

Dilemmatics of the Program for Equating Specialist Doctors with the Readiness of Educational Hospitals through Reconstruction of Regulations on the Role of Private Hospitals



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ABSTRACT: This study analyzes and describes the efforts of private hospitals in the program of organizing specialist doctor education from universities to hospital-based to run well. The type of research that the author uses is empirical normative legal research (Socio-Legal), where normative law refers to legal norms, laws and regulations, while empirical law here refers to the situation in the field of how the readiness of private hospitals will be involved in hospital-based specialist education. The result of this study is that the distribution of medical personnel, especially specialist doctors, is still a big challenge. Although the development of medical technology in Indonesia is quite rapid, the distribution of human resources capable of utilizing it has not been evenly distributed. Based on data from various sources, the number of specialist doctors is still far from the standard set by WHO, with a ratio of 0.65 doctors per 1,000 population in 2023, far below the WHO standard of 1:1,000. This imbalance is particularly evident in 3T (underdeveloped, frontier, and outermost) areas such as NTB and Toli-Toli, where the shortage of specialists is particularly pronounced. Programs such as Nusantara Sehat and new government initiatives for hospital-based specialist education are expected to help address this issue, but their implementation and success still need to be evaluated. The success of these programs is critical to achieving equity in health care and to improving the overall health status of Indonesians.

KEYWORDS: specialist doctors, reconstruction, regulation, private hospitals.

INTRODUCTION

Indonesia is a state of law. Law is the cornerstone in the life of the nation and state. The Indonesian nation has a purpose of life stated in the Preamble of the 1945 Constitution, namely to protect the entire Indonesian nation and the entire Indonesian blood spill and to promote general welfare, educate the nation's life, and participate in carrying out world order based on independence, eternal peace and social justice, then health development is directed at increasing awareness, willingness, and ability to live healthy for everyone so that an increase in the highest degree of public health can be realized.

Article 31 Paragraph 1 of the 1945 Constitution states that every citizen has the right to receive teaching.¹ According to Ki Hajar Dewantara, education is the process of guiding all the forces of nature that exist in students, so that they as humans and as members of society can achieve the highest safety and happiness.² We cannot forget education, because education is one of the efforts to create quality human resources so that it can create an advanced and integrated Indonesian state.

Based on Presidential Regulation No. 72 of 2012 concerning the National Health System is a guideline for all parties organizing health development in Indonesia. SKN is a health management organized by all components of the Indonesian nation in an integrated and mutually supportive manner in order to achieve a high degree of health. In realizing the health status of the country must change the behavior patterns and thinking of its people so that they want to do formal education. Because with formal education that is pursued to the university level, it can improve the quality of resources in a country.

Health is an absolute right that cannot be interfered with by others. The rights that are the topic of debate have actually been regulated in several instruments on human rights, both at the international and national levels.³ All people living in a country are entitled to adequate health services, as stated in Article 28H that every citizen has the right to obtain health services and the state is

¹ Undang-Undang Dasar 1945

² Hasbulah, 2012, Dasar-Dasar Ilmu Pendidikan, Jakarta: Raja Grafindo Persada, hlm. 2.

³ Salma Agustina & Handar S.B, 2023, Perspektif Hak Asasi Manusia dan Landasan Yuridis Terkait Praktik Abostus Provocatus di Indonesia, Indonesian Journal of Criminal Law and Criminology (IJCLC) Volume 4, Issue 3, hlm. 129-135.

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obliged to provide them. Therefore, both the central government and local governments do various kinds to improve the degree of public health without discrimination, get protection, and sustainable.

The success of health development is largely determined by sustainable implementation, between program and sector efforts. One of the implementation of health development can be realized through the provision of health services, which includes the education of medical/medical personnel. Law No. 17 of 2023 Article 1 Paragraph 6 states that medical personnel are everyone who devotes themselves to the field of health and has a professional attitude, knowledge, and skills through professional education in medicine or dentistry which requires authority to carry out health efforts.

The development of technology in the field of medicine in Indonesia is currently increasingly rapid not inferior to other countries, there is an unfortunate thing that technology is developing but human resources who can use this technology have not been evenly distributed. The distribution of doctors in Indonesia, especially specialist doctors, has not been evenly distributed. If it is said that the number is not too small, because based on data from the Central Statistics Agency (BPS) states that in 2023 it will reach 183,694 this number is a combination of general practitioners, dentists, specialist doctors, and also specialist dentists.⁴ As of June 2023, the Ministry of Health (MOH) noted that there were 30,347 specialist doctors in hospitals nationwide.⁵

The World Health Organization (WHO) states that in 2019, Indonesia only had 0.47 doctors per 1,000 population. In 2022, the ratio improved, at 0.63 doctors per 1,000 population. In 2023, when compared to Indonesia's population of 280.73 million, Indonesia only has 0.65 doctors per 1,000 population. In fact, WHO sets a standard of 1 doctor per 1,000 population. This means that despite the increase, Indonesia still lacks doctors. As we know that these specialist doctors work more in the capital or provinces that have adequate access and transformation of equipment so that in the 3T areas (underdeveloped, frontier, and outermost) there is a shortage of specialist doctors.

