

Reform Path of Higher Medical Education Management System Based on Comparative Analysis of Chinese and Foreign Systems

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Abstract: Talent resources are the first resource of the country, and the key to the development of health care depends on talents. In the early days of the founding of the People's Republic of China, medical education trained a large number of medical and health service personnel to meet the needs of our people who lacked medical and health services. As an important foothold of medical education reform, the management system of higher medical education is an important link to meet the needs of the reform and development of medical and health system and improve people's life and health. With the changes of the times and the development of economy, higher medical education undertakes a new historical mission in the new period and new situation. After the reform and opening up, China's health service has developed rapidly. Various health institutions at all levels have been established and improved. The staffing has been strengthened, and the total amount and structure of health manpower have undergone fundamental changes. Based on the comparison of foreign and domestic medical education management system, this paper analyzes and discusses the trend of higher medical education management system reform in China.

1. Introduction

The school education system is the main body of the education system, referred to as the school system. The school education system is a system of interconnected various types of macro-education structures established by the state in accordance with the laws of education and the country's educational policies and policies in order to ensure the realization of educational goals from the organizational system [1]. Since the founding of New China, in order to adapt to social development in different historical periods and meet the needs of the masses of people in medical and health services, my country's higher medical education system has been in the process of continuous reform [2]. In the early days of the founding of the People's Republic of my country, medical education trained a large number of medical and health service personnel for my country to meet the needs of our people who lacked medical and health services. Looking at the current internationalization of medical education and the reform process that pays more attention to the coordinated development of structure, quality, and benefits, there is a large gap between higher medical education in my country and developed countries [3]. The school education system refers to a school system at all levels and types in a country that specifies the nature, tasks, admission conditions, length of schooling, and the relationship between schools. The school education system is the most important part of the entire education system, and it stipulates the nature, tasks, admission conditions, years of study, and the vertical and horizontal connections between schools at all levels and types [4].

With the increasing reform and opening up in my country and the continuous transformation of the market economy system, the reform of the health service model and system has brought new challenges to the traditional higher medical education model [5]. One characteristic of the medical education management system in some foreign countries is that non-governmental behavior is used to achieve the macro management of medical education. Representative countries include the United States, Britain, Germany and Australia [6]. With the adjustment of the structure and layout of higher education and the formation of pluralistic system, the management system and school-running mode of higher medical education are undergoing tremendous changes [7]. The reform of higher medical education has been a topic of constant discussion since the establishment of higher

medical education system. However, with the changes of the times and the development of economy, higher medical education bears a new historical mission in the new period and new situation [8]. The education systems of different countries are closely related to their national systems and traditional cultures, and some countries even accept the influence of other countries or former colonial countries [9]. On the basis of comparing foreign and domestic medical education management systems, this paper analyzes and discusses the trend of China's higher medical education management system reform from a macro perspective.

2. Analysis on the Management System of Higher Medical Education At Home and Abroad

2.1 Management System of Higher Medical Education in China

With the improvement of people's living standards and the obvious trend of internationalization of medical education, China's current higher medical education system is facing new contradictions. It should be fully realized that it is an inevitable requirement for the development of socialist market economy to further expand the autonomy of running schools in colleges and universities, which is conducive to making schools truly become self-developing and self-disciplined legal entities that actively adapt to the needs of economic and social development. With the development of globalization, trade liberalization and investment facilitation not only promote China's economic and social development, but also make disease control a new topic, which greatly increases the possibility of cross-border infectious disease transmission.

Although the regional imbalance of economic development and the huge disparity in treatment of medical institutions at different levels are the main reasons for the regional imbalance in the distribution of medical talents and their concentration in high-grade medical institutions, China is not a country with a single medical education system, and the chaotic personnel training specifications caused by the implementation of various medical education systems in China have led to a serious imbalance in the management of medical talents. As a government that reflects the overall interests of society, it is necessary to strengthen its macro-control. For our country, with the deepening of economic and political system reform, the improvement of government macro-control means and school self-restraint mechanism, the school's autonomy in running schools, such as enrollment, specialty setting, employment system and many other aspects, will continue to expand [10]. Globalization of medical information and technology. Information technology and network make medical information communicate more widely, which not only makes medical technology develop rapidly, but also makes medical resources and modern medical means and methods share gradually.

