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**世界中医药学会联合会**

**World Federation of Chinese Medicine Societies**

SCM 000\*-20\*\*

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**国际中医远程医疗服务规范**

**Specifications for International TCM Telemedicine Service**

20\*\*-\*\*-\*\*发布

20\*\*-\*\*-\*\*实施

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## 前 言

本标准主要起草单位：中国江苏省中医院

本标准参与起草单位：

美国：美国洛杉矶中医药大学

加拿大：加拿大约翰中医疑难病治疗中心

英国：英国淑兰中医学院

澳大利亚：澳大利亚红卫连锁中医诊所

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荷兰：荷兰江苏商会

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# 国际中医远程医疗服务规范

## 1 范围

本标准给出了开展国际中医远程医疗服务的机构组织形式、基本条件、服务流程及管理等方面的要求。

本标准适用于国际中医远程医疗服务的部署、实施与管理。

## 2 规范性引用文件

下列文件对于本文件的应用必不可少。凡是注日期的引用文件，仅所注日期的版本适用于本文件，其随后所有的修改版（不包括勘误的内容）或修订版不适用于本标准。凡是不注日期的引用文件，其最新版本（包括所有的更新）适用于本文件。

WS/T529-2016 远程医疗信息系统基本功能规范

WS/T545-2017 远程医疗信息系统技术规范

WS/T546-2017 远程医疗信息系统与统一通信平台交互规范

国卫医发【2018】25号互联网诊疗管理办法（试行）；互联网医院管理办法（试行）；远程医疗服务管理规范（试行）

## 3 术语和定义

下列术语和定义适用于本文件。

### 3.1 国际中医远程医疗

两国医疗机构之间运用现代化的远程通讯技术、计算机及网络技术等，采用离线或在线交互方式，进行远距离音视频传输，开展中医远程会诊、中医远程诊断、中医指导等远程中医诊疗服务活动的过程。

### 3.2 国际中医远程会诊

两国医疗机构之间利用通讯技术、计算机及网络技术，采用离线或在线交互方式，开展远程中医指导、协助远程中医诊断、出具诊断意见和远程会诊报告的过程。

### 3.3 国际中医远程诊断

两国医疗机构之间利用通讯技术、计算机及网络技术，采用离线或在线交互方式，由邀请方向受邀方提出申请并提供患者临床资料，受邀方根据患者资料、通过线上望、闻、问等

诊断方法，结合邀请方切脉所获得的数据进行中医综合分析，出具中医诊断意见。

## 4 国际中医远程医疗机构的组织形式

4.1 一国医疗机构（以下简称邀请方）直接向另一国医疗机构或第三方机构（以下简称受邀方）发出邀请，双方运用通讯、计算机及网络技术等信息化技术，为邀请方患者中医诊疗提供技术支持的医疗活动，双方通过协议明确责权利。

4.2 邀请方或第三方机构搭建国际中医远程医疗服务平台，受邀方以机构身份在该平台注册，邀请方通过该平台发布中医医疗需求，由平台匹配受邀方或其他中医医疗机构，对需求做出应答，运用通讯、计算机及网络技术等信息化技术，为邀请方患者中医诊疗提供技术支持的中医远程医疗活动。邀请方、第三方机构、受邀方通过协议明确责权利。

## 5 开展国际中医远程医疗的基本条件

### 5.1 远程医疗机构的基本条件

5.1.1 开展国际中医远程医疗的机构应在所在国具有合法的执业资质。

5.1.2 开展国际中医远程医疗的机构或第三方机构必须在本国的法律范围内，被允许开展国际中医远程医疗服务，远程医疗行为必须符合所在国法律、法规。

5.1.3 开展国际中医远程医疗的双方均应有在本机构注册、符合国际中医远程医疗服务要求的中医专业技术人员。

5.1.4 开展国际中医远程医疗的双方或多方均应具有相应的国际中医远程医疗服务管理制度、医疗质量与医疗安全、信息化技术保障措施。

### 5.2 人员基本条件

#### 5.2.1 中医执业人员

邀请方与受邀方应当根据患者病情安排相应级别的中医师参与国际中医远程医疗服务。邀请方至少有 1 名执业中医师陪同；受邀方至少有 1 名具有相应中医诊疗服务能力、独立开展中医临床工作至少 3 年以上的执业中医师为患者提供中医远程医疗服务。

根据患者病情，可提供中医远程多学科联合诊疗服务。

#### 5.2.2 远程医疗服务支持人员

两国医疗机构内需有专职人员负责仪器、远程设备、设施、信息系统的定期检测、登记、维护、改造等，符合中医远程医疗相关信息标准和信息安全的规定，保障远程医疗服务信息

系统（硬件和软件）处于正常运行状态，满足医疗机构开展中医远程医疗服务的需要。

有条件的医疗机构应配有专为中医远程医疗服务提供咨询、联系沟通等服务的专业人员。

### 5.2.3 语言服务支持人员

邀请方若有外籍患者接受中医远程医疗，邀请方或受邀方中需有一方配备 1 名懂该国语言的翻译人员。

## 5.3 设备设施基本条件

5.3.1 国际中医远程医疗信息系统应当满足图像、声音、文字以及中医诊疗所要求，确保信息安全、实时传输，图像清晰，数据准确，符合各国远程医疗信息系统建设要求，满足中医远程临床诊疗要求。

5.3.2 重要设备和网络应当有不间断电源。

5.3.3 国际中医远程医疗服务网络需在本国或本地稳定、畅通，保障远程医疗服务信息顺利传输。有条件的机构或第三方可以建设国际中医远程医疗专网。

## 6 国际中医远程医疗工作流程

### 6.1 签订合作协议

两国医疗机构间直接或通过第三方机构开展国际中医远程医疗服务的，要签订国际中医远程医疗合作协议，约定合作目的、合作条件、合作内容、远程医疗流程、各方责任权利义务、医疗损害风险和责任分担等事项。合作协议可以以电子文件形式签订。

### 6.2 知情同意

邀请方应当根据患者的病情和意愿，组织国际中医远程医疗服务，并向患者说明远程医疗服务内容、费用等情况，并征得患者同意，签署国际中医远程医疗服务知情同意书。不宜向患者说明病情的，应当征得其监护人或者近亲属书面同意。

### 6.3 中医远程会诊

两国医疗机构之间通过远程信息系统进行中医会诊，受邀方提供中医诊断治疗意见和远程会诊报告，邀请方明确诊断治疗方案。

6.3.1 发出邀请。邀请方需要与受邀方通过中医远程信息系统开展中医远程医疗服务的，需向受邀方直接或通过第三方机构提出邀请，邀请至少应当包括邀请事由、目的、时间安排、

患者相关病历摘要及拟邀请中医师的专业和技术职务、任职资格等。

6.3.2 接受邀请。受邀方接到邀请方或第三方机构发出的国际中医远程医疗服务邀请后，要及时做出是否接受邀请的决定。接受邀请的，须告知邀请方，并做好相关准备工作；不接受邀请的，及时告知邀请方并说明理由。第三方机构参与匹配的，还要同时将是否接受邀请告知第三方机构运营服务方。

6.3.3 实施服务。受邀方应认真负责地安排具备相应资质和技术能力的中医师，按照相关法律、法规和诊疗规范的要求，提供国际中医远程医疗服务，及时将诊疗意见告知邀请方，并出具由相关医师签名的会诊意见报告。邀请方根据患者临床资料，及双方望、闻、问、切四诊所获得的数据综合分析，参考受邀方的诊疗意见，决定中医诊断与治疗方案。

6.3.4 中医远程会诊。邀请方和受邀方形成两国医疗机构之间或与第三方机构之间的医疗联合体等合作关系，由邀请方收集患者临床资料，向受邀方发出中医远程医疗服务申请后，受邀方的中医师根据患者临床资料及双方对患者望、闻、问、切四诊的数据结果，综合分析，出具中医诊断意见及会诊报告。

6.3.5 资料保存。邀请方和受邀方要按照各国病历书写及保管有关规定共同完成病历资料，原件由邀请方和受邀方分别归档保存。中医远程医疗服务相关文书可通过电子文件等方式发送。若双方医务人员为患者提供咨询服务后，也应及时记录咨询信息。

## 7 开展国际中医远程医疗服务的管理要求

### 7.1 机构管理

开展国际中医远程医疗服务的医疗机构应当按照以下要求开展工作：

7.1.1 制定并落实管理规章制度，两国医疗机构需执行所在国发布或者认可的中医远程诊疗技术规范和操作规程，在双方法律框架下保障医疗质量与安全。

7.1.2 开展国际中医远程医疗服务的医疗机构应设置专门的医疗质量安全管理部或配备专职人员，负责国际中医远程医疗服务质量管理与控制工作。

7.1.3 医疗质量安全管理人员应当具备相关专业知识和工作经验。

7.1.4 参与国际中医远程医疗运行各方应当加强信息安全和患者隐私保护，防止违法传输、修改，防止数据丢失，建立数据安全规程，确保网络安全、操作安全、数据安全、隐私安全。

7.1.5 与第三方机构合作开展国际中医远程医疗服务的，要通过协议明确各方权利、义务和法律责任，落实财务管理等各项制度。

## 7.2 人员管理

7.2.1 医疗机构应当制定并落实国际中医远程医疗服务相关医务人员、信息技术人员、支持服务人员的培训计划，使其具备与本职工作相关的专业知识与服务能力。

7.2.2 参与国际中医远程医疗的两国医务人员对患者进行中医远程医疗服务时，应当遵守两国关于远程医疗、药品管理等相关法律、法规，并按照双方合作协议约定的内容提供服务，履行相关义务，承担相应责任。

## 7.3 质量管理

开展国际中医远程医疗服务的医疗机构应当按照以下要求开展医疗质量管理工作：

7.3.1 按照所在国发布或认可的中医诊疗技术规范 and 操作规程有关要求，建立中医远程医疗质量管理体系，遵守相关技术规范 and 标准，实行患者实名制管理。

7.3.2 依据所在国法律、法规，建立国际中医远程医疗服务管理体系 and 相关管理制度、人员岗位职责、服务流程。

7.3.3 医疗质量安全管理人員督促落实各项规章制度 and 日常远程医疗管理工作，并对本机构中医远程医疗服务行为进行检查。

7.3.4 信息技术人員做好中医远程医疗设备、信息系统的日常维护，保证其正常运转。

7.3.5 受邀方参与中医远程医疗服务的医务人员应当具有应急处理能力。

7.3.6 建立良好的医患沟通机制，保障患者知情同意权，维护患者合法权益。

7.3.7 严格按照有关规定与要求，规范使用和管理远程医疗设备、信息系统设备等。

## 7.4 费用管理

7.4.1 建立国际中医远程医疗服务的财务管理制度。

7.4.2 国际中医远程医疗服务的邀请方、受邀方 or 第三方机构达成一致并签订协议，主要包括：

- 全部费用及明细；
- 支付方式；
- 支付出现问题时的解决措施。

7.4.3 受邀方 or 第三方机构应为邀请方提供多种支付方式，当选用某种支付方式将产生额外费用时，应在支付前向邀请方的医疗机构说明。

7.4.4 在支付完成后，受邀方 or 第三方机构应向邀请方提供支付凭证。

示例：在双方或多方达成一致的情况下，根据各方条件，可以选择电汇、转帐、微信、支付宝等支付方式。



## 8 争议及纠纷处理

各国医疗机构之间或医疗机构与第三方机构之间合作开展国际中医远程医疗服务发生争议或纠纷时，由邀请方、受邀方、第三方机构按照相关法律、法规和双方或多方已达成的合作协议约定内容进行处理，并承担相应的责任。

## 9 服务评价与改进

9.1 服务方应建立服务评价管理机制，定期接受服务评价。

9.2 服务评价应：

——具备科学的评价方案，评价行为依据评价方案开展；

——采集使用真实的数据，评价结果客观准确地反映评价活动情况，具有高信度；

——使评价的内容与学习目的、内容一致，具有高效度。

9.3 评价者应根据不同评价目标，从附录中选取合适的评价指标并进行细化、组合、赋权，建立评价指标体系，实施具体评价活动。

9.4 服务提供者应根据服务评价结果，制定整改措施，持续改进，不断提高服务水平。

## 附录 A

(规范性附录)

## 国际中医远程医疗服务评价指标

国际中医远程医疗服务评价指标如下表所示：

总分：360 分

序号	一级指标	二级指标	得分
1	医疗机构基本条件 (40 分)	开展国际中医远程医疗服务的医疗机构应具有相应执业资质	10
2		医疗机构或第三方机构必须在本国的法律范围内，被允许开展国际中医远程医疗服务，远程医疗行为必须符合所在国法律、法规	10
3		双方医疗机构均有在本机构注册、符合中医远程医疗服务要求的中医专业技术人员。	10
4		远程医疗服务机构具有医疗质量与医疗安全、信息化技术保障措施	10
5	医师基本条件 (20 分)	参与中医远程医疗的双方医师均有执业中医师资质	10
6		受邀方医疗机构安排独立开展临床工作至少 3 年以上的执业中医师开展远程医疗服务	10
7	支持人员基本条件 (30 分)	医疗机构内需有专职人员负责仪器、远程设备、设施的定期检测、登记、维护等	10
8		医疗机构有专人负责远程医疗信息系统的调试与维护	10
9		医疗机构配有专为中医远程医疗服务提供咨询、联系沟通服务的专业人员	10
10	设备设施基本条件 (30 分)	国际中医远程医疗信息系统应当满足图像、声音、文字以及中医诊疗所需要求	10
11		远程医疗服务网络应确保系统稳定、畅通	10
12		重要设备和网络应当有不间断电源	10
13	远程医疗服务流程 (90 分)	参与国际远程医疗服务的机构已签订中医远程医疗合作协议	10
14		中医远程医疗服务合作协议内容全面	10
15		接受国际中医远程诊疗服务的患者应签署中医远程医疗服务知情同意书	10
16		对于需要执行保护性医疗、病情不可向患者透露的，有与其监护人签署的知情同意书	10
17		医疗机构有邀请方提供的远程医疗服务申请（可为纸质版或电子版）	10
18		受邀方安排的远程医疗服务中医师，具备相应资质和技术能力，符合要求	10
19		参与国际中医远程医疗服务的医疗机构有相关医师签名的诊疗意见或会诊报告	10
20		中医远程医疗服务中相关医疗文书书写符合规范	10
21		参与国际中医远程医疗服务的医疗机构将患者的相关远程医疗病历资料存档、保管符合要求	10
22		国际中医远程医疗服务机构各项规章制度健全，并落实到位	10
23		远程医疗服务人员能按中医诊疗常规、技术规范、操作规程等进行远程医疗服务	10
24		对影响医疗质量及安全的高危因素有防范措施	10
25		远程医疗服务机构具有防止医疗数据、患者信息泄露及数据丢失的安全	10

	<b>管理 要求 (110分)</b>	措施	
26		与第三方机构合作开展中医远程医疗服务者，各方责、权、利明确	10
27		远程医疗服务机构制定并落实相关人员培训计划	10
28		双方医疗机构及医务人员遵守所在国法律法规，执行相关技术规范和标准	10
29		远程医疗服务机构实行患者实名制管理	10
30		医疗质量安全管理人員能定期对远程医疗服务质量、制度落实等进行检查，有记录	10
31		建立医患沟通机制，保障患者知情同意权	10
32		规范使用和管理远程医疗设备、信息系统设备	10
33	<b>费用管理 (30分)</b>	国际中医远程服务机构有财务管理制度，并落实	10
34		参与远程医疗服务机构双方签订的协议中包含费用明细、支付方式	10
35		远程医疗服务机构对于远程医疗完成支付者能提供支付凭证	10
36	<b>争议处理 (10分)</b>	远程服务机构各方均有争议或纠纷处理约定，并符合各国法律规定	10

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## Foreword

The Technical Committee for Standardization of the World Federation of Chinese Medicine Societies is the proposer and manager of this standard.

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# Specifications for International TCM Telemedicine Service

## 1. Scope

This standard specifies the requirements for international TCM telemedicine service (“the Service”) in terms of organizational forms, basic conditions, processes and management.

This standard is applicable to the deployment, implementation and management of the Service.

## 2. Normative references

The following documents are essential to the application of this standard. If a document is marked with a date, only the version of the date should be applicable to this standard, and all its modifications (excl. corrigenda) and amendments should be inapplicable. If a document is not marked with a date, the latest version (incl. all its updates) should be applicable.

WS/T529-2016 Specifications for Basic Functions of Telemedicine Information Systems

WS/T545-2017 Technical Specifications for Telemedicine Information Systems

WS/T546-2017 Specifications for Interactions between Telemedicine Information Systems and Unified Communication Platforms

Guo Wei Yi Fa [2018] No. 25: Measures for the Administration of Internet Diagnosis and Treatment (for Trial Implementation), Measures for the Administration of Internet Hospitals (for Trial Implementation), Specifications for the Administration of Remote Medical Services (for Trial Implementation)

## 3. Terms and definitions

The following terms are applicable to this standard.

### 3.1 International TCM telemedicine

“International TCM telemedicine” refers to a process that two medical institutions in different countries offer remote TCM diagnosis and treatment services, such as remote TCM consultation, remote TCM diagnosis and TCM guidance, on line or off line, by leveraging

modern telecommunication, computer and network techniques.

### 3.2 International remote TCM consultation

“International remote TCM consultation” refers to a process that two medical institutions in different countries give remote TCM guidance, help remote TCM diagnoses, provide diagnosis-based opinions and issue remote consultation reports, on line or off line, by leveraging communication, computer and network techniques.

### 3.3 International remote TCM diagnosis

In an “international remote TCM diagnosis”, an inviting medical institution of a country applies to and provides a patient’s clinical information for an invited medical institution of another country, on line or off line, by leveraging communication, computer and network techniques. Then, the invited institution conducts comprehensive TCM analysis through looking, listening and questioning based on the patient’s clinical information, as well as the data the inviting institution has gained through pulse-taking, so as to provide diagnosis-based opinions.

## 4. Institutions engaged in international TCM telemedicine service: organizational forms

4.1 A medical institution of a country (“the inviter”) directly makes an invitation to a medical institution of another country (“the invitee”) or a third-party institution. By leveraging communication, computer and network techniques, the invitee or the third-party institution provides technical support during the TCM diagnosis and treatment of a patient received by the inviter. For this, the parties involved sign an agreement to make clear their respective rights and obligations.

4.2 The inviter or the third-party institution builds an international TCM telemedicine service platform where the invitee registers as institution. When the inviter posts a demand for TCM treatment on the platform, the platform will partner the inviter with the invitee or an alternative TCM institution, as a way to respond to the demand. On that basis, by

leveraging communication, computer and network techniques, the invitee or the alternative institution provides technical support during the TCM diagnosis and treatment of a patient received by the inviter. For this, the inviter or the third-party institution and the invitee or the alternative institution sign an agreement to make clear their respective rights and obligations.

## 5. Basic conditions of international TCM telemedicine service

### 5.1 Basic conditions of telemedicine institutions

5.1.1 An institution engaged in the Service shall have the qualifications legally required in the country it operates in.

5.1.2 To the extent permitted by law, a medical institution or third-party institution engaged in the Service must obtain permission to deliver the Service in the country it operates in. What it does in the course of the Service must abide by laws and regulations of the country it operates in.

5.1.3 Either party engaged in the Service shall have TCM technicians who have registered with the party and meet the requirements for the Service.

5.1.4 Either party engaged in the Service shall maintain management systems, medical quality assurance measures, medical safety assurance measures and information-based technical support measures for the Service.

### 5.2 Basic conditions of service staff

#### 5.2.1 TCM practitioners

In light of the patient's conditions, the inviter and the invitee shall assign TCM physicians of appropriate levels to the Service. To be precise, the inviter shall assign at least one TCM practitioner, and the invitee shall assign at least one TCM practitioner who is competent in TCM diagnosis and treatment and has at least three years of experience in clinical TCM service.

The remote TCM multi-disciplinary treatment service may be made available in alignment with the patient's conditions.

#### 5.2.2 Telemedicine supporters

The inviter and the invitee shall specially assign persons to regularly inspect, register, maintain and renovate instruments, remote equipment, facilities and information systems in ways that follow the information standards and information security provisions applicable to TCM telemedicine. By doing so, their telemedicine service information systems (hardware



and software) shall be kept in a good state that meets demands in TCM telemedicine.

If possible, professionals engaged in consultation and communication shall be allocated for TCM telemedicine.

### 5.2.3 Language service

In the event that the patient received by the inviter is a foreigner, the inviter or the invitee shall assign one interpreter who is proficient in that patient's native language.

## 5.3 Basic conditions of equipment and facilities

5.3.1 An international TCM telemedicine information system shall meet requirements for image, voice, text and TCM diagnosis and treatment, and transmit information securely in real time. Furthermore, clear images and accurate data shall be delivered in ways that fulfill local requirements for telemedicine information systems, as well as demands in

5.3.2 Major equipment and networks shall be UPS-backed.

5.3.3 An international TCM telemedicine network shall remain stable and unblocked in the country or region it is located in, and enable telemedicine information to be transmitted seamlessly. If possible, a medical or third-party institution may develop a specialized network for international TCM telemedicine.

## 6. Process of international TCM telemedicine service

### 6.1 Signing of cooperation agreement

In the event that the Service is delivered directly between two medical institutions in different countries or through a third-party institution, a TCM telemedicine cooperation agreement shall be signed to define the purpose, conditions and content of cooperation, the parties' rights and obligations and how to share medical damage risks and responsibilities. Such agreement may be signed electronically.

### 6.2 Informed consent

The inviter shall organize the Service in consideration of the patient's conditions and willingness, and explain to the patient details of the Service, such as content and costs, in ways that help cause an informed consent form to be signed by the patient. In the event that it is inappropriate to disclose to the patient his conditions, a written consent shall be obtained from his guardian or close relatives.

### 6.3 Remote TCM consultation

In a remote TCM consultation held between two medical institutions in different countries via a remote information system, the invitee provides opinions on TCM diagnosis and treatment and a remote consultation report, as a way to enable the inviter to develop a diagnosis and treatment schedule.

6.3.1 Sending an invitation. In the event that the inviter is set to deliver the Service together with the invitee via a remote TCM information system, the inviter shall make an invitation to the invitee, directly or through a third-party institution. The invitation shall encompass the origin and purpose, the schedule, an abstract of the patient's record and expected majors, technical titles and qualifications of invited TCM physicians.

6.3.2 Accepting an invitation. When receiving an invitation on the Service from the inviter or a third-party institution, the invitee shall promptly decide whether to accept the invitation. To accept the invitation entails notifying the inviter and making required preparations. If the invitee decides not to accept the invitation, the invitee shall promptly notify and make an explanation to the inviter. In the event that a third-party institution is involved in the partnering, the decision shall be further made known to the operator of the third-party institution.

6.3.3 Service delivery. The invitee shall meticulously assign TCM physicians with required qualifications and technical competence, and deliver the Service in alignment with applicable laws, regulations and specifications for diagnosis and treatment, with diagnosis and treatment opinions timely made known to the inviter. This process shall end with a consultation report signed by the physicians involved. Following that, the inviter shall develop a TCM diagnosis and treatment schedule based on the patient's clinical information, comprehensive analysis of the data acquired by the two parties through looking, listening, questioning and pulse taking, as well as the invitee's diagnosis and treatment opinions.

6.3.4 Remote TCM consultation. In the event that a medical consortium is constituted by the inviter and the invitee or a third-party institution, the inviter shall collect the patient's clinical information and apply to the invitee for the Service. Then, the invitee's TCM physicians shall provide TCM diagnosis-based opinions and a consultation report based on

the patient's clinical information and comprehensive analysis of the data acquired by the two parties through looking, listening, questioning and pulse taking.

6.3.5 Archiving. The inviter and the invitee shall work together to complete medical records in accordance with their local provisions on writing and taking care of medical records. Both the inviter and the invitee shall archive originals of medical records. Documents on the Service may be sent electronically. In the event that the two parties deliver a consulting service to the patient, consulting information shall be promptly recorded.

## 7. Management requirements of international TCM telemedicine service

### 7.1 Institution management

A medical institution engaged in the Service shall fulfill the following requirements.

7.1.1 Rules and regulations for the administration of the Service shall be developed and put in place. Two medical institutions in different countries shall follow through on technical and operation specifications for TCM telemedicine issued or approved by their countries, as an approach to medical quality and safety assurance under their countries' legal frameworks.

7.1.2A medical institution engaged in the Service shall specially set up a medical quality and safety management department or assign persons to quality management and control in the Service.

7.1.3 Medical quality and safety managers shall have required expertise and work experience.

7.1.4All the parties to the Service shall do more to protect information security and patient privacy, and prevent illegal transmissions, illegal modifications and data losses. Furthermore, they shall develop data security management regulations as a means of protecting networks, operations, data and privacy.

7.1.5In the event that the Service is to be delivered together with a third-party institution, an agreement shall be signed to make clear rights, obligations and legal liabilities of all the parties involved. And, various applicable regulations, including those on financial management, shall be put in place.

## 7.2 Personnel management

7.2.1 A medical institution engaged in the Service shall develop and implement training programs for medical staff, IT workers and supporters involved in the Service, as a step to enable them to gain expertise and competence required by their posts.

7.2.2 Medical staff shall abide by their countries' laws and regulations on telemedicine and drug control while delivering the Service, and work in alignment with the service content and fulfill the obligations and responsibilities under the cooperation agreement concluded by the two parties.

## 7.3 Quality management

A medical institution engaged in the Service shall fulfill the following requirements in medical quality management.

7.3.1 A medical institution engaged in the Service shall develop a TCM telemedicine quality management system in accordance with the technical and operation specifications for TCM telemedicine issued or approved by the country it operates in. Furthermore, it shall abide by applicable technical specifications and standards, and put in place a real-name system for patients.

7.3.2 An international TCM telemedicine service management system, coupled with supporting management systems, roles of posts and service processes, shall be developed in accordance with laws and regulations of the country it operates in.

7.3.3 Medical quality managers shall cause applicable rules and regulations to be put in place, supervise daily telemedicine management, and inspect their institutions' acts in the Service.

7.3.4 IT workers shall work on daily maintenance of TCM telemedicine equipment and information systems to enable them to work normally.

7.3.5 The invitee's medical staff involved in the Service shall be competent in emergency treatment.

7.3.6 An effective doctor-patient communication mechanism shall be developed to protect patients' right to informed consent and other legitimate rights and interests.

7.3.7 The operation and control of telemedicine equipment and IT system equipment shall be standardized in strict accordance with applicable provisions and requirements.

## 7.4 Cost management

7.4.1 A financial management system shall be developed for the Service.

The inviter and the invitee or the third-party institution involved in the Service shall reach a consensus and conclude an agreement that covers:

- All costs and their breakdown;
- Modes of payment, and;
- Actions to be taken in the event that a payment fails.

7.4.3 The invitee or the third-party institution involved in the Service shall make available multiple payment options to the inviter. In the event that a certain mode of payment incurs additional costs, an explanation shall be made to the inviter before the payment.

7.4.4 When a payment is made, the invitee or the third-party institution involved in the Service shall issue a payment voucher to the inviter.

Example: On the premise of consensus, the inviter may opt to pay by telegraphic transfer, transfer, we-chat or Alipay amongst others, subject to conditions of the parties involved.

## 8. Dispute settlement

In the event that a dispute arises out of the Service between two medical institutions in different countries or a medical institution and a third-party institution, the inviter, the invitee and the third-party institution shall settle the dispute under applicable laws and regulations, and the agreements concluded by the inviter and the invitee or more parties, and be held liable accordingly.

## 9. Service assessment and improvement

9.1 A medical institution engaged in the Service shall develop a service assessment management mechanism, and regularly assess the Service.

9.2 The service assessment shall:

- Be equipped with and follow a scientific assessment scheme;
- Collect real data, and reflect how the Service proceeds, objectively, accurately and credibly, and;
- Align what is assessed to the purpose and content of learning, and be conducted efficiently.

9.3 In light of assessment objectives, an assessor shall select proper assessment indicators from the Annex, and refine, combine and weight them, so as to develop an assessment indicator system available to specific assessment activities.

9.4 A medical institution engaged in the Service shall develop improvement measures, and keep improving the Service.

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## Annex A

### (Normative Annex)

#### International TCM Telemedicine Service: Assessment Indicators

The assessment indicators of international TCM telemedicine service are shown in the table below.

Total score: 360

No.	Primary indicator	Secondary indicator	Score
1	<b>Basic conditions of medical institution (40)</b>	A medical institution engaged in the Service shall have required qualifications.	10
2		To the extent permitted by law, a medical institution or third-party institution engaged in the Service must obtain permission to deliver the Service in the country it operates in. What it does in the course of the Service must abide by laws and regulations of the country it operates in.	10
3		Either party engaged in the Service shall have TCM technicians who have registered with the party and meet the requirements for the Service.	10
4		A medical institution engaged in the Service shall maintain medical quality assurance measures, medical safety assurance measures and information-based technical support measures for the Service.	10
5	<b>Basic conditions of physicians (20)</b>	Either party's physicians involved in the Service shall have the TCM practitioner qualification.	10
6		The inviter shall assign TCM practitioners who have at least three years of experience in clinical TCM service, to the Service.	10
7	<b>Basic conditions of supporters (30)</b>	A medical institution engaged in the Service shall specially assign persons to regularly inspect, register and maintain instruments, remote equipment and facilities.	10
8		A medical institution engaged in the Service shall specially assign persons to debug and maintain telemedicine information systems.	10
9		Professionals engaged in consultation and communication shall be allocated for the Service.	10
10	<b>Basic conditions of equipment and facilities (30)</b>	An international TCM telemedicine information system shall meet requirements for image, voice, text and TCM diagnosis and treatment.	10
11		An international TCM telemedicine network shall remain stable and unblocked.	10
12		Major equipment and networks shall be UPS-backed.	10
13	<b>Telemedicine service process (90)</b>	Institutions involved in the Service shall sign a TCM telemedicine cooperation agreement.	10
14		The agreement shall be comprehensive.	10
15		A patient to be involved in the Service shall sign an informed consent form.	10
16		In the event that it is inappropriate to disclose to a patient his conditions in view of protective treatment, an informed consent shall be obtained from his guardian.	10
17		The inviter shall make a telemedicine service application, in printed or electronic form.	10

18		The invitee's TCM physicians involved in the Service shall have required qualifications and technical competence, and meet applicable requirements.	10
19		A medical institution engaged in the Service shall give a diagnosis and treatment opinion report or consultation report signed by the physicians involved.	10
20		Medical documents generated in the course of the Service shall be standardized.	10
21		A medical institution engaged in the Service shall archive and take good care of patient records related to telemedicine.	10
22	<b>Management requirements (110)</b>	A medical institution engaged in the Service shall maintain and put in place well-developed rules and regulations.	10
23		Telemedicine service staff shall work in alignment with common practices and technical and operating specifications of TCM diagnosis and treatment.	10
24		Preventive measures shall be developed to address high-risk factors that may undermine medical quality and safety.	10
25		A medical institution engaged in the Service shall maintain measures that prevent disclosures or losses of medical data and patient information.	10
26		In the event that a third-party institution is involved in the Service, responsibilities and rights shall be made clear for all the parties involved.	10
27		A medical institution engaged in the Service shall develop and implement training programs.	10
28		Parties to the Service and their medical staff shall abide by laws and regulations of the countries they operate in, and put in place applicable technical specifications and standards.	10
29		A medical institution engaged in the Service shall put in place a real-name system for patients.	10
30		Medical quality and safety managers shall regularly inspect the quality of the Service and how applicable systems work, with records kept.	10
31		An effective doctor-patient communication mechanism shall be developed to protect patients' right to informed consent.	10
32		The operation and control of telemedicine equipment and IT system equipment shall be standardized.	10
33	<b>Cost management (30)</b>	A medical institution engaged in the Service shall develop a financial management system for the Service.	10
34		The agreement concluded by the parties to the Service shall cover cost breakdown and modes of payment available.	10
35		A medical institution engaged in the Service shall issue a payment voucher when a payment is made for the Service.	10
36	<b>Dispute settlement (10)</b>	Parties to the Service shall agree on how to settle disputes in accordance with laws of the countries they operate in.	10