As an example in one of the 3T areas, which was said by the head of the NTB Health Office, Dr. Lalu Hamzi Fikri that in NTB only 60 percent of specialist doctors in all hospitals in NTB were fulfilled. When viewed from the ideal ratio of specialist doctors 1: 1000 population, the current availability of specialist doctors based on the ratio of one doctor serving 19,285 residents, which can be interpreted that the shortage of specialist doctor availability is 40 times.⁶ Not only in NTB, the Toli-Toli area of Central Sulawesi Province is also experiencing a shortage of doctors and dentists. The shortage of health workers is almost entirely experienced by regions in the country, in the Toli-Toli area only relying on the placement of health workers from the Ministry of Health, including the Nusantara Sehat program to PTT.⁷

The lack of medical personnel in the 3T areas means that patients need to queue and travel long distances to central hospitals in cities or provinces to get adequate health services. If people take this at face value, then the uneven distribution of specialist doctors in Indonesia can be said to be unfair. Because justice is an element of the existence of legal objectives.⁸ Not a few patients who need fast treatment cannot be helped because there are no competent specialists in their area. Therefore, doctors must strive to maintain human life.⁹ To overcome the problem of the lack of medical personnel, it is not only done by increasing the quota of students in universities but also by increasing educational facilities such as hospitals.¹⁰

In an effort to equalize specialist doctors in the regions, the new specialist doctor education inaugurated by President Joko Widodo and Minister of Health Budi Gunadi Sadikin is hospital-based specialist doctor education. Specialist doctor education has been around for a long time, but so far it has been based on universities and based on analysis and ratio results it is found that doctors who have completed the specialist doctor study program settle and work in cities so that hard-to-reach areas have only a small number of specialists. With the existence of hospital-based specialist education, it is hoped that after completing education, the ministry of health can place in areas experiencing a shortage of doctors.¹¹

⁴ Agnes Z. Yonatan. Jumlah Dokter Indonesia Capai 183 Ribu di 2023. <https://data.goodstats.id/statistic/jumlah-dokter-indonesia-capai-183-ribu-di-2023-UOHiU>, diakses 7 Juli 2024

⁵ Ridhwan Mustajab. Indonesia Miliki 30.347 Dokter Spesialis per 27 Juni 2023.

<https://dataindonesia.id/kesehatan/detail/indonesia-miliki-30347-dokter-spesialis-per-27-juni-2023>

⁶ Antara, 2023, Rumah Sakit di NTB Masih Banyak Kekurangan Dokter Spesialis, <https://www.antaraneews.com/berita/3370395/rumah-sakit-di-ntb-masih-banyak-kekurangan-dokter-spesialis>, diakses pada 11 Juni 2024

⁷ Setiadi, 2023, Tolitoli Masih Kekurangan Dokter Spesialis dan Tenaga Kesehatan, <https://www.rri.co.id/daerah/436784/tolitoli-masih-kekurangan-dokter-spesialis-dan-tenaga-kesehatan>, diakses pada 11 Juni 2024

⁸ Handoyo Prasetyo & Satino, 2022, Teori Tanggung Jawab Berjenjang Dalam Tindak Pidana Korporasi di Indonesia, Jakarta : Unit Penerbit UPN Veteran Jakarta

⁹ Putri Azzuri & Handoyo Prasetyo. 2021. "Tindakan Euthanasia Pasif Oleh Dokter Terhadap Pasien di Indonesia". *Justitia : Jurnal Ilmu Hukum dan Humaniora*, Vol. 8. No. 4.

¹⁰ https://berkas.dpr.go.id/pusaka/files/info_singkat/Info%20Singkat-XV-7-I-P3DI-April-2023-1957.pdf

¹¹ Enina Wika Vetricha Wulandari, Handoyo Prasetyo, dan Handar Subhandi Bakhtiar, "Hospital Legal Liability In Medical Dispute Resolution (Case Study Of South Jakarta District Court Decision Number 484/PDT. G/2013/PN. JKT. Sel)", *International Journal Of Humanities Education and Social Sciences*, Vol. 3 No. 3 (2023).