2.2 Management System of Foreign Higher Medical Education

The United States, Britain, Germany and other countries have not yet had an official organization to implement comprehensive management of higher medical education nationwide. The state mainly affects the development of medical education through the certification of medical schools, education grants, and scientific research funding. It is said that each medical school has greater autonomy. As an autonomous operating system, British universities have a high degree of autonomy in the organization and implementation of school management and operation. The school board is the highest authority of British universities, and the school council is the highest management body of British universities. Each institution within the school elects its members, and the school board elects the president. The management of medical education in the United States is managed by non-governmental third-party institutions. The government does not directly manage higher medical schools. The highest leading institution of higher medical schools is the board of directors, which is responsible for appointing deans, raising funds and supervising the various schools. Work. The evaluation of medical schools and educational levels in the United States is mainly carried out through the unofficial medical education liaison committee. The National Medical Examination Committee has a monitoring function on the quality of education of medical schools [11]. In addition to the medical school within the comprehensive university, there are a

number of independent medical universities in the United States, with a board of directors and a council within the school, which are responsible for various matters of medical education. The German federal ministries have adopted legislation and set up special university construction funds to achieve macro-control, and have no authority over universities. The state governments are responsible for the administration of universities. The Ministry of Science and Education of the government is responsible for teaching and scientific research in medical schools, and the Ministry of Health of the state government is responsible for the medical work of hospitals affiliated to the medical school.

3. Thinking Path of Reform of Domestic Higher Medical Education Management System

Although the management of college teachers in China has broken the original tenure system, the phenomenon of overstaffing is still obvious due to the limitation of the system. In some colleges and universities, power is above knowledge, and teachers excessively pursue power and neglect the importance of scientific research and teaching. There are differences in the management of education funds between public medical colleges and private medical colleges. In public colleges, the government's education funding is the most important source of education funds, and the government controls the enrollment scale of schools through the allocation of education funds [12]. However, there is almost no government funding for education in private colleges, which mainly comes from tuition fees, social donations, scientific research funds and so on. Through comparative analysis, it can be seen that government investment is the main source of medical education funds, and the amount of government investment is directly related to the scale and quality of medical education. Meanwhile, the injection of social capital is also actively advocated by educational investment in various countries in recent years.

Studying the educational model is helpful to deal with various educational relationships and optimize the structure of educational activities. The directionality and uniqueness of educational model are determined by certain educational theories or thoughts. Figure 1 shows the network structure system of vocational education management of higher medical talents.



Figure 1 Talent Vocational Education Management Network Structure System

With the development of the teaching mode of taking students as the main body, opening laboratories and setting up design experiments, which is intended to cultivate students' creative ability, there is an urgent need for experimental teachers with profound theoretical foundation, rich teaching experience and skillful experimental skills. Laboratory is the base of teachers' teaching and scientific research, and the place of students' study. The environmental construction of laboratory should fully embody the concept of "people-oriented". Reasonable functional layout is the foundation of laboratory environment construction. Laboratories should make overall plans and divide into experimental preparation areas, experimental teaching areas and teachers' work areas. In the experimental preparation area, water, exhaust, air exhaust, dehumidification and other

equipment should be installed according to the different requirements of instrument room and medicine room.

The reform of teaching content of medical education is mainly reflected in strengthening the education of humanities and social sciences, social medicine and preventive medicine. It is an urgent problem to build a team of experimental teaching teachers with new teaching concepts, high professional level and innovative thinking. Therefore, it is necessary to strengthen the construction of experimental teaching teachers. The rapid development of medicine and related sciences, technical sciences and humanities and social sciences requires the metabolism of medical knowledge, while the fundamental changes of personnel training mode and health service mode, the combination of prevention, medical treatment and health care and the unified trend of basic medicine, clinical medicine, preventive medicine and rehabilitation medicine pose new challenges to medical education.

4. Conclusion

From the domestic situation, with the growth of social economy and the progress of science and technology, the people's living conditions have greatly improved, and their requirements for the types and quality of health care services have been constantly updated and improved. Medical colleges, especially local medical colleges, provide local health human resources and health services, so their curriculum and specialty settings should be consistent with local health service needs. Management system is the key factor affecting personnel training. The ideal of higher medical education management is to achieve the training goal through the coordination and connection of management system and the training process. By analyzing the development status of the system and operation mechanism of higher medical education at home and abroad, this paper explores the shortcomings of the management system and operation mechanism of higher medical education in China, and puts forward some policy suggestions to improve the management and operation mechanism of higher medical education in China. According to the basic national conditions of the development of health resources and health service demand in China, the health manpower policy that doctors graduated from different educational systems serve different groups and the coexistence of multiple medical degrees should not continue for a long time. The reform of teaching content of medical education is reflected in strengthening the education of humanities and social sciences, social medicine and preventive medicine.

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