疗卫生机构就不足为奇了。由于他所想的是改善全球的医疗健康, 而且他知道中国有全世界最有效率和有希望的医疗体系, 所以出于对中国的尊重和成功的梦想, 在美国境外的大笔资助投向了中国。迄今为止, CMB仍是洛克菲勒家族在海外最大的资金受益机构。他对中国的敬意在他的儿子和孙女1921年来访之后有增无减。他的孙女后来一生钟爱中国艺术和文化。

目前CMB的11位理事中只有我一人来自洛克菲勒家族。在60年当中理事会里没有一个洛克菲勒家族的人, 我感谢所有非家族的志愿者和医学领域的专家们, 感谢他们为洛克菲勒一世的愿景和CMB的使命所做的奉献。

洛克菲勒家族的目标是将最好的现代医学和公共卫生知识介绍到中国, 以减轻疾病痛苦。洛克菲勒二世在他1921年在协和医学院的讲话中提到, 他希望医学院最终其主要教授、理事、和资金都是中国自己的, 成为一个完全的中国机构。到1940年, 协和医学院已有109名中国教职员, 外国人只有10名。今天他会非常欣慰地得知, 协和医学院已经完全是一个中国机构, 且仍然坚守着把最好的现代医学带到中国的使命。自1980年以来,

但我们真正关注的应该是，我们的努力是否会减轻人类的痛苦，使世界更健康。美国和中国在过去100年中的合作硕果累累，可以想像，下一个100年将是如何辉煌。

除协和医学院之外，CMB还资助了很多中国其他的医学院校。他会为洛克菲勒家族在过去100年中为中国健康的改善所尽的微薄之力而感到骄傲。

1988年时我自己还做过协和医院的病人，那时叫首都医院，是指定给外宾看病的医院。因为我的姓是O'Neill，所以协和没有人知道我和创始人有亲戚关系。我得到了极好的治疗，激起了我对于家族与中国关系的兴趣。我想洛克菲勒一世一定不会想到，他的曾曾孙女有一天会作为病人走在协和医院的走廊里，但我相信他知道这里的医疗服务很好一定会很高兴。

中国医疗慈善事业的历史久远且充满活力，可追溯到古代和较近期明朝的善堂及1904年上海茶商沈敦和建立的中国红十字会。现在中国已有很多旨在改善健康的基金会。美国和中国面临着许多同样的健康挑战，如糖尿病、癌症、心脏病、医疗保健分配的不公平和社会老龄化等。美国和中国的私人慈善组织应与政府及全球的慈善机构合作，互相学习。我们这一代必须接过以往医疗慈善事业的火炬，而不是袖手旁观。把医疗看成是别人的事并不难，但我希望更多中国和美国的慈善家迎接挑战，把改善健康放在超越个人、家庭、甚至国别的高度。

像前辈一样，我们也会犯错误，会受到批评。但我们真正关注的应该是，我们的努力是否会减轻人类的痛苦，使世界更健康。美国和中国在过去100年中的合作硕果累累，可以想像，下一个100年将是如何辉煌。

今天是欢庆之日，明天我们将开始下一个百年的工作。谢谢！

Liu Qian

Thank you very much, Wendy O'Neill, your family, and the Rockefeller Foundation. We all know Rockefellers' funding to China began in the medical field, the building of the Peking Union Medical College, thanks to the vision of the Rockefeller Foundation 100 years ago, and the Rockefeller family's special sentiments toward China. Now, we invite Mr. Zeng Yixin, President of PUMC, to talk about the tradition of medical education at PUMC and the need of medical reform. Mr. Zeng, please.

刘谦

谢谢您欧文迪女士，也感谢您的家族和洛克菲勒基金会。大家知道洛克菲勒对中国的资助始于医学，北京协和医学院的创立源于洛克菲勒基金会百年前的远见卓识，以及洛克菲勒大家庭对中国特殊的情节。下面我们有请北京协和医学院曾益新校长发言，他演讲的题目是医学教育协和传统与中国医改的需求，有请曾校长。



University of Massachusetts Professor Darwin Stapleton and former CMB Trustee Don Detmer.



Participant Institutions

Chinese Universities

Anhui Medical University
Capital Medical University
Central South University Xiangya
Medical College
China Medical University
Chongqing Medical University
Fudan University Shanghai Medical
College
Guangxi Medical University
Guangzhou Medical University
Guiyang Medical College
Harbin Medical University
Huazhong University of Science and
Technology
Inner Mongolia Medical University
Jilin University
Jinan University Medical College
Jiujiang University Medical Center
Kunming Medical University
Lanzhou University

Nanjing Medical University
Ningxia Medical University
Peking Union Medical College
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Center
Qinghai University
Shandong University
Shanghai Jiaotong University
Shanghai University of Traditional
Chinese Medicine
Sichuan University
Southern Medical University
Sun Yat-sen University
Tianjin Medical University
Tibet University
Tsinghua University
University of Hong Kong
Wuhan University
Xi'an Jiaotong University
Xinjiang Medical University
Zhejiang University

Chinese Government

Chinese Academy of Engineering
Chinese Academy of Medical
Sciences
Chinese Academy of Social Sciences
Chinese Association on Tobacco
Control
Chinese Preventive Medicine
Association
China Medical Association
China Medical Doctor Association
Ministry of Education
National Health and Family
Planning Commission
National Health Development
Research Center
National Medical Examination
Center
Shanghai Health Development
Research Center



Foreign Universities

Brown University, USA
Chiang Mai University, Thailand
Columbia University, USA
Duke University, USA
Emory University, USA
Harvard University, USA
Indiana University, USA
Johns Hopkins University, USA
London School of Hygiene &
Tropical Medicine, UK
Mahidol University, Thailand
Prince of Songkla University,
Thailand
Seoul National University, Korea
Stanford University, USA
University of Chicago, USA
University of Health Sciences,
Cambodia
University of Massachusetts, USA
University of Michigan, USA

University of Oxford, UK
University of Tokyo, Japan
University of Virginia, USA
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Foreign Institutions

Association of American Medical
Colleges
China Medical Board
Dana Farber Cancer Institute Inc.
Ford Foundation
Institute of International Education
Institute of Medicine, National
Academy of Sciences, USA
Japan Center for International
Exchange
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PUMC President



Thank you, Mr. Liu. I'll follow Wendy's example and speak in Chinese.

Distinguished Chair Mary Bullock, President Lincoln Chen, Vice Chairman Chen Zhu,

Commissioner Li Bin, distinguished guests, ladies and gentlemen, good morning!

Today we gather here to celebrate CMB's centennial. It is a jubilant moment and also a time for reflection and looking forward. Let's think for a moment what was happening in China and the world 100 years ago. On October 10, 1911, the Wuchang uprising that aimed to overthrow the Qing Dynasty won a decisive victory. On January 1, 1912, Dr. Sun Yat-Sen declared the founding of the Republic of China in Nanjing and became the president of the Provisional Government. Seventy days later on March 10, 1912, Yuan Shi-Kai declared in Peking that he was the president of the Provisional Government. On April 14, the Titanic built by Mr. J.P. Morgan and his international commercial marine company sank after hitting an iceberg in the North Atlantic. On August 25, 1912, the Chinese Nationalist Party was formed in Peking with Dr. Sun Yat-sen as its first Chair of the Board. In July 1914, World War I broke out. It was under such turbulent conditions that the first medical delegation sent by the Rockefeller Foundation arrived in Peking. Upon reviewing the report of the delegation, on November 30, 1914, the Rockefeller Foundation decided to found the China Medical Board to promote medical education in China, and in 1917 the Peking Union Medical College was officially built. The three missions set by CMB for PUMC were: one, providing quality medical education comparable to the best in Europe and America; two, providing research opportunities, particularly on special issues of the Far East; three, disseminating modern

medicine and public health knowledge. These missions provided clear guidelines for PUMC's development. Although the operation of PUMC was interrupted three times in the following 100 years, the founding of PUMC was a big success by all measures.

First, it set the standard for modern medical education in China. Second, it produced a great contingent of master medical professionals. The stars of PUMC lit up half of China's medical sky. Third, it made outstanding achievements in medical research. Many influential papers were published in its world-class medical journal. We can say without exaggeration that PUMC has touched every aspect of modern medicine in China. Here we must express our great admiration to Mr. Rockefeller and his family; to CMB's first chair, Mr. Buttrick; and to the many who have been involved in the founding of PUMC with foresight. We also express our heartfelt gratitude to the successor chairs, trustees, and presidents of CMB.

The new challenges that we are facing today are two-fold. On the one hand, along with the economic development and improved standard of living, people are paying more attention to health issues; on the other hand, the disease spectrum has changed dramatically as a result of an aging population, environmental pollution, and lifestyle changes. Chronic non-communicable diseases have become major causes of death in cities and rural areas. Other challenges include an overall shortage of medical resources; insufficient health care at the grassroots level; and a shortage of GPs, pediatricians, and psychiatrists. Management of the medical system and the relationship between doctors and patients also need to be improved. As far as the medical profession is concerned, the questions that have been on our minds are how to make adjustments to our curricula to address these challenges; how to make the knowledge structure of our students more sound; how to emphasize communication skills, the spirit of humanitarianism, and professional ethics while imparting medical knowledge and skills; how to balance elite medical education with the increasing need of ordinary people; and how to utilize modern technology to reform our medical education. These are the questions that CMB, PUMC, and the circle of medical education must give some deep thought.

As a matter of fact, we are not only contemplating, we have also taken action. With the support of NHFPC, the

On the one hand, along with the economic development and improved standard of living, people are paying more attention to health issues; on the other hand, the disease spectrum has changed dramatically as a result of an aging population, environmental pollution, and lifestyle changes.

Ministry of Education, and CMB, PUMC has established a new School of Public Health, with MBA and MPH programs in public health education for medical staff and postgraduate medical students. We have also set up a School of Humanities and Social Sciences with the purpose of injecting more of such knowledge within and in addition to medical courses. Medical students have been organized to engage in practical training at grassroots township hospitals to give them a better understanding of China's actual conditions and enhance their sense of social responsibility. We have initiated MOOCs as well as various combined courses in our schools. With the support of Mr. Chao, the president of the Union Hospital, the faculty of GP and GPs training center have been set up. And we are preparing to enroll postgraduate clinical physicians and GPs. We believe these measures will have a positive impact on PUMC.

CMB is entering a new century. We hope that it will continue to support and lead China's medical education, as always. "To lead" accurately describes CMB's role in China in the past. Apart from building PUMC, in the 1980s and 1990s when China's funding for medical research was extremely tight, CMB's support was like sending charcoal in snowy weather. It was pivotal. Taking my own experience as an example, I received research funding of \$500,000 from CMB in 1998, which was a huge amount of money at that time. This enabled me to use the most advanced technology to conduct needed research. The funding also played a key role in China's joining of the International Human Genome Project. There are some interesting stories that I hope to share with you on other occasions.



Summit speakers Peter Agre and Zeng Yixin.

Also with CMB's support, PUMC's postgraduate nursing and advanced degree programs have made progress. From the beginning of this century, CMB focused on public health as well as training and continued education of rural doctors in the western part of China. In recent years, CMB has strengthened support for general practice medicine. Last year, CMB organized a study tour to the United States for leaders of Chinese medical universities to observe MOOC teaching and later established projects for MOOC courses. All these demonstrate CMB's forward-looking strategic vision. It has always stood on the forefront of medical advances and played a leading role in medical education. I firmly believe that CMB has been and will forever be a loyal friend of the Chinese people. I sincerely hope that in the years to come, CMB will stand with Chinese medical professionals, working together hand in hand, shoulder to shoulder, to face the risks and challenges, and make even greater contributions to the noble cause of health that crosses all borders. Thank you!

Medical students have been organized to engage in practical training at grassroots township hospitals to give them a better understanding of China's actual conditions and enhance their sense of social responsibility.

曾益新

北京协和医学院院长



谢谢刘主任，我也向Wendy学习也讲中文。尊敬的Mary Bullock理事长，尊敬的陈致和主席，尊敬的陈竺副委员长，尊敬的李斌主任，尊敬的各位来宾，女士们、先生们，大家上午好。今天我们隆重聚会，庆祝CMB的百年诞辰，这是一个喜庆的时刻，更是一个回顾思考和展望的时刻。首先请让我们回想一下百年前的中国，1911年的10月10日，旨在推翻清朝政府的武昌起义取得了决定性的胜利；1912年的1月1日，孙中山在南京宣告中华民国成立，并就任临时政府大总统，但70天后3月10号，袁世凯又在北京宣布就任中华民国临时大总统；4月14号，由J. P. Morgan和他的国际商业海洋公司出资建设的泰坦尼克号在北大西洋撞上了冰山并且沉没海底；8月25号，中国国民党在北京宣告成立，孙中山就任首任理事长；1914年7月，第一次世界大战爆发，就是在这样复杂和混乱的背景下面，1914年的6月8日，由洛克菲勒基金会派出的医学考察团抵达北京，在听取了考察团的报告后，洛克菲勒基金会于当年11月30日决定成立美国中华医学基金会，组织在华开展医学教育事业，并使北京协和医学院在1917年正式成立，当年的CMB为协和所设立的办学宗旨是：一、可与欧美最优秀的医学院相媲美的高水平的医学教育。二、提供科学研

究机会，特别是远东特殊问题的研究。三、现代医学和公共卫生知识的传播。这三条办学宗旨为协和教育的发展指明了方向，铺平了轨道。在近百年的时光里，尽管协和曾经有三次停止办学的经历，无论从哪个方面来看，协和的创立都是非常成功的。

首先是建立了中国现代医学教育的标准，其次是培养了一大批医学界的大师，协和的星光照亮了大半个中国的医学天空，第三在医学研究方面，也取得了非常骄人的成绩，并在当时国际一流的学术期刊，发表了许多有影响的论文，可以毫不夸张的说，协和的影响已经波及到中国现代医学的方方面面，在某些方面也获得了国际的公认。在这里我们应该向关注中国医学事业发展的洛克菲勒先生和他的家族，首任CMB的主席Buttrick，以及当年参与协和建立的诸多具有远见卓识的先生们，表示由衷的敬佩，向他们以及后来继任的各位CMB的董事长董事和主席们表示衷心的感谢。

今天的协和我们面临新的挑战，一方面随着中国经济的发展和人民生活的改善，人民群众对健康越来越关注和重视，另一方面随着人口的老龄化环境污染和生活方式的改变，疾病的性质发生了显著的变化，城乡居民的主要死亡原因已经是慢性非传染性疾病，其他的挑战还包括总体医疗资源的不足，基层医疗还比较薄弱，全科儿科及精神科的医生还比较短缺，医疗体系的管理体制还有待进一步完善，医患关系也有待进一步改善，就医学专业而言，我们应该如何调整我们的课程设置，去适应新的挑战，我们该如何完善传授给学生们的知识结构，我们该如何在培养学生的专业技术能力的同时，强调人文精神，沟通能力和职业素养的塑造，我们该如何平衡医学精英教育和日益增长的大众化医疗需求，我们该如何利用现代先进技术，来改造我们的医学教育，这些都是CMB协和以及医学教育界必须深入思考的问题。

事实上我们不仅在思考，我们已经在行动，在卫生计生委教育部和CMB的支持下，我们已经组建了协和的公卫学院，不仅

承担在职人员的公卫教育，也为在校医学生开设公卫硕士课程，也就是MBA加MPH的课程，还组建了人文与社会科学学院，在医学生的课程中，和课程外，大幅度的增加这方面的内容，并组织学生到基层乡镇卫生院进行社会实践，使他们更多的了解中国的国情，培养他们的社会责任感，我们的各个学院都在开设网络慕课课程和各种各样的整合课程，我们也在协和医院在赵院长的支持下面，建立了全科医学系和全科医师培训中心，并在研究生院招收全科医学的临床医学学位研究生，这些举措相信会对协和的医学教育起到很好的作用。

CMB即将进入新的百年征程，我们希望CMB一如既往的支持和引领中国医学教育的发展，引领两个字比较准确的形容了CMB在过去在中国的地位和作用，除了协和的创立之外，CMB在上个世纪80年代、90年代对中国医学科研的支持，对当时科研经费极其紧缺的医学科研工作者来说，就是雪中送炭，起到了的举足轻重的作用，我本人就是1998年获得了CMB50万美元的科研基金，这在当时是一笔巨款，使我能够利用当时最先进的技术，开展研究，同时这笔经费的一部分也在中国加入国际人类基因组计划中起到了关键性的作用，这里面有很有趣的故事，我希望下次有机会跟大家详细的分享。也正是在CMB支持下，我们的护理学研究生教育和高级学位工作获得了发展，本世纪初CMB又把目光转向了公共卫生和中国西部乡村医生的培养和继续教育，并在近几年大力加强对全科医学方向的支持，在去年又组织中国的医学院的院长去美国考察网络MOOC教学，并专门设立项目来支持慕课课程的开设，这些都显示了CMB的前瞻性战略眼光，表明了CMB始终站在医学发展的前沿，引领着医学教育的发展，我深信并致以良好祝愿，CMB永远是中国人民的忠实朋友，永远与中国的医学界同仁站在一起，在未来的日子里面，我们将肩并肩手拉手，一起面对风险和挑战，为了医学这个跨越国界的崇高事业做出更大的贡献，谢谢大家。

在医学生的课程中，和课程外，大幅度的增加这方面的内容，并组织学生到基层乡镇卫生院进行社会实践，使他们更多的了解中国的国情，培养他们的社会责任感，

Liu Qian

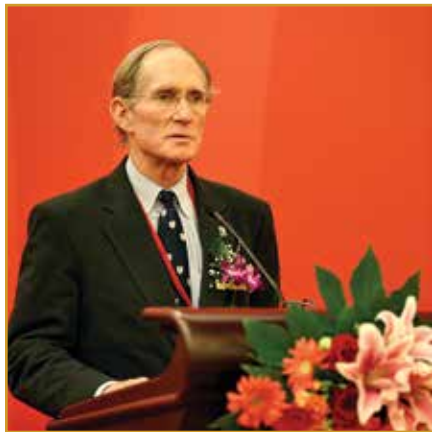
Thank you, President Zeng, for your excellent speech. We also firmly believe that with all-around support, PUMC will become better and stronger in a new historic era. Our next speaker is Professor Peter Agre from Johns Hopkins University. He discovered aquaporins and made groundbreaking contributions in the field, for which he was awarded Nobel Prize in Chemistry in 2003. His topic today is about win-win opportunities of China-US collaboration in science and health improvement. Please welcome Professor Agre.

刘谦

感谢曾校长精彩的发言，我们也坚信协和会在新的历史条件下，奋发努力，在各方面的支持下办的越来越好。下面我们邀请Johns Hopkins大学的教授Peter Agre发言。Peter Agre教授发现了细胞膜水通道，在细胞膜水通道方面做出了开创性的贡献，并由此获得2003年诺贝尔化学奖，今天他演讲的题目是中美科技合作为改善健康带来的机遇和共赢，大家欢迎。

Peter Agre

Nobel laureate; Professor, Johns Hopkins University



Good morning distinguished leaders, friends, and colleagues. It's a thrill to be here.

A century ago, when the China Medical Board first visited Beijing, a member of that group

was from my university—Johns Hopkins. His name was William Henry Welch, a distinguished bacteriologist who discovered the first gas-forming bacteria *Clostridium perfringens*. He became the first dean of Johns Hopkins Medical School and the first dean of Johns Hopkins School of Public Health, and he was the president of the scientific advisors for the Rockefeller Institute.

Welch and his colleagues had a vision that changed the world. By investing in scientific and medical education here in China, they merged 5,000 years of civilization and traditional healing with Western technology and education, fueled by the ever important philanthropy from the Rockefeller Foundation. This proved to be a very, very wonderful combination that led to many advances.

The 20th century was a difficult century for many reasons related to political instability, but the China Medical Board's investment led to advances not only at the Peking Union Medical College, but at other medical institutes throughout China, throughout East Asia, and Southeast Asia.

Rather than dwelling on general policies, I'd just like to mention one specific topic, one specific breakthrough that occurred here in China that changed the world.

Qinghaosu, also known as Artemisinin, is the miracle drug for the treatment of malaria. Malaria is a horrible disease that still exists throughout most of the developing world, where it kills hundreds of thousands of small children and infects hundreds of millions of people.

Malaria has always been a disease of the poor, made worse at times of warfare. A number of conflicts, in fact, were won or lost because of malaria. The victory of the American colonials at Yorktown that ended the American Revolution occurred because the British soldiers and the German mercenaries became infected with malaria, whereas the American colonials had previously become acclimated to malaria and developed a native resistance. During the American Civil War, Union troops fighting in the South were decimated by malaria. Malaria has sometimes been a problem even in northern climates. After World War I there was an outbreak of malaria in Archangelsk near the Arctic Circle because refugee populations from the south brought the malaria parasite with them.

An important event occurred in 1967 here in Beijing. At that time, the United States, my country, and North Viet Nam were at war. At a secret meeting held on May 23, 1967, Chairman Mao Zedong and Premier Zhou Enlai decided a new project would be initiated to identify new treatments for malaria. The existing treatments of malaria had become less effective due to drug resistance, and malaria was hurting the North Vietnamese war efforts. So a secret project was planned, Project 523, reflecting the date, May 23. Because of the Cultural Revolution and isolation of China and the aggressive stance of the United States at that time, the existence of Project 523 was not communicated to the West.

Professor Tu Youyou of Chinese Academy of Chinese Medical Sciences here in Beijing led an effort to identify Chinese traditional medicines that might be effective against malaria. Others looked at compounds that had already been identified, but Tu Youyou evaluated traditional healing processes and discovered something valuable. Tea made from the leaves of the *qinghao* plant, the artemisia wormwood as we call it, was known in Chinese medicine for 2,000 years to have healing properties for malaria fevers.

So Tu Youyou initiated studies to extract the compound from the artemisia and use it on mice infected with malaria and found very positive but inconsistent results. By studying Chinese traditional medicine, a 4th century text by Ge Hong during the Jin dynasty explained that the extraction from the *qinghao* roots must be done with cold water, not boiling water. By making this modification, Tu Youyou developed a

method for extracting a complex compound with a structure unlike any other medicine. I won't go through the chemistry of *Qinghaosu/Artemisinin* because this is not a chemistry audience, but there is an endoperoxide, which is a very active chemical component.

To show that this had some effect on humans, Professor Li Guoqiao from Guangzhou University of Traditional Chinese Medicine initiated a series of clinical trials that proved the new compound, *Qinghaosu/Artemisinin*, was remarkably effective in treating malaria, better than any compounds developed in the United States or in Europe. The lifespan of the medicine, however, was short. So Li Guoqiao recognized that this new medicine must be given in combination with other medicines to have sort of a double-punch, and this has been a breakthrough, which has revolutionized the treatment of malaria worldwide.

One obstacle to the distribution of this knowledge was the Chinese Cultural Revolution at a time of American aggression. But scientists have the ability to cross boundaries, and it was an American, Keith Arnold, who worked with Li Guoqiao and interested pharmaceutical companies. The creation of the Global Fund and the President's Malaria Initiative in the United States put new emphasis on the development of new methods to treat malaria. The Novartis Pharmaceutical Company in Switzerland developed the artemether-lumefantrine combination (Coartem) that is remarkably effective.

Worldwide there will be a half a billion individuals infected with malaria next year, some in south China, but mostly in other parts of the world, including sub-Saharan Africa. While previously more than a million deaths occurred, the annual death toll is now down to 650,000. This improvement is due in large part because of the combination therapy developed here in China.

So as we move forward, we can think about the opportunities made possible by the China Medical Board, Peking Union Medical College, and other universities throughout Asia. We should think very positively because we now live at a time of peace, and information exchange is rapid and enthusiastic.

Opportunities are provided by medical sciences here in China together with opportunities provided by science and medicine in the United States and elsewhere. Together these opportunities are changing the world forever.

A couple of years ago, I heard my friend Victor Dzau, who's sitting here, end a speech with the word that comprises my entire vocabulary of Mandarin. *Weiji*, the word for "crisis" is formed from two characters: *wei* meaning a time of danger and *ji* meaning a time of opportunity. We face dangers such as infectious diseases like the Ebola outbreak and drug-resistant tuberculosis, as well as chronic diseases like obesity and type 2 diabetes. But we also have opportunities. Opportunities are provided by medical sciences here in China together with opportunities provided by science and medicine in the United States and elsewhere. Together these opportunities are changing the world forever.

Thank you for the opportunity to be here for this special celebration.



Professor of Medical Science at Brown University Eli Adashi and Professor at University of California, San Francisco Mary Wilson.

皮特·阿格雷

诺贝尔奖获得者、约翰·霍普金斯大学教授



尊敬的各位领导、朋友、及同仁，上午好！能来这里出席会议真的很令人兴奋。

一个世纪前，当美国中华医学基金会的第一个代表团来到北京时，其中一个成员是来自我现任的约翰·霍普金斯大学。他叫William Henry Welch（威廉·亨利·韦尔奇），是著名的细菌学家，他首次发现了气体形成的细菌——产气荚膜梭菌（*Clostridium perfringens*）。他是约翰·霍普金斯大学第一任医学院院长，第一任公共卫生学院院长，也是洛克菲洛研究所科学顾问委员会主席。

韦尔奇先生和他的同事的远见改变了世界。他们决定为中国的医学教育投资，使五千年的文明和传统治疗与洛克菲洛基金会最重要的西方技术和教育慈善事业融合。这已被证明是一个非常非常奇妙的组合，成就了很多进展。

由于多种原因造成的政治的不稳定使20世纪问题重重，但是CMB的投资不仅使协和医学院取得进展，而且在中国、东亚和东南亚的其他医学机构也如此。

与其泛论总的政策，我只想集中谈一个话题，一个在中国取得的突破改变了世界。青蒿素（Qinghaosu, Artemisinin）是治疗疟疾的奇药。疟疾这种可怕的疾病在大多数发展中国家仍然存在，使成千上万的儿童死亡，数

亿成年人被感染。

疟疾一向与贫穷相连，在战乱中情况更糟。有一些冲突胜败的实际原因是疟疾病。例如使美国独立战争得以结束的美国殖民者在约克镇的胜利，是因为英国和德国士兵被传染上疟疾，而美国殖民者对疟疾已经适应，有了抵抗力。美国内战期间，在南部作战的联盟部队，大批死于疟疾。疟疾有时在北方气候地区也会流行。一次大战后，在北极圈附近的阿尔汉格尔斯克（Archangelsk）出现过疟疾疫情，因为来自南方的难民人口携带了疟原虫。

1967年一个重要的事情在北京这里发生了。那时我的国家美国在和北越打仗。1967年5月23日毛泽东主席和周恩来总理，在一次秘密会议上决定启动一个研究治疗疟疾的新项目。当时已在使用的治疗方法由于抗药性已不太有效，影响了北越作战的效果。523项目就是纪念这个日子。由于文化大革命，中国的与世隔绝，和美国当时攻击性的态度，523项目的存在在西方无人所知。

中国医学科学院的涂优邮教授在这里北京，领导研究中药能否治疗疟疾。其他人考虑的是已被认定的化合物，而涂优邮教授研究了中医的治疗过程，得到了有价值的发现。中药有2千年的记载用植物青蒿（我们称之为蒿禾木）的叶子煮水喝可以治疗疟疾的发烧。

涂优邮教授开始研究从蒿禾草中提取化合物，用在感染了疟疾的白鼠身上，发现有好的效果，但不稳定。通过研究公元4世纪时金代葛洪的著作，其中提到，青蒿根部的提取要用凉水，不能用开水。涂优邮教授用调整后的方法提取的复杂的化合物的结构不同于其他任何药物。我在这里不细说有关青蒿素的化学问题，因为我们的听众不是搞化学的。但这里面有一种非常活跃的化学成分，叫内过氧化物（endoperoxide）。

为了显示对人体也有效力，广州中医药大学李国桥教授进行了一系列的临床试验，证明新的化合物青蒿素对治疗疟疾很有效，尽管药品的生命周期较短，但比在美国和欧

洲研制的药物都好。李国桥教授认识到，这一新药必需和其它药物结合使用，发挥双重作用。这是一个突破，彻底改变了全世界对疟疾的治疗。

这一知识的传播由于中国的文化大革命和美国的进攻性受到阻碍。但科学家有能力跨越国界。这样做的是一个与李国桥和有关制药公司一起工作的美国人Keith Arnold在美国设立的全球基金和总统批准的有关疟疾的项目，使研制治疗疟疾的新方法重新得到重视。瑞士的Novartis制药公司开发了蒿甲醚-本芴醇组合(Coartem)，效果非常好。

全世界明年又会有5亿人感染疟疾，一些在中国南方，大多数在世界其他地方包括撒哈拉以南非洲地区。过去每年因疟疾死亡人数在1百万以上，现在降到每年65万。这一改善很大程度上是由于在中国研究的结合治疗方法。

因此我们继续前行时，应该想到由于CMB, 北京协和医学院，和亚洲其他医学院校的努力所提供的机会。想到这一点时我们应该非常积极乐观，因为目前是在和平时期，而且信息的交流快速而积极。

几年前我听我的朋友Victor Dzau (他今天也在这里)，在结束他的一个讲话时用了一个字，也是我所知道的所有的中文，即“危机”，是由两个字组成，“危险”和“机会”。我们面对的危险如埃博拉这样的传染病，抗药性的肺结核，和如肥胖症和乙型糖尿病等慢性病。但我们也有机会，是中国的医药科学和美国及其他地方的医药和科学一起提供的机会，这些机会的合力将永远改变世界。

感谢你们使我有机会在这里参加有特殊意义的庆典。

我们也有机会，是中国的医药科学和美国及其他地方的医药和科学一起提供的机会，这些机会的合力将永远改变世界。

Liu Qian

Thank you, Professor Peter Agre. He reflected on the development of *Qinghaosu*, also known as Artemisinin, and expressed great hope for further cooperation in science and technology, which we are sure will be strengthened between our two countries. As you may know, the first medical school established by the Chinese government was in 1912, the predecessor of today's Peking University Medical Department (Health Science Center). Adhering to rigorous, diligent, and innovative teaching and research, the university's Medical Department has produced large numbers of outstanding medical professionals. The next speaker is Professor Ke Yang, the Executive Vice President of Peking University and its Health Science Center. She will talk about reform and innovation in China's medical education. Please welcome Professor Ke Yang.

刘谦

感谢Peter Agre教授的发言，他回顾了青蒿素的研制，而且对下一步科技的合作提出很大的期待，所以我们会高度的关注医学科技领域的合作，我们坚信中美之间的科技合作也会进一步的得到加强。大家知道1912年，中国政府创立了第一所的医学院校，这就是北京大学医学部的前身，今天北京大学医学部依然秉承勤奋严谨求实创新的学风和严谨求实的治学态度，为中国培养了一批又一批的优秀的医学人才，下面我们有请北京大学的常务副校长，医学部常务副主任柯杨教授发言，她将与大家分享中国医学教育的改革和创新，大家欢迎。

Ke Yang

Executive Vice President, Peking University



Vice Chairman
Chen Zhu,
Commissioner
Li Bin, Vice
Commissioner
Liu Qian,
Assistant
Minister of
Education Lin
Huiqing, Dr.
Mary Bullock,
Dr. Lincoln
Chen, dear

colleagues and friends from China and abroad, ladies and gentlemen, good morning!

It is a great honor for me to be here today to speak at the China-US Medical Education Summit and to join so many distinguished guests from home and abroad in celebrating the 100th anniversary of China Medical Board.

On behalf of Peking University and Peking University Health Science Center, I am very happy to extend our heartfelt gratitude and warmest congratulations to CMB.

As we all know, CMB has made extraordinary contributions in advancing health in China through strengthening medical, nursing, and public health research and education for a century. CMB first entered China upon its establishment in 1914. It created an elite center of modern medical education—Peking Union Medical College—and facilitated the introduction of

First, in the process of promoting medical education reform from campuses to hospitals, we have conducted extensive research and obtained a comprehensive picture of our medical education and the challenges and barriers that have hindered the implementation of medical education reform.

modern medical science into China, which catalyzed drastic health progress over the course of a century. CMB returned to China again in 1980 to help Chinese medical universities strengthen their faculty, research, and education programs. In recent years, CMB has attached importance to health policy and systems sciences, education of health professionals, and rural health. In these health care programs, we at Peking University Health Science Center and CMB have enjoyed a strong partnership. Here, I would like to take this opportunity to express our sincere appreciation to all CMB friends, both old and new, for their long-term generous support to Peking University Health Science Center.

As a leader of a CMB grantee university, and also as a commissioner of the Global Commission on Education of Health Professionals for the 21st Century and the Chair of the China Commission, I have had the honor of working closely with CMB and Dr. Lincoln Chen on medical education reform. Peking University Health Science Center has greatly benefited from CMB not only financially, but also academically, and as importantly, from Dr. Lincoln Chen's insights into transforming education to strengthen the health system. Under the outstanding leadership of Dr. Lincoln Chen, CMB plays a critical role in the education of health professionals by spreading positive new ideas to us and bringing us a pioneering spirit, therefore prompting us to expand our vision, reflect on and summarize our own practice, scientifically probe into research questions, and actively implement sound reforms. Today's celebration provides us with a good platform to communicate and think about medical education, which is another good example of CMB's contribution to China and the world.

With strong support from CMB, the China Commission for Health Professional Education was formed in May 2011. Last month, one of our papers was published by *The Lancet* to review progress and challenges in transforming health professional education in China. In addition, experienced and enthusiastic commissioners from around China have been working very hard to carry out in-depth studies and provide evidence and suggestions for decision making. At Peking University Health Science Center, we launched a new round of medical education reform in 2008 and have never stopped exploration of innovations of medical education reform in China. Our reform is comprehensive,

including education reform in clinical medicine, public health, and nursing.

To summarize, there are four main points I would like to share with you today.

First, in the process of promoting medical education reform from campuses to hospitals, we have conducted extensive research and obtained a comprehensive picture of our medical education and the challenges and barriers that have hindered the implementation of medical education reform. Based on these studies, over the past six years, we have brought forward 26 proposals on medical education and health systems reform to the Chinese People's Political Consultative Conference.

Second, we have initiated curriculum redesign and knowledge integration aimed at strengthening medical students' professionalism and overall competencies, reforming curricular systems under the principles of self-motivated learning and problem-based learning, and providing medical students with more exposure to primary health care.

Third, we have attached great importance to primary care and established a Department of General Practice. In my opinion, we cannot overemphasize the importance of primary health care. Besides providing health care service, primary care can improve population health, therefore fundamentally curbing increases in medical costs and facilitating sustainable development. Furthermore, primary care is the key to improving doctor-patient relationships and achieving social harmony. Primary care physicians can play a better role in communities through acting as the first contact and principal point of continuing care for patients, as well as coordinating other specialist care that the patient may need. Primary care practice is critical for doctors to understand people and social conditions and become more mature. At Peking University Health Science Center, we now focus on enhancing capacity building in primary care education and making a bigger impact by training the trainers for remote areas. In the next step, on the one hand, we will work to develop online courses for grassroots rural doctors through information technology. On the other hand, we will strengthen the construction of primary care bases to provide our students with more exposure to primary care.

Fourth, we have also been focusing on education

in medical humanities, aimed at enhancing students' professionalism, social adaptability, and maturity. We hope it can help our students better understand and empathize with their patients' experiences, and ultimately help them treat their patients more humanely and effectively. At Peking University Health Science Center, medical humanities are strengthened through ideological and political courses, including one-year liberal education on the main campus of Peking University during freshman year; medical humanities courses such as medical ethics, health law, and medical history at our Institute of Medical Humanities; as well as various campus cultural activities and student societies, social practice and social services, scientific research training, student assessment system reform, faculty role models, student primary care exposure, and overseas exchange programs.

Last but not least, I would like to take this opportunity to share with you that the most profound influence of Dr. Lincoln Chen and his CMB's colleagues on me is their social responsibility and quality of perseverance and devotion, which is vital to achieve anything. With our joint efforts and previous experience, I am sure that we can continue to make improvements in the education of health professionals in the future.

Thank you.



Thai Senior Advisor Suwit Wibulpolprasert with Lincoln Chen and Ke Yang.

柯杨

北京大学常务副校长



尊敬的陈竺副委员长，尊敬的李斌主任，尊敬的林蕙青部长助理，亲爱的Mary Bullock博士，陈致和博士，亲爱的中外同仁和朋友，女士们、先生们，上午好！

我很荣幸在今天的中美医学教育高层论坛发言，并和来自国内外的贵宾共同庆祝美国中华医学基金会的百年华诞。

我代表北京大学和北大医学部对CMB表示衷心感谢和最热烈的祝贺。我们都知道，百年来CMB在医疗、护理、公共卫生、及科研和教学等方面为推进中国的医疗卫生事业做出了杰出的贡献。CMB自1914年成立之后即进入中国，创立了精英现代医学教育机构北京协和医学院，促进了将现代医学科学引入中国，使中国的医疗卫生事业在一个世纪中取得了巨大进展。CMB在1980年又返回中国之后，帮助中国的医学院校加强了师资、科研和医学教育。近年来，CMB着重于卫

第一，在促进从校园到医院整体医学教育改革的过程中，我们进行了广泛调研，对我国医学教育的全貌、医教改革的挑战与障碍等有了深入了解。

生政策与体系科学，卫生人才的培养和农村医疗。在这些医疗卫生项目中北大医学部和CMB是牢固的合作伙伴。我在此对CMB所有新老朋友，对他们长期以来对医学部的慷慨支持表示衷心的感谢。

我作为CMB资助院校的领导，21世纪全球医学卫生人才教育专家委员会成员，和中国委员会主任，有幸与CMB和陈致和博士在医学教育改革上密切合作。北大医学部得益于CMB的不仅是在资金上和学术上，更重要的是陈致和博士将医学教育转化为加强卫生体系的洞见。在陈致和博士的出色带领下，CMB在卫生人才培养上起了至关重要的作用，给了我们积极的新理念，先锋创业的精神，激发我们开阔视野，回顾和总结自己的实践经验，科学探讨研究问题，并脚踏实地的进行改革。今天的庆祝活动是一个对医学教育进行交流和思考的良好平台，也是CMB对中国和世界所做的贡献的又一个范例。

在CMB的大力支持下，“21世纪中国医学教育改革理念创新项目”委员会于2011年5月成立。上个月，我们的一篇文章在《柳叶刀》杂志上发表，论述了中国卫生人才教育改革的成绩与挑战。此外，来自各界有丰富经验和热情的中国委员们付出了极大努力，深入研究，为决策提供证据和建议。北大医学部于2008年开始了新一轮的医学教育改革，并一直未停止对中国医学教育改革创新的探索。这一改革是全面的，包括临床医学，公共卫生和护理。今天与在座各位分享四点。

第一，在促进从校园到医院整体医学教育改革的过程中，我们进行了广泛调研，对我国医学教育的全貌、医教改革的挑战与障碍等有了深入了解。在这些调研基础上，在过去6年中我们在中国政协提出了26条对医学教育和医疗制度改革的建议。

第二，我们启动了对课程的重新设计和知识整合，以加强医学院学生的职业素质和全面能力。课程体系的改革遵循自发主动和带着问题的学习原则，并使学生有机会更多接

触初级保健实践。

第三，我们重视初级保健建立了全科医学系。我个人认为，初级保健的重要性怎样强调都不过分。除提供医疗保健服务外，初级保健可改善民众健康，提高社会健康水准，从根本上遏止医疗费用的上涨，并促进社会可持续地发展。再有，初级保健是改善医病关系达到社会和谐的关键。初级保健医生可更好的在社区中发挥作用，他们是病人首先接触和提供持续保健服务的医生，并在病人需要时协调其他专科医生。初级保健是医生了解社会情况和病人并尽快成熟的关键。在北大医学部我们着重加强初级保健能力的提高，并通过为边远地区培训培训者发挥更大的作用。下一步我们将通过IT技术为基层乡村医生开设在线课程。另外我们也在加强初级保健基地的建设，为学生提供更多接触初级保健的机会。

第四，我们十分注重医学人文教育，以增强学生的职业素质，社会适应能力和成熟度。我们希望这样可以使学生们更好地了解和体会病人的感受，帮助他们更人性化地有效地对待病人。我认为这不是仅简单地开设一些医学人文课程就可以达到的。在北大医学部，医学人文教育有思想和政治课程，包括对一年级新生在北大本校一年的文科教育，有医学人文研究所提供的医疗职业道德，医疗保健法律，医疗史等课程，还有各种校园文化活动，学生社团，社会实践，社会服务，科研培训，学生评估体制改革，教师的榜样影响，学生接触初级保健的机会，和海外交流等项目。

最后，也是最重要的，我想和大家分享的是，陈致和博士以及他在CMB的同事对我影响最深的，是他们的社会责任感以及毅力和奉献精神，这是成就任何事业不可或缺的。我相信通过共同努力和以往的积累，我们将来在卫生人才的培养上一定可以做得更好。

谢谢！

Liu Qian

Thank you, Chancellor Ke. The significance of health is becoming increasingly prominent in today's global arena. Diseases have no boundaries. Globalization has imposed numerous new health challenges. Even last night, Vice Chairman Chen Zhu and Commissioner Li Bin were working on how to help control the Ebola outbreak in west Africa. Under these circumstances, education of health professionals must adapt to suit developments in global health. We are very happy to have Dr. Peter Piot, Professor of the London School of Hygiene & Tropical Medicine here to speak to us today. He was Former Director of UNAIDS and has rich experience in global health. The topic of his speech is "China as a crucial partner in global health." Now, Peter Piot, please.

刘谦

感谢柯校长，当今卫生与健康在全球舞台上的重要意义日益的凸显，疾病是没有国界的，全球化对卫生发展提出了无数新的挑战，昨天晚上陈竺委员长和李斌主任还在一起研究如何进一步的支持西非的埃博拉疫情的控制，在这种新的形势下，卫生人才的培养也必须适应全球卫生健康的发展趋势，那么我们也很高兴的邀请伦敦卫生与热带病学院的教授Peter Piot，他给我们做报告，他曾经是联合国艾滋病规划署的主任，在全球卫生健康领域有非常丰富的经验，他将与我们分享在全球卫生健康背景下，中国参与至关重要。我们有请Peter Piot。

Peter Piot

Former Director, UNAIDS; Director, London School of Hygiene & Tropical Medicine



Vice Chairman
Chen Zhu,
Commissioner
Li Bin, dear
Mary and
Lincoln,
distinguished
guests, dear
friends, I am
deeply honored
to address
this China-
US Medical

Education Summit, and I warmly thank the National Health and Family Planning Commission and the China Medical Board for inviting me here.

It is a wonderful privilege to speak again in the Great Hall of the People, where I addressed several events when I worked with China on its innovative AIDS response as UNAIDS Executive Director.

Let me start by commending CMB on its remarkable achievements over the last century. What makes the CMB unique for me is its long-term commitment to medical education in China. This commitment—combined with CMB's strategic vision and a catalyst strategy—are all the more remarkable in an era when short-termism is the rule. CMB's \$1.5 billion has advanced innovations in professional education, policy research, and global health. It has not only supported over 100 medical schools, thousands of fellows, and created platforms for knowledge exchange, but has had a transformational impact on health and education.

As Director of the London School of Hygiene & Tropical Medicine (LSHTM), I know what a difference support by the Rockefeller Foundation means, and now we are a proud partner of CMB in China. Our Vice Director, Professor Anne Mills, serves on the governing board of Peking University's China Center for Health Development Studies, one of the country's leading institutions for health development. And epidemiologist Professor Carine Ronsmans is spearheading a new

LSHTM partnership with Sichuan University in Chengdu. We are clearly still feeling for the stones, but we are determined to cross the river, including with our Chinese alumni. Through CMB, our school is able to offer young Chinese scholarships in public health, health policy, and health systems sciences.

Health is indeed one of the most open partnerships between China and the UK, with major streams of work organized in innovative triangular programs between China, Africa, and the UK. For example, thanks to support of the National Health and Family Planning Commission and the UK Department for International Development, we are joining forces in strengthening health systems in Tanzania. I view these sorts of partnerships as an essential ingredient of our school's further globalization and for acquiring new insights to ensure that our excellence in health research remains relevant for the future. I very much look forward to developing these relationships further in the years to come.

Let me now turn to global health. The world is a fundamentally different planet than when CMB was founded at the onset of World War I, but it is even very different as compared to only 15 years ago. This is also true for health, which is going through a major transformation all over the world. Much of health progress is a result of economic and social development, and some thanks to scientific and technological innovation.

But what makes the current transformation different from previous times is the globalization of risks. This includes the marketing and adoption of unhealthy products and lifestyles, such as tobacco, alcohol, sugar, and individual automobiles; the globalization of food supplies; greater mobility of people; and the health impacts of climate change, urbanization, and pollution. Obesity, cardiovascular diseases, diabetes, cancer, and mental illness are the main expressions of this globalization of risks. There is much talk today of a "grand convergence" in global health, but what we are seeing now also is a perverse grand convergence of such chronic conditions as diabetes, obesity, and cardiovascular diseases across the world.

Emerging and re-emerging infectious disease outbreaks, such as SARS and now Ebola, are each time a wake-up call reminding us how interconnected the world has become. To these epidemics, we should now add the growing threat of antimicrobial resistance.

However, there is still a huge unfinished agenda of

child and maternal mortality, HIV, TB, and malaria, with many countries facing a double burden of chronic diseases and classic infectious diseases and nutritional deficiencies.

While health patterns are evolving, so too is the practice of global health, reflecting a shift in power relations. First, science as a whole has become a truly global enterprise, with 24-hour interactions across the globe that are fundamentally changing the way in which we work. Centers of excellence are emerging all over the world, certainly in Asia, but also now in Africa. Secondly, a new funding landscape in global health is taking shape, with emerging economies becoming major players. Thirdly, global health today involves far more disciplines than biomedicine and public health. All this is gradually resulting into a true globalization of global health practice and research, in which scientists from North America, Japan, and Europe no longer have the monopoly, with the rest of the world just providing “study sites.”

Global health is finally becoming a two-way street, rather than one-way knowledge and solutions traffic from high income countries to the rest of the world.

So how do I see China’s role in global health?

The first country I visited as freshly appointed Executive Director of UNAIDS in 1995 was China. This was not because China had the biggest AIDS problem in the world, but because I thought we could learn from the country’s experience in improving health and in social mobilization. During that visit we agreed on the features of international cooperation, and summarized them with five Chinese characters 窗 (*chuang*) standing for window, 桥 (*qiao*) for bridge, 泉 (*quan*) for spring, 磁石 (*ci shi*) for magnet, and 催化剂 (*cui hua ji*) for catalyst. What is essential for all these facets is that China has as much to contribute as to receive, just as any country in this room. Indeed, global health collaboration is as much about research, product and systems innovation, and knowledge exchange, as about financial transactions and building infrastructure. Prime examples include the discovery of Artesiminin for the treatment of malaria—now adopted worldwide—the introduction of DOTS (directly observed treatment, short course) for tuberculosis control following China’s experience, and the adoption by China of methadone treatment for harm reduction in injecting drug users as part of HIV control.

Global health is finally becoming a two-way street, rather than one-way knowledge and solutions traffic from high income countries to the rest of the world.

Let us also not forget that, given China’s population, just doing a good job at home is a major contribution to the improvement of global health. Key lessons can and should be drawn from China’s experience, such as the profound improvements in maternal and child health. Indeed, domestic and global health must go hand in hand.

In fact, China has a historic engagement in health since the 1960s with newly independent states in Africa after decolonialization by providing health staff and infrastructure. Along the same lines of solidarity, I would like to take this opportunity to commend China in showing real leadership on the current Ebola epidemic by dispatching a major laboratory team to Sierra Leone from the Chinese Center for Disease Control and Prevention. This humanitarian crisis is leading to a new paradigm of international response in global health, at the same level as natural and manmade disasters, with various actors intervening as part of the global community, rather than bilaterally.

For a state to engage in global health also means taking up its responsibility in terms of global governance. Besides the fact that the world’s leading health agency is led by a Chinese woman, Margaret Chan, I am particularly pleased that China has become an active member of our pluralistic international health governance, as I could witness myself in the boards of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and of UNAIDS, and during the UN Security Council debates on AIDS.

I have no doubt that global health will be reshaped by China’s distinct engagement. This will lead to new models of cooperation, new knowledge, new products and interventions, and ultimately to better health worldwide. It is now up to all of us to seize this momentum of globalization of opportunities for the next 100 years of the China Medical Board.

Thank you.

彼得·皮奥特

联合国艾滋病规划署前主任、伦敦卫生与热带病学院院长



陈竺副委员长，李斌主任，亲爱的Mary和Lincoln，尊敬的贵宾，亲爱的朋友们，我能在此在中美医学教育高层论坛上发言深感荣幸，并非常感谢国家卫生和计划生育委员会及美国中华医学基金会对我的邀请。我任联合国艾滋病规划署执行主任期间，曾在此参加过几次有关中国对艾滋病创意性应对的活动并讲话。

首先我要赞扬CMB一个世纪来的卓越成就。对我来说，CMB的独特之处是它对中国和这一地区的医学教育的长期承诺。这种承诺，加之CMB的战略眼光和催化剂的战略作用，在短期主义为主导的现今时代尤为可贵。超过15亿美元的投资促进了专业培养、政策研究和全球卫生健康方面的创新，不仅赞助了100多所医学院校，数千名研究员，为知识交流创建了平台，而且对卫生健康和教育产生了变革性的影响。

作为伦敦卫生及热带病学院的院长，我知道洛克菲勒基金会的支持意味着什么，我们现在非常骄傲能成为CMB在中国的一个合作伙伴。我们学院的副院长Anne Mills教授是中国领先的卫生健康发展机构之一北京大学中国卫生发展研究中心理事会的理事；流行病学家Carine Ronsmans教授在成都领导一个我

们学院与四川大学的新合作项目。当然我们还处在摸石头的阶段，但我们有决心和我们的中国同事一起过河。我们学院通过CMB得以在公共卫生、卫生政策、和卫生体系科学方面提供奖学金项目。

卫生是中英之间最开放的合作关系之一，主要体现在中国、非洲和英国之间创新性的三角项目。例如，由于中国国家计生委和英国国际发展署的支持，我们合作加强了坦桑尼亚的医疗体系。我认为这类合作关系是我们学院未来全球化的关键因素，可使我们有新的洞察力，以保证我们出色的卫生研究与未来的发展息息相关。我非常期待将来进一步发展这类关系。

现在我来谈一谈全球卫生问题。现在的世界与CMB在一次世界大战初始成立时已完全不同，即使与15年前相比也很不一样。卫生也是如此，全世界都在经历重要变革。卫生的进步是经济与社会发展，也是科学技术创新的成果。

但目前的变化不同于以往的是风险的全球化。这包括对非健康食品和生活方式的推销和采纳，如烟草、酒精、糖、私人汽车和食品供应的全球化，人们更大的流动性，气候变化对健康的影响，城市化，环境污染等。风险全球化的主要表现有肥胖症，心血管疾病，糖尿病，癌症，和精神疾病。在谈论全球卫生问题时人们会常听到“大交汇”的说法，但我们今天看到的是慢性状况的恶性大交汇，如全世界普遍的糖尿病，肥胖症和心血管病。

新出现及重复出现的传染病如SARS和新近的埃博拉病毒都在提醒我们如今的世界是如何紧密相连。在这些流行病的同时，另一个威胁是我们对抗生素的耐药性日益严重。还有其他很多如母婴死亡率，艾滋病，肺结核，疟疾等尚未解决的问题。许多国家面临慢性病和典型的传染病及营养不良的双重负担。

在健康模式改变的同时，全球卫生的实践也在随之变化，反映着权利关系的变动。第一，科学从整体来说已经真正成为全球性的事业，24小时不停的全球互动从根本上改变着我们的工作方式。业绩出色的中心在全球各地

不断涌现，先是在亚洲，现在非洲也如此。第二，随着新型经济体逐渐成为主角，全球卫生资金来源的新局面正在形成。第三，全球卫生涉及的学科远不止生物医学和公共卫生。所有这些正在导致全球卫生的实践和研究真正的全球化，而不再被北美、日本、和欧洲科学家垄断，世界其他地方只是提供“研究场地”和实例而已。

全球卫生终于成了双行线，而不再是从高收入国家向世界其他地方输出知识和解决方案的单行线。

那么我对中国在全球卫生中的地位和作用怎样看？1995年我新任联合国艾滋病规划署执行主任后出访的第一个国家就是中国。这不是因为中国的艾滋病问题在全世界最为严重，而是因为我个人认为可以借鉴这个国家在改善健康和社会动员方面的经验。在那次访问中，我们就国际合作的特点达成共识，归纳为五个中国词：窗、桥、泉、磁石和催化剂。这其中最关键的是，中国所能贡献的和它所能接受的同样多，正如在座的任何国家一样。的确，全球卫生的合作，不仅是关于研究、产品、体系创新、和知识交流，同样也是资金交往和基础设施建设。最好的例子如治疗疟疾的药物 Artemisinin (青蒿素) 的发现，现已在全世界采用；借鉴中国的经验使用DOTS治疗肺结核；和采用中国的做法，在对艾滋病的控制中采用美沙酮治疗降低对注射毒品患者的伤害。

鉴于中国的人口，仅做好国内的工作就是对改善全球卫生的巨大贡献。从中国的经验中应该也能够得到关键性的借鉴，如母婴健康方面的极大改善。确实，国内和全球卫生必需并行。事实上自60年代起中国对全球卫生已有历史性的参与，为摆脱殖民主义后新独立的非洲国家提供医务人员和基础设施。我愿借此机会赞扬中国在当前应对埃博拉疫情中，以同样的团结精神显示了真正的领导作用。中国疾病预防控制中心向塞拉利昂派出了一个重要化验梯队。这次的人道主义援助正在导向形成一种全球卫生国际应对的新

Liu Qian

Just now, Professor Peter Piot made many suggestions, which we are putting into action. The next speaker is Professor Gui Yonghao, Vice Chancellor of Fudan University and Dean of Shanghai Medical College. As you know, Shanghai Medical School of Fudan University is one of the best medical schools in China. Historically, it made remarkable achievements in medical education, research, academic development, and international exchange. Chancellor Gui will talk about exploration and innovation in the comprehensive reform of clinical medicine education.

刘谦

刚才Peter Piot教授提了很多的建议，事实上也是我们现在正在努力做到的。下面我们邀请复旦大学的副校长、上海医学院的院长，桂永浩教授发言，大家知道复旦大学上海医学院是中国最好的医学院之一，在历史上这个医学院在人才培养科学研究和学术建设以及对外交流方面，做出了许多骄人的成绩，桂校长的发言的题目是中国临床医学教育综合改革的探索和创新，大家欢迎。

范式，和应对自然及人为灾难一样，各方面的力量作为全球国际社会的一部分积极参与，而不仅仅是双边合作。

一个国家对全球卫生的参与也意味着在全球治理中担当起本国的责任。不仅全球主要卫生机构世界卫生组织的领导是一位中国女性陈冯富珍，我尤其高兴的是中国已成为多边国际健康治理的积极成员。

我相信全球卫生将由于中国的积极参与而改变，将带来新的合作模式，新的知识，新的产品和防治方法，最终达到世界更好的健康。现在要靠我们所有人为CMB的下一个百年把握这一全球性的时机。

谢谢。

Gui Yonghao

Vice President, Fudan University; Dean,
Fudan Shanghai Medical College



Distinguished
Vice Chairman
Chen Zhu,
Commissioner
Li Bin, Chair
Mary Bullock,
and President
Lincoln Chen,
leaders, experts,
and colleagues
of China-
US medical
education,

good morning! First, please allow me, on behalf of Fudan University and in my own name, to extend warmest congratulations on the centennial celebration of CMB and on the success of this Summit!

Our school has a long history of cooperation with CMB, which has given our school great support in medical education and research. Today we get together at the Great Hall of the People to review the past and look into the future in order to build a new century of global health through strengthened collaboration.

In the past few days we all have been reading a special issue of *The Lancet*, which has an article by Chancellor Ke Yang on medical education reform with important commentary of the magazine. At present the reform is focused on curriculum and teaching contents; later, we need to address how to enhance our students' professional competence and serve the reformed medical system, and how to retain our medical professionals after graduation for more equitable and long-term opportunities so as to reduce brain-drain.

These are the issues on our minds and in our exploration and practice. Fudan University has done its own reflection and experiments. Recently our school led a project on exploration and innovation of comprehensive reform of clinical medical education in China. This project was awarded the grand prize for national teaching achievement, which also answered some questions that I mentioned above. With strong

support from the Ministry of Education, the NHFPC, and the Shanghai Municipal Government, and in collaboration with CMB, we made a systematic study of the successful experience of American medical education and training of doctors. Proceeding from Chinese reality, through quantitative research and onsite experiment and tests and with bold thinking, we proposed the so-called "5+3" clinical medical education model, i.e., five years of clinical undergraduate study plus three years of standardized resident doctor training. Breaking many barriers, we worked together with other institutes of higher education and successfully implemented the "5+3" model and initiated positive interaction between medical education reform and health care system reform, with satisfying results and cases that met the needs of people's health.

This model provided a solution to the three difficult, long-standing problems in our previous medical education system. Now, when postgraduate medical students graduate, they will have three qualification certificates: professional physician, resident doctor, and a master's degree diploma. Specifically, the "5+3" model has three advantages: first, this model created a system for training of clinical physicians. In the past, the path for clinical physicians was not clear, with coexistence of many redundant mechanisms and certificates, which were not standardized. For instance, the seven-year doctors' program and the postgraduate specialty degree program were not compatible to the resident doctor requirements managed by the health and family planning agencies. The seven-year master's medical students program already included some clinical training. But, after graduation, they still had to go through two-year clinical rotation according to the current resident doctor

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requirement. Therefore, from the beginning to end, it would take nine to ten years to become a doctor. The “5+3” model combines master’s degree clinical medicine education with the standardized resident doctors’ requirement, thus saving time and costs.

Second, the “5+3” model is a fundamental way of enhancing practical clinical abilities of master’s degree graduates. Under the standardized resident doctors’ practical training environment, these master’s degree candidates will be equipped with a medical humanitarian spirit, specialized knowledge, and clinical skills to operate as a doctor independently. They will be competent to diagnose and treat common illnesses and some unusual and difficult cases—that is, they will be doctors who knows how to treat patients. In academic papers and theses we clearly require certain types of papers, such as pathological analysis reports and medical literature reviews, that are closely linked with clinical research topics, thus changing the tendency of giving more emphasis to scientific research and writing papers, but not so much to clinical experience and skills. This program allows sufficient time for practical experience required through resident doctors’ medical department rotation. In terms of professional qualification, the “5+3” graduates will take the professional doctor’s examination and, with the clinical skills training, they will no longer face the risk of illegal practice of medicine.

Third, the “5+3” model improved the standardized training of resident doctors. In the Chinese personnel system, graduates with a master’s degree have certain advantages in career professional titles and benefits. This model is very attractive to college graduates; it also serves the purposes of medical education reform and goes hand-in-hand with the reform of the medical system. In February 2014, seven government agencies including NHFPC held a conference in Shanghai on establishing a standard resident doctors training system. It stated clearly that the standardized training of resident doctors will be launched in full scale in 2015, and by 2020 the system will be in place. All new clinical physicians with a college degree must complete this training. This system will further integrate clinical education with resident doctors training, provide a safeguard in the health system, and

This system will further integrate clinical education with resident doctors training, provide a safeguard in the health system, and promote interaction of medical education reform and medical system reform.

promote interaction of medical education reform and medical system reform.

We believe that this “5+3” model solved the long-standing bottleneck of medical education in our country. We will take this success story as an opportunity for further exploration of education and training for clinical specialists. We will attach great importance to enhancing the quality of medical education and make a greater contribution to producing a large number of medical professionals with high moral ethics and outstanding skills.

Thank you.



Georgia State University Dean of Public Health Michael Erikson and University of Washington Global Health Chair Judy Wasserheit.

桂永浩

复旦大学副校长、上海医学院院长



尊敬的陈竺委员长、李斌主任、Mary Bullock理事长和陈致和主席，各位与会的中美教育界的各位领导，专家同道们，大家上午好。

首先请允许我代表复旦大学并以我个人的名义向CMB百年庆典活动中美医学教育的高层论坛的成功举办致以最热烈的祝贺。复旦大学上海医学院与CMB有着非常长期的历史性的合作的经历，CMB对复旦大学上海医学院的医学教育和科研工作也给予了极大的支持，今天我们相聚人民大会堂共同庆祝过去百年中美在医学教育领域的合作，探讨历史经验，展望未来发展，旨在加强两国的合作并共创全球卫生健康教育的新百年。我们大家手上这两天都在看一本《纽约杂志》的专刊，我们刚才也关注了柯杨校长发表的关于医学教育改革的文章，在这篇文章里面，也在这个杂志里面，配上了很重要的评论员的文章，对中国医学教育提出了一些集中的需要解决的问题。我想我们无非是在医学教育的课程内容和教学内容的改革当中，在今后如何更加有利于岗位胜任能力的提高，更加有利为我们国家的医疗体制改革进行服务。我们的教育改革如何有利于我们医护人员在毕业以后，有更平等长期的机会从事终身的医学教育的跟进和减少我们现在人才流失的

这样一种状况。

所以对这些问题大家都在进行思考和探索以及实践，复旦大学有自己的思考也有自己的尝试，最近由我们学校牵头的项目，我国临床医学教育综合改革的探索和创新，不但获得了国家级的教学成果的特等奖，我想也部分回答了一些以上的问题，在教育部国家卫计委和上海市政府的大力支持下面，我们在和美国中华医学基金会的合作当中，系统研究和借鉴了美国的医学教育和医师培养体系的成功经验，但是我们立足中国的国情，应用现代教育的理论遵循医学教育的规律，通过大量实际的研究和实地的考试，考察，大胆创新，逐步探索建立了以培养临床实践能力为核心的五年临床医学本科教育，加三年住院医师规范化培训的所谓的五加三人才培养模式。我们在上海联合其他的高校积极破解诸多的医学教育的难题，成功实践了五加三模式，开创了医学教育改革和医疗体制改革互动，以最终满足人民的需求的成功的案例。

通过理论上鉴定临床医学专业学位硕士同时具备住院医师和研究生的双重身份，我们实现了研究生招生和住院医师招录，研究生培养过程和住院医师规范化培训专业学位授予标准以临床医师准入制度的三个以前存在屏障的难题的三个结合。研究生毕业时，可以获得职业医师的资格证书，住院医师规范化的培训合格证书和研究生的毕业证书以及硕士学位证书，五加三模式的使用和运用，突出体现在三个方面，具体的讲，第一，这一模式创造了我国临床医学人才培养的体系，长期以来，中国的临床医学培养体系，主体不够清晰，而且多种学制学位并存，不利于我们进行标准化，规范化的临床医学人才培养，原有的比如讲七年制的教育，及其专业学位的研究生教育，与我们的卫生计生委部门，主管的住院医师规范化培训的项目，互相兼容性不够，存在着重复培养的现象，以七年制为例，我们的学生即专业学位硕士研究生的培养方案中，已经规定了相应的临床实践的时间，但是毕业以后，还要按

照现行的住院医师规范培训，又重新进行两年的大轮转，所以从入学算起到完成规范培训，我们的七年制学生专业硕士研究生，总的年限分别是九年和十年。五加三模式通过临床医学硕士专业学位的教育，与住院医师规范化培训相结合的这一新的创举，进一步规范了学制学位体系，使得学生统一的用八年的总体时间，达到培养目标，但是又节省了时间的成本。

第二是五加三模式探索了提高研究生临床实践能力的根本途径，在临床技能方面，五加三的临床硕士能够在住院医师规范化培训的标准实践环境下，逐步达到独立行医所必备的医学的人文精神，专业知识临床技能等基本要求，并能够胜任常见病多发病以及一部分的疑难病症的诊疗工作，真正的成为会看病的医生，在学位论文方面我们明确规定学位论文类型，以病理分析报告和文献综述等临床问题为出发点的选题紧密联合临床实际的研究课题，扭转了重科研轻临床，重论文轻技能的倾向，保证了住院医师规范化培训的所需的轮转的必须的实践时间。在职业资格方面，有培训医院组织的五加三临床硕士参加执业医师资格考试以后，临床技能的培训，就不再面临违法行医的风险。

第三是五加三的模式增进了我国住院医师规范化培训制度的健全，根据我国的人才制度，研究生学历学位者，在职称建设和公职待遇上面具有一定的优势，这一模式大大增加了住院医师规范化培训，对本科毕业生的吸引力，对建立健全国家层面的住院医师规范化培训对本科毕业生的吸引力，对建立健全国家层面的住院医师规范化制度起到了促进的作用，也体现了目前的教育改革服务于医疗体制改革的这一宗旨。2014年2月，国家卫生计生委等七个部门在上海召开建立国家住院医师规范化培训制度的工作会议，已经明确的提出，中国在2015年，全面启动住院医师规范化培训的工作，到2020年，基本建立住院医师规范化培训的制度，所有新进的医疗岗位的本科以上学历的临床医师，均接受住院医师规范化培养。这一制度的建立，也

桂永浩：通过理论上鉴定临床医学专业学位硕士同时具备住院医师和研究生的双重身份，我们实现了研究生招生和住院医师招录，研究生培养过程和住院医师规范化培训专业学位授予标准以临床医师准入制度的三个以前存在屏障的难题的三个结合。

为全国更好的推广临床医学专业学位教育与住院医师规范化培训有机结合，提供了卫生层面的制度保障，实现了医改教改的互动。

我们想正因为是这个五加三模式解决了长期困扰我国医学教育的瓶颈，我们还将以五加三模式改革这样一个成功的案例为契机，进一步进行探索和实践，在五加三的基础上，为后续的专科医师的临床医学人才的培养模式逐步进行研究和探索，推进以质量提升为核心的医学教育内涵的发展模式，为我国医疗卫生事业发展培养一大批医德高尚技术精湛的卓越医学人才，来做出更多的贡献，谢谢大家。

Liu Qian

Thank you, Chancellor Gui, for your speech. Successful experience in history serves as an impetus for us to continue to go forward. Reflecting on the past is for the purpose of a better future. The next speaker, also the last one, is an old friend of all of us. Now, Dr. Lincoln Chen, President of CMB, please.

刘谦

谢谢桂校长发言，历史成功的经验是我们继续前进的动力，回顾历史是为了更好的展望未来，接下来我们有请最后一位发言者，是我们大家都熟悉的老朋友，CMB的主席陈致和博士，有请。

Lincoln Chen

CMB President



Thank you for celebrating a century of cooperation and friendship— Vice Chairman Chen Zhu, Commissioner Li Bin, Vice Commissioner Liu Qian, Assistant

Minister Lin Huiqing, and distinguished colleagues and friends—Chinese and foreign, here and beyond.

Established in 1914, CMB founded the Peking Union Medical College which enrolled its first students in 1917. Presidents Zeng Yixin, Cao Xuetao, and Chairman Li Liming are here today. The PUMC hospital and campus were dedicated in 1921 on the same date of this Summit in the third week of September. President Zhao Yupei is here today.

I want to cite five core principles articulated in 1921 that animated CMB's work across the century—by quoting John D. Rockefeller, Jr., Wendy's great-grandfather, and by referring to a letter from a 28-year old Harvard medical graduate, published in the *New England Journal of Medicine*, describing in detail the scientific conference of American and Chinese leaders. That conference had global participation from Paris, Tokyo, and London—which at this Summit has been extended to Asian leaders from Bangkok, Yangon, Hanoi, Phnom Penh, and Seoul.

The five core principles are: 1) advancing the health of the Chinese people; 2) educating health professionals in the modern medical sciences; 3) strengthening China's national health system; 4) searching for excellence; and 5) all with respect and friendship.

In 1921 Rockefeller said: "May all who enter, whether faculty or students, be fired with the spirit of service and of sacrifice and may the institution become an ever-widening influence for the promotion of the physical,

mental, and spiritual well-being of the Chinese Nation."

The healing power of modern medical sciences was becoming increasingly recognized in the early 20th century. The introduction of modern medicine, of course, generated competition and tension with traditional Chinese medicine. But there was also synergy, for example PUMC extracting ephedrine from traditional medicine's *ma huang*, and also harmony as illustrated by PUMC's 10-acre campus with 14 buildings. Rockefeller said: "In drawing plans...it has been necessary to follow Western design ... in the interior ... in order to meet the requirements of modern scientific medicine... At the same time we have deliberately sought...to combine... beauty... of the Chinese exterior...so that the Chinese people... may feel at home...and also as a sincere expression of our appreciation of the best in Chinese art..."

Strengthening health systems is well exemplified by the PUMC hospital, arguably the best hospital in China with the highest standards of professionalism offering the highest quality of clinical services. PUMC also pioneered "taking science out to the people" through the work of C. C. Chen and John Grant in urban Beijing and rural Dingxian. That work would seed the later "barefoot doctors" and also inspire the worldwide primary care movement in Alma Ata. Rockefeller said: "Clearly, whatever Western medical science may have to offer China, it will be of little avail to the Chinese people until it is taken over by them and becomes a part of national life."

Mary Bullock's classic book, *An American Transplant*, observed that PUMC was planned to be the "Hopkins of China" or the "Harvard of China"—all three world-class institutions influenced by the Flexner report of 1910. The 1921 participants included William Welch of Hopkins and Francis Peabody of Harvard, and today's Summit attendees include Hopkins' Peter Agre and Harvard's Dean David Hunter. The search for excellence was not just technical but "ethical professionalism"—not just science but the art and humanity of healing. Rockefeller said: "Graduates "... (with) their professional skill(s) goes hand in hand with high character... inspired with the spirit of service and of sacrifice..."

These principles were pursued with respect and friendship. Capturing the spirit of philanthropy, Rockefeller, Jr. said: "As my father's interest in human betterment widened, and it came within his power to

render service to his fellow-men beyond the boundaries of his own country, his attention was naturally directed to the great Chinese Nation, with its history running back thousands of years; its early achievements in industry; its literature and art, so rich and beautiful; and its population, greater than that of any other nation on earth.”

Today’s world is very different than 100 years ago. Life expectancy in China has doubled, and China is becoming increasingly the world economic center. Like all advanced countries, China is confronting the “triple tsunamis” of non-communicable diseases, aging, and disability. China is responding through double reforms of health and education systems.

CMB is also different. CMB invested \$1.5 billion in 118 schools in 17 Asian countries, 28 schools in China. With an endowment of \$200 million working with two dozen medical universities in China and Southeast Asia, CMB is a historically rich but financially modest foundation. Over the past year, CMB trustees have consulted widely scores of partners in China and Asia. Their advice is that we harness our social capital, not just financial capital, and mobilize academic and intellectual quality with professional credibility, collegiality, and connectivity. In China, the message was loud and clear: CMB must seek to continue to do work of “national significance.”

CMB’s second century will carry forward the same noble mission of saving lives through an enduring focus on health professional education. Many agree that we are on the cusp of yet another revolution of IT-based learning. We admire *The Lancet* paper by Ke Yang, Lin Huiqing, and two dozen Chinese scientists (most here today), who have analyzed China’s recent experience in medical education reform. A national health system is a 20th-century invention, and evidence of what works and what doesn’t work can help improve the design, execution, and evaluation of health systems. Yes, CMB will continue to insist upon excellence, but with health equity, the unfinished ethical imperative of the last century. With respect and collegiality, we will pursue networking, catalyzing, convening, and facilitating. Knowledge flows are no longer one-way transplants, but two-way, as the world can learn from China; and China-US-global partners can work together for health equity in a globalizing era.

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Yesterday, we released the Chinese translation of Mary Ferguson’s book on PUMC. Mary was raised in China, spoke fluent Chinese, and totally dedicated herself to the Chinese people. In the book preface, Raymond Fosdick, one of CMB’s first trustees, wrote: “In creating the PUMC, we were far wiser than we realized. The concept of modern medicine which was introduced there set in motion influences in China that cannot be stopped... Modern medicine is one of the ties that bind the human race together regardless of ideologies and boundary lines. It is one of the rallying points of unity and is thus a foundation stone in the ultimate structure of a united society.”

With our eyes on that distant horizon, steadfast in our mission, sharing knowledge for achieving health equity in a globalizing world, with humility and pride, propelled by the wind at our back based on a century of trusting relationships, let us step forward, together, into CMB’s second century. Thank you.



Lincoln Chen greets PUMC Hospital President Zhao Yupei.

陈致和

CMB主席



感谢大家庆祝这合作与友谊的一个世纪！尊敬的陈竺副委员长，李斌主任，林蕙青部长助理，尊敬的中外同仁和朋友（包括在座的和不在座的）。

CMB创建于1914年，之后建立了北京协和医学院，1917年招收第一批学员。现任校长曾益新、曹雪涛、和书记李立明今天都在座。北京协和医院和医学院校园的落成仪式于1921年举行，与本次高峰论坛是同一天，9月的第三周。赵玉沛院长今天也在座。

我想在此重温1921年宣布的，也是在过去一个世纪中指导CMB工作的五项核心原则，引用Wendy的曾祖父，洛克菲勒二世的一些话，并提及一个28岁的哈佛医学院毕业生在《新英格兰医学杂志》上发表的一封信，这封信详细描述了当时参加美中科学会议的领导人。那次会议有来自巴黎、东京和伦敦的全球性参与，这次高峰论坛的参与扩展到了亚洲，来自曼谷、仰光、河内、金边和汉城的医学界领导。

这五项核心原则是：(1)促进中国国民的健康；(2)培养现代医学卫生人才；(3)加强中国的国民健康制度；(4)追求杰出卓越；(5)一切以尊重和友谊为重。洛克菲勒在1921年时说：“愿进入这里的所有人，不论是教师还是学员，均被唤起服务与牺牲精

神；愿本机构为促进中华民族身体、智力和精神福祉的影响力日益扩大。”

现代医学科学的治愈能力在20世纪初被认知。现代医学的引进自然与传统的中国医学产生了竞争和紧张，但也有协同效应，如协和医学院从中药麻黄中提取了麻黄素；协和10英亩校园里的14所建筑也体现了这种和谐。洛克菲勒说：“绘制设计图纸时，内部需要按西方的设计，以适应现代医学的要求。在外部设计上，我们特意结合中国建筑之美，这样中国人在这里会有宾至如归的感觉，同时也真诚地表达了我们对中国最好的艺术的欣赏。”

加强卫生体系的一个很好的例子是协和医院，可以说是中国最好的医院，有最高水准的职业素质和临床服务。协和并通过C.C. Chen和John Grant的工作在北京市区和郊区定县率先“将科学带给人民大众”。这一工作为后来的“赤脚医生”播下种子，也在阿拉木图激发了世界范围的初级卫生保健运动。洛克菲勒说：“显然，不论西方医学能给中国带来什么，除非由中国人自己接手并成为国民生活的一部分，否则将无济于事。”

Mary Bullock在其经典之著《洛克菲勒基金会与协和模式》一书中提到，协和医学院是作为“中国的霍普金斯”或“中国的哈佛”来设计的。三所世界级的机构都受1910年弗莱克斯纳报告的影响。1921年的落成典礼时有霍普金斯的William Welch和哈佛的Francis Peabody参加，今天高层论坛的与会者中有霍普金斯的Peter Agre和哈佛的院长David Hunter。

杰出与卓越不仅是在技术上也在职业道德上，不仅是科学，而是治愈的艺术和人道精神。洛克菲勒说：“毕业生们的专业能力应与由服务和牺牲精神激发的高尚品德并进。”

这些原则是在尊重和友谊的基础上实施的。洛克菲勒二世在谈到慈善事业时说：“随着我父亲对提升人类福祉的兴趣的扩展，在他有能力对自己国家之外的人们提供服务时，他的注意力自然转向了伟大的中华民族，它有

数千年的历史，早期的工业，它的文学艺术如此丰富绚丽，而且它的人口超过地球上任何其他国家。”

今天的世界与百年前已截然不同。中国的人均寿命翻了番，中国日益成为世界经济的中心。像所有发达国家一样，中国也在面对非传染性疾病，老龄化，和残疾“三重海啸”的冲击。中国的应对策略是医疗和教育体系的双重改革。

CMB也与以往不同了。CMB在亚洲17个国家投资了15亿美元，资助了118所医学院校，其中28所在中国。用两亿美元的捐赠与中国和亚洲的20几所院校合作，所以说CMB是一个历史丰富，资金不多的基金会。过去一年中，CMB的理事与其在中国和亚洲的数十个合作伙伴进行了广泛接触，他们的建议是充分利用CMB的社会资本，而限于财政资金，运用学术和智力素质，专业信誉和与院校同行的联系。在中国的信息很清楚，CMB必须继续从事有“全国性意义”的工作。

CMB在其第二个世纪中将延承自己的崇高使命，即通过持续关注卫生人才的培养拯救生命。很多人都同意，我们处在以IT为基础的教与学的又一次革命的顶峰。我们赞赏《柳叶刀》杂志上刊登的柯杨、林蕙青和二十几名中国科学家的文章，分析了中国近期医学教育改革的经验（他们中的大多数今天都参会了）。国家卫生体系是20世纪的发明，成败的实例有助于改进这一体系的设计、执行和评估。的确，CMB将继续坚持优秀杰出，但同时注重卫生健康公平和上世纪未完成的道德义务。我们将继续本着尊重与合作的精神起到联络、催化、召集和促进作用。知识的流动不再是单向移植，由于世界可向中国借鉴而成为双向。中国、美国、和全球伙伴同心协力可在全球化时代为实现卫生公平而努力。

昨天我们发布了Mary Ferguson关于协和医学院一书的中文译本。Mary在中国长大，中文流利，对中国人民全心全意。在书的序言中，CMB第一期理事之一Raymond Fosdick写道：“在创建协和医学院时，我们比自己意

今天的世界与百年前已截然不同。中国的人均寿命翻了番，中国日益成为世界经济的中心。像所有发达国家一样，中国也在面对非传染性疾病，老龄化，和残疾“三重海啸”的冲击。中国的应对策略是医疗和教育体系的双重改革。

识到的要智慧得多。通过协和介绍到中国的现代医学理念的影响一发不可收拾…，现代医学是不分意识形态和国界线将人类连接在一起的纽带之一，是联合的凝聚点之一，因此也是一个团结社会最终结构的基石。”

让我们展望未来，肩负使命，分享知识，在全球化的世纪中争取卫生健康公平，带着谦卑与自豪，与中美乃至全球的合作伙伴，共同跨进CMB的第二个世纪。

谢谢。



Thailand Global Health Director Churnrurtai Kanchanachitra of Mahidol University and Kenji Shibuya, Professor of Global Health at the University of Tokyo.

Liu Qian

Thank you, thank you Lincoln Chen, for your ebullient speech. He outlined CMB's bright future. We are confident that CMB can seize the opportunity of change and reform and make even greater achievements in promoting medical and education exchange between our two countries in the new century.

Ladies and gentlemen, today's presentations of the Summit have come to an end. Once again our sincere appreciation goes to the excellent speakers. We look forward to strengthened China-US collaboration in medical education to produce more and better medical professionals, who will strive for improved health and well-being of the people.

Lastly, I'd like to express our appreciation again, on behalf of Commissioner Li Bin and NHFPC, for your participation, for CMB's long-term support, and for the hard work of the preparatory group of the Summit. I now declare the closure of the successful China-US Medical Education Summit.

刘谦

谢谢，感谢Lincoln Chen热情洋溢的发言，同时他也给我们展示了一个CMB美好的前景，我们相信CMB能够把握新的形势下变革的趋势，通过进一步加强中美两国教育界的沟通 and 交流，在新的百年里，再创佳境。女士们、先生们，今天的会议发言全部完成，再一次感谢各位专家的精彩交流，让我们期待在中美人文交流机制的框架下，中美医学教育领域加强交流与合作，携手共进，创新教育模式培养更多的医学人才，为人类的健康带来新的福祉。最后我想再次代表李斌主任和卫生计生委，感谢各位领导和嘉宾的参与，感谢CMB长期以来对中国医学教育的支持，感谢会议筹备组的辛勤工作。现在我宣布中美医学教育高层论坛圆满结束。会后安排了集体合影。



Dreams for CMB's Future from Friends

My dream is that the efforts we have made, and will continue to make, for the ordinary people in China, especially so that those living in the poor area of the countryside, will lead to equal access to fair, standardized health care in the future.

— *Gui Yonghao, Fudan University*

I think I speak for many in this room when I suspect there are four common sentiments we share. The first, the warm and consistent relationships we have with our colleagues. The second, the intellectual exhilaration of working on projects with China. The third, the satisfaction of knowing we are working toward such an important endpoint of improving health. And the fourth, the joy of seeing the work translated into bold and exciting healthcare reforms.

— *Bill Summerskill, The Lancet*

Even though CMB is 100 years old, I think it is still young...because it is now building the beautiful dream of health equity in the world.

— *Yang Yaofang, Jiujiang University*

My dream is to increase the education level of the ordinary people of China in the health field because education is the best preventive medicine.

— *Wan Xuehong, Sichuan University*

As one citizen in China, I hope that all people who are working and living in China will enjoy equal medical care.

— *Zhao Qun, China Medical University*

We are so glad that CMB can link us [medical universities] in this country, in this community.

— *Li Mengfeng, Sun Yat-sen University*



Writing wishes for the future.

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