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Thus the Indonesian state can improve the health status of its people, because patients do not need to go far and queue for a long time to get adequate health services. With the distribution of specialist doctors, it is hoped that Indonesia can minimize the morbidity and mortality rates of the Indonesian people.¹²

Based on the above background, the formulation of the problem in this study is how the efforts of private hospitals in the program of organizing specialist doctor education from universities to hospital-based so that it can run well?

RESEARCH METHODS

Based on the title and formulation of the problem taken by the author, this type of research is an empirical normative legal research (Socio-Legal) which is based on normative law: will examine the laws and regulations related to the implementation of hospital-based specialist doctors, and for empirical law: will examine based on the situation in the field how the readiness of private hospitals that will be involved in hospital-based specialist education.

In normative legal research, there will be a lot of secondary data relating to primary legal materials, secondary law, and tertiary legal materials. Peter Mahmud Marzuki states that there are several approaches in legal research, including the statute approach, case approach, historical approach, comparative approach, and conceptual approach.¹³

So in this study the authors take an approach to answer the formulation of existing problems through a statutory approach, conceptual approach, case approach, and also conduct interviews with private hospitals that will be involved in hospital-based specialist education in the future.

DISCUSSION

PRIVATE HOSPITALS' EFFORTS IN ORGANIZING HOSPITAL-BASED SPECIALIST EDUCATION

The implementation of medical education, including specialist doctor education, is one of the parts regulated in the Health Law. Referring to the provisions of Article 187 of Law No. 17 of 2023 concerning Health, it states that hospitals can be designated as teaching hospitals that have a function as a place for education, research, and integrated health services in the field of education for medical and health workers and multiprofessional continuing education.

The substance of Article 187 in the Health Law then opens space for changes in the mechanism of specialist doctor education from education carried out in universities to be carried out by hospitals. In a legal perspective, the provisions of Article 187 of the Health Law are then the legal basis for the implementation of specialist medical education to be carried out in hospitals.

In practice, the education of specialist doctors before the enactment of the Health Law, which is also often referred to as the Omnibus Law in the Health sector, was actually held in universities which were regulated through Law number 20 of 2013 concerning Medical Education. However, after the birth of the Health Law, efforts to change the pattern of specialist doctor education which was initially based on universities then turned into hospital-based. This context became more visible when the President and Minister of Health set the new policy in May 2024.

As mentioned by the author, specialist doctor education was initially based or organized by medical faculties in a university that has a specialist doctor study program. Furthermore, the specialist doctor education program (PPDS) organized by a university collaborates with several work units, such as hospitals, medical education vehicles to coordinate with professional organizations.¹⁴

There are several important things to be observed in the implementation of medical education when referring to the Medical Practice Act, namely:

- (1) There are two ministries that have responsibility for the implementation of medical education including specialist doctors, namely the Ministry of Education and the Ministry of Health.
- (2) The implementation of medical education carried out at the Faculty of Medicine and/or the Faculty of Dentistry must meet certain requirements, namely:¹⁵
 - a) have lecturers and education personnel in accordance with the provisions of laws and regulations;
 - b) have a building for the implementation of education;
 - c) have biomedical laboratories, clinical medicine laboratories, health bioethics/humanities laboratories, and community medicine and public health laboratories; and
 - d) have a Teaching Hospital or have a hospital that cooperates with the Teaching Hospital and Medical Education Vehicle.

¹² Ghea Tyagita Cahyasabrina, et al, "Pengambilan Keputusan Euthanasia Pasif dalam Kehidupan Akhir Pasien: Tinjauan Hak Asasi Manusia", *Jurnal Panorama Hukum*, Vol. 8 No. 2 (2023): 190-205.

¹³ Peter Mahmud Marzuki, 2012, *Penelitian Hukum*, Cetaka-9, Jakarta: Prenadamedia Group, hlm. 133.

¹⁴ Lihat Pasal 5 ayat (2) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

¹⁵ Pasal 6 ayat (3) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

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- (3) Medical Education that is carried out at the Faculty of Medicine of a university includes academic education (Bachelor of Medicine program and Bachelor of Dentistry program, master's program, doctoral program) as well as professional education that is inseparable from the undergraduate program as well as primary service doctor, specialist-subspecialist doctor, and specialist-subspecialist dentist programs.¹⁶
- (4) Primary care doctor, specialist-subspecialist doctor, and specialist-subspecialist dentist programs can only be held by the Faculty of Medicine and Faculty of Dentistry that have the highest category accreditation for medical study programs and dental study programs.¹⁷
- (5) The Faculty of Medicine and the Faculty of Dentistry in organizing primary care doctor, specialist-subspecialist doctor, and specialist-subspecialist dentist programs shall coordinate with Professional Organizations.¹⁸
- (6) The Faculty of Medicine and the Faculty of Dentistry on behalf of universities in realizing the objectives of Medical Education cooperate with Teaching Hospitals, Medical Education Vehicles, and/or other institutions, and coordinate with Professional Organizations.¹⁹

Some of the points mentioned above indicate the existence of procedures for organizing medical education that must be fulfilled in practice at a Faculty of Medicine under a university. Although the Faculty of Medicine in a university has full control over medical education students including specialist doctors, this position is not entirely absolute. This is due to the involvement and relationship with other elements, such as related technical ministries, health facilities, and health professional organizations.

Referring to the substance of the Medical Education Law, the position of the hospital as one of the health facilities after the completion of medical education is also specifically regulated in this regulation. This special arrangement for hospitals shows that hospitals are an important part of implementing medical practice directly because in fact, specifically for specialist medical education, practice in hospitals will be carried out more than receiving theory like medical education in undergraduate level.²⁰

However, looking at the overall substance of the Medical Practice Law still places the Faculty of Medicine as the main space in undergoing medical education to specialist doctors. This is certainly not a problem when the step becomes legal politics in the health sector that is agreed upon and accepted by all parties.

The legal politics of medical education, especially education for specialist doctors in practice does not show harmony with the purpose of the establishment of the Medical Practice Act. One of the objectives of medical education, namely meeting the needs of doctors and dentists in all regions of the Unitary State of the Republic of Indonesia in an equitable manner, in reality has not been fully fulfilled as described by the author in the background section. This fact shows the existence of problems in the implementation of medical education, especially specialist doctors in Indonesia.

The issue of specialist doctors in Indonesia is basically not limited to the 'downstream', namely the non-distribution of specialist doctors, but also needs to refer to the 'upstream', where there are problems in the implementation of specialist doctor education that uses university-based. At least there are various problems in the model of organizing specialist education that uses university-based. Some of these problems include:

First, the position of prospective specialist doctors who are temporarily taking specialist medical education becomes ambiguous or unclear. Observing the Law on Medical Education stipulates that medical education is part of higher education or university-based (university based), then specialist medical education is part of medical education, so that specialist doctor education participants (residents) have legal status as students. This is increasingly complex with the position of the residents carrying out the practice of science or theory more in a teaching hospital in collaboration with a study program that organizes specialist medical education.

The position of PPDS is under the university institution but also has responsibility to the hospital, so PPDS in Indonesia adheres to a university-based system (University-Based) which emphasizes the context of students, rather than hospital workers. Although university-based, in practice the residents also spend more time in the hospital. Such conditions make the legal status of residents unclear between students and workers, which has various consequences in the operation of teaching hospital services.

Thus, the relationship between the teaching hospital and the medical faculty in the implementation of PPDS concludes that the status of PPDS in Indonesia still cannot be identified, whether as a student or professional worker because de-jure, PPDS is a student of a medical faculty but, de facto, it can be said to be a health worker who is incorporated in the SMF (Functional Medical Unit) in a Teaching Hospital and is active in health services.²¹

¹⁶ Pasal 7 ayat (5) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

¹⁷ Pasal 8 ayat (1) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

¹⁸ Pasal 8 ayat (4) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

¹⁹ Pasal 11 ayat (1) UU 20 Tahun 2013 tentang Pendidikan Kedokteran

²⁰ Handar Subhandi Bakhtiar, "The Evolution of Scientific Evidence Theory in Criminal Law: A Transformative Insight", *Media Luris*, Vol. 7 No. 2 (2024). DOI: 10.20473/mi.v7i2.51095

²¹ Fernandes F, *Pendidikan Dokter Spesialis dan Remunerasi Residen dalam Konteks Hubungan Rumah Sakit Pendidikan dengan Fakultas Kedokteran*, dikutip dalam Okky Octaviany dan Bachrul Amiq, *Analisis Hubungan Hukum Antara Peserta*

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Residents in the Indonesian medical education system are in reality defined as students, not professionals or workers. Thus, the definition of student or student means that the resident is not part of the HRH in the hospital. This is because the Medical Education Law does not contain a complete definition of the rights and obligations of residents. In fact, on the other hand, the Medical Education Law explains that residents are also involved in health services, even placed in various hospitals in accordance with applicable laws and regulations.²²

Residents are considered as students who have to pay tuition fees only, despite the fact that they work to serve patients in hospitals. In fact, when a resident has also provided services in a teaching hospital, it should actually be balanced with an individual contract for the resident in accordance with his competence and concerning professionalism because he has provided his services (even though he acts as a student). This contract is given together with the credentialing process and is given a clinical appointment. Human beings who have worked must have obligations and rights. There should be no exploitation by humans to other humans.²³

Second, the high cost of specialist doctor tuition at universities is not balanced with the position of residents who have provided services at teaching hospitals where they practice and are not given incentives. This condition is a continuation of the first problem where on the one hand the residents provide health services to patients and are not given incentives, while on the other hand the residents are still considered students, where when they are seated as students, they have the responsibility to pay a single tuition fee (UKT).

The process of becoming a specialist or subspecialist doctor goes through various long phases, not only requiring physical and psychological endurance, but also requiring sufficient financial supplies. PPDS is part of the health human resources recruitment cycle in Indonesia and in the world. To become a doctor in Indonesia, academic education/lectures are required for 7-8 semesters (graduates are given the title S.Ked), coupled with professional education/internship for 3-4 semesters. After that, these prospective doctors must take a national competency test (UKDI or now called UKM-PPD). After obtaining a doctor's degree and having the right to do work/profession as a doctor after passing the competency test and taking a doctor's oath.

The long process then requires these new doctors to undergo a mandatory one-year 'work training' program called an 'internship' program in various regional hospitals and at Puskesmas, before they can work as general practitioners or continue to the next level of education. In developing their medical professional career, these new doctors can work as general practitioners (temporarily or permanently) or continue their education to become specialists through the Specialist Doctor Education Program I program whose students are referred to as PPDS students (PPDS II is a Sub-specialist or Specialist-Consultant (K) doctor education program.

According to Zainal Muttaqin, who is a neurosurgeon as well as a Professor of the Faculty of Medicine, Diponegoro University, after a prospective specialist doctor is accepted as a PPDS student, students are required to pay tuition fees according to the UKT (single tuition fee) set by each university, which currently ranges from 10-30 million per semester, for 7-11 semesters depending on the field of science. Because it is a professional education, in its implementation less than 30% is academic education / enrichment of knowledge / lectures, while the remaining 70% is an internship / practice of treating and treating patients in the main teaching hospitals and network hospitals / affiliated hospitals under the supervision / supervision of specialist doctors who are referred to as doctors in charge of patients or DPJP.²⁴

Although the status of these PPDS students remains as students who are obliged to pay tuition fees / UKT, at the same time they are 'free' workers who are not paid to carry out the task of treating and evaluating patient progress for 24 hours a day and 7 days a week, as an extension of and under the supervision of specialists / DPJP.²⁵

Third, Study Programs that can organize specialist medical education are limited to Study Programs at the Faculty of Medicine that have the highest accreditation. This restriction actually refers to the provisions of Article 8 paragraph (1) of Law 20 of 2013 concerning Medical Education. In this context, not all Faculties of Medicine spread across Indonesia are able to run PPDS.

In general, the distribution of the number of Faculties of Medicine in Indonesia has been spread across all provinces, although the number is still dominated by urban areas, especially on the island of Java. Based on the submission of the Directorate General of Higher Education that the final data for the Faculty of Medicine in Indonesia currently stands around 115 Faculty of Medicine.

Program Pendidikan Dokter Spesialis (PPDS) Dengan Rumah Sakit Pendidikan Dalam Hukum Ketenagakerjaan, *Novum: Jurnal Hukum*, In Pres SPK 19, 2023, hlm. 82

²² Shinta Susanti, Handar Subhandi Bakhtiar, dan Handoyo Prasetyo, "Protection of Genetic Data in Health Services Based on Genomics Technology in Indonesia", *Asian Journal of Healthy and Science*, Vol. 2 No. 11 (2023): 860-870.

²³ Tri Aktariyani Et.all, Perlindungan Hukum Residen Dalam Penanganan Pasien Covid-19 Di Indonesia, *Jurnal Kebijakan Kesehatan Indonesia* : JKKI, Vol. 09, No. 04 Desember 2020, hlm. 229

²⁴ Zainal Muttaqin, *Pendidikan Dokter Spesialis di Indonesia, "Perbudakan" Atas Nama Pendidikan* <https://kumparan.com/zainalmuttaqin/pendidikan-dokter-spesialis-di-indonesia-perbudakan-atas-nama-pendidikan-luIL1oTm51f>

²⁵ *Ibid.*

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After the moratorium on the establishment of the Faculty of Medicine was opened, until February 2024 there were an additional 23 new Faculties of Medicine.²⁶

The total number of Faculties of Medicine in Indonesia in the existing provisions are not entitled to carry out specialist education. This is because not all of the medical faculties have obtained the highest accreditation, namely A or what is currently known as Superior.

Accreditation is actually an important thing for universities, both public, private, and official because the accreditation process carried out by the National Accreditation Board for Higher Education (BAN-PT) in Indonesia has a strategic role in ensuring the quality of education and institutional prestige as well as determining quality standards and assessing a university by independent parties outside the university.

The existence of accreditation is determined to be an illustration of the quality of education carried out, including for the Faculty of Medicine. On the issue of specialist doctors, at least until 2020 there will be thirty (30) Universities that have obtained the highest accreditation that can carry out specialist medical education.²⁷ This number is actually unbalanced, because on the one hand Indonesia really needs additional specialist doctors, but on the other hand the number of medical faculties that can carry out specialist education is limited.

Fourth, the lack of graduates as a result of limited admission quotas in each education center. This is related to the rules of the ratio between students and teaching staff (lecturers). This kind of restriction certainly also refers to the provisions of existing regulations, where the Medical Practice Act states that the acceptance of prospective doctor students must be in accordance with the number of national quotas set by the Minister of Education and the Minister of Health.²⁸

Although the Medical Education Law provides room for the addition of quotas for student admissions of specialist doctor candidates in accordance with the assignment of the Minister of Education and the Minister of Health based on increased health service needs, this must also be adjusted to the requirements of meeting capacity and carrying capacity.

These requirements are of course none other than the number of teaching staff and supporting infrastructure for specialist medical education. The mismatch between the number of teaching staff and the number of students who will be accepted as specialist doctor students is one of the reasons for the emergence of the number of specialist doctors, the percentage has never balanced in accordance with the ratio set by WHO. This last issue intersects with government policy and the will of the university to be willing or not to adjust the number of specialist student quotas so that it will be coherent with the number of specialist doctor graduates produced at the university.

The various things mentioned above indicate the existence of problems in the model of organizing specialist education that uses university-based. These problems are not in line with the need for specialist doctors, which is even sought to accelerate the increase in numbers. Furthermore, these problems are only limited to problems experienced within universities.

Another issue related to the number of specialist doctors is the need for specialist doctors that cannot be matched by the number of overall graduates from universities in numbers and then decreases in certain conditions needed such as during the Covid-19 Pandemic. Since the Pandemic was established in 2020, at least until March 8, 2023 based on data from the Indonesian Doctors Association (IDI) Mitigation Team, 756 doctors have died due to Covid-19 exposure.²⁹

The number of doctors who died during the Covid-19 Pandemic also includes specialist doctors and resident doctors who are temporarily undergoing specialist medical education. In fact, a year after the Covid-19 Pandemic broke out in Indonesia, data

²⁶ Dengan pertambahan jumlah Fakultas Kedokteran maka jumlah Fakultas Kedokteran di Indonesia sudah berjumlah 115 Fakultas yang menyelenggarakan pendidikan S1 Dokter. Bahkan, Fakultas Kedokteran baru yang berdiri ini, telah menerima mahasiswa baru sejak 2023 lalu. Lihat Arif Ilham Fajriandi, *Prabowo Keliru Sebut Jumlah Fakultas Kedokteran 92, Kemendikbudristek: Total Sudah 115*,

<https://tekno.tempo.co/read/1829943/prabowo-keliru-sebut-jumlah-fakultas-kedokteran-92-kemendikbudristek-total-sudah-115>

²⁷ Beberapa Fakultas Kedokteran yang memperoleh akreditasi tertinggi berdasarkan data PD Dikti hingga tahun 2020 ialah Fakultas Kedokteran di Universitas Airlangga, Universitas Andalas, Universitas Brawijaya, Universitas Diponegoro, Universitas Gadjah Mada, Universitas Hasanuddin, Universitas Indonesia, Universitas Islam Indonesia, Universitas Jember, Universitas Jenderal Soedirman, Universitas Katolik Atmajaya, Universitas Mataram, Universitas Muhammadiyah Yogyakarta, Universitas Muslim Indonesia, Universitas Sebelas Maret, Universitas Padjadjaran, Universitas Pelita Harapan, Universitas Riau, Universitas Sam Ratulangi, Universitas Sriwijaya, Universitas Sumatera Utara, Universitas Syiah Kuala, Universitas Tarumanagara, Universitas Udayana, Universitas YARSI, Universitas Islam Sultan Agung, Universitas Kristen Maranatha, Universitas Mulawarman, Universitas Islam Bandung, serta Universitas Muhammadiyah Sumatera Utara. Lihat, https://kki.go.id/uploads/media/1683530543_5a3f146cc7679ef67dc4.pdf

²⁸ Pasal 9 dan Pasal 10 UU Pendidikan kedokteran

²⁹ CNN Indonesia, *3 Tahun Covid-19, 2.172 dokter meninggal* <https://www.cnnindonesia.com/gaya-hidup/20230313072515-255-924119/3-tahun-covid-19-2172-dokter-meninggal-dunia>

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from IDI shows that as of January 2021 there have been 101 specialist doctors who have died, of which nine (9) of them are specialist doctors who have also become professors.³⁰

The number of specialist doctors and resident doctors who died was due to various reasons, apart from of course at the beginning of the pandemic they had not received adequate vaccinations, it was also due to the high mobility of these specialist doctors, one of the fields that continued to provide services was obstetricians and gynecologists or also known as obgyn doctors or obstetricians.³¹ Especially for residents, they are also very vulnerable and have a high number of exposure because these residents, even though they are students, are practicing in hospitals and are then actively assisted in a covid-19 pandemic emergency situation with insufficient rest time due to handling the large number of patients exposed to Covid-19.

The discussion that occurred in the education of specialist doctors carried out in universities to the factual events that occurred in the Covid-19 pandemic made the problem of the lack of specialist doctors in Indonesia even more complex, giving birth to the legal politics of changing the specialist doctor education model to hospital-based as stated in the latest Health Law.

In essence, the interaction between a policy taken by the government cannot be separated from legal considerations. In this case, both politics and law always interact and crystallize one another. Therefore, according to Bagir Manan, there is no country without legal politics.³² The legal politics in question is the current politics of health law in Indonesia.

Moh. Mahfud MD argues that legal politics is a "legal policy" or official policy line regarding laws that will be enforced either by new legal acts or by replacing old laws, in order to achieve state goals. So that legal politics is a choice about the laws that will be enforced as well as choices about laws that will be revoked or not enforced, all of which are intended to achieve state goals as stated in the preamble of the 1945 Constitution of the Republic of Indonesia.³³

Padmo Wahyono argues that legal politics is a policy of state administrators that is fundamental in determining the direction, form and content of the law to be formed and about what is used as a criterion for punishing something.³⁴ Legal politics includes: First, legal development which implies the creation and updating of legal materials to suit the needs. Second, the implementation of existing legal provisions including the affirmation of institutional functions and the development of law enforcers.³⁵

Political law has an important role in the process of forming laws and regulations. This is due to two things, namely:³⁶ First, as a reason why it is necessary to formulate a law and regulation. Second, to determine what is to be translated into legal sentences and formulated into articles. These two things are important because the existence of laws and regulations and the formulation of articles is a bridge between the politics of law in the implementation stage of laws and regulations. This is because between the implementation of laws and regulations, there must be consistency and a close correlation with what is determined as politics.³⁷

In this context, the legal politics referred to by the author is the legal politics of the formation of the Health Law which changes the substance of the mechanism of medical education, especially specialist doctors, which was originally only university-based by placing hospitals as educational partner institutions and then changing to hospital-based where specialist doctor education is carried out based on hospitals.

As described by the author in the previous section, the government has launched a policy of Specialist Doctor Education Program (PPDS) Based on the Main Provider Education Hospital (RSP-PU) / Hospital based on May 6, 2024. The selection and recruitment information system has been opened through the SATUSEHAT SDMK portal through the website <https://satusehat.kemkes.go.id/sdmk>.

Referring to the form of legislation in Indonesia, after the regulation in the form of the birth of a new law that becomes the latest legal politics, the next phase is followed by the formation of implementing government regulations from the law. In the context of this discussion, after the birth of the Health Law which opens up hospital-based space for PPDS, the government should quickly form a government regulation as the implementing technical regulation.

³⁰ Thea Fathanah Akbar, 237 *Dokter Meninggal Gegara Covid, Terbanyak di Jatim*, <https://www.cnbciindonesia.com/news/20210103094748-4-213083/hiks-237-dokter-meninggal-gegara-covid-terbanyak-di-jatim>

³¹ Dokter Obgyn menjadi salah satu dokter yang terpapar Covid-19 karena tetap menjalankan tugas dan tanggungjawabnya dalam membantu persalinan yang tiap hari terjadi di hampir seluruh rumah sakit di Indonesia. Salah satu kasus meninggalnya dokter Obgyn yang sudah mendekati kelulusannya sebagai dokter spesialis ialah alm. dr. Sunu Aji Asmara yang merupakan dokter residen di UGM dengan spesialisasi obstetri. Wijaya Kusuma, *Hampir Lulus, Dokter Residen Obstetri UGM Meninggalkarena Covid-19*, <https://regional.kompas.com/read/2021/07/26/190939778/hampir-lulus-dokter-residen-obstetri-ugm-meninggal-karena-covid-19?page=all>

³² Bagir Manan, *Menyongsong Fajar Otonomi Daerah*, Yogyakarta: Pusat Studi Hukum FH-UII, 2002, hlm. 179.

³³ Moh. Mahfud MD, *Politik Hukum di Indonesia*, Jakarta: PT Raja Grafindo Persada, 2014, hm, 1.

³⁴ Imam Syaukani dan A.Ahsin Thohari, *Dasar-Dasar Ilmu Politik*, Jakarta: PT RajaGrafindo Persada, 2010, hlm. 26-27.

³⁵ M. Mahfud MD, *Politik Hukum di Indonesia*, Cet II, Jakarta: LP3ES, 2001, hlm, 9

³⁶ Abdul Latif dan Hasbi Ali, *Politik Hukum*, Jakarta: Sinar Grafika, 2010, hlm. 19.

³⁷ *Ibid.*

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Based on the author's search, until this study is conducted, the author has not found a legal basis in the form of an implementing government regulation of this hospital-based policy on PPDS. In fact, the legislative body through Commission IX of the House of Representatives, which is in charge of health affairs as well as conducting supervision, also stated that the government must immediately assist the technical regulations.

Commission IX of the House of Representatives through its member Edy Wuryanto stated that the Ministry of Health must accelerate derivative regulations and the latest Health Law, especially related to specialist education. The derivative regulations must contain the form of the collegium, the form of the council, the disciplinary council, to the technical and educational mechanisms while maintaining the quality of education so that there are no double standards between hospital base and university based.³⁸

The existence of technical regulations that will further regulate the technical implementation of the hospital-based program will not only be the basis of government policy but also a legal basis for the hospital in preparing the efforts that will be made in implementing the policy. After the establishment of the derivative regulation, both government hospitals and private hospitals have the same responsibility in carrying out the program in realizing the equitable distribution of specialist doctors in Indonesia.

In the hospital-based program, the Ministry of Health makes efforts to increase the production of specialist doctors with the location of education carried out at the Teaching Hospital as the Main Organizer (RSP-PU). This is done as an effort to fulfill and equalize in areas that lack specialists. Specialist doctor candidates who take part in this program are preferably from Disadvantaged Regions, Borders and Islands (DTPK), namely outside Java. So that after graduating, they can serve in remote areas that still lack specialists.

In this context, the government policy will be in line and easy to implement in government hospitals under the Ministry of Health. However, the policy will become a problem when it is not regulated in such a way, especially for private hospitals that are also spread throughout Indonesia. Although the overall control of the health sector is owned by the Ministry of Health and private hospitals also have responsibilities to the Ministry of Health, private hospitals are actually under a different institutional umbrella in terms of finance, organization, and other practices.

These characteristics of private hospitals should be considered proportionally by the government. Therefore, in this section the author describes the efforts of private hospitals in organizing hospital-based specialist education. In this section, private hospitals can make several efforts as follows:

1. Establishment of Standardized Practice and Learning Models

The learning problems carried out by resident doctors who were originally university-based with various problems show that an effective learning model will determine the success of the program. In addition, the learning process and practice that has the right standards will also provide quality in the process.

As it is known that specialist medical education initially places residents as students who have an obligation to pay tuition fees so that it emphasizes the residents as students who are temporarily taking formal learning like formal education learning in universities in general.

Looking at the learning model in the form of higher education under the ministry of education, there are educational models and standards that are determined during the learning process. In essence, education is one of the services that must be of quality. The world of education is positioned as a service institution or in other words a service industry that provides services as desired by customers and then a system is needed that is able to cultivate educational institutions to be of higher quality.³⁹

Based on this, the learning model that is practiced must have certain standardization to ensure quality while maintaining the quality of education. Standardization is the embodiment of "everything can be measured", and when everything can be measured, efficiency will be achieved and the quality of a product or service will be known. Standards are needed in the field of education, this is because education is a process with clear objectives and makes it an integrated national system.⁴⁰

The existence of standardized forms and models of learning is carried out in order to realize the objectives of the implementation of education. Therefore, the purpose of organizing education is not limited to the existing education but emphasizes the quality and quality of education that is carried out. The need for educational standards is due to several reasons, among others:⁴¹ First, the standardization of national education is a political demand to assess the extent to which citizens have the same vision as well as knowledge and skills in developing the country; Second, the standardization of national education is a demand of globalization where Indonesia as part of the world competes and the need to continue to improve quality so as not to become a slave to other nations; Third, the standardization of national education is a demand of progress where Indonesia as a developing country

³⁸ M.Iqbal Al Machmudi, *DPR RI Minta Aturan Turunan Hospital Based Segera Diterbitkan*, <https://mediaindonesia.com/humaniora/682663/dpr-ri-minta-aturan-turunan-hospital-based-segera-diterbitkan>

³⁹ Nur Zazin, *Gerakan Menata Mutu Pendidikan*, Yogyakarta: Arruzz Media, 2011, hlm. 62-63.

⁴⁰ Faridah Alawiyah, *Standar Nasional Pendidikan Dasar Dan Menengah, Aspirasi*, Vol. 8, No. 1, 2017, hlm. 83.

⁴¹ HAR Tilaar, *Standarisasi Pendidikan Nasional Suatu Tinjauan Kritis*, Jakarta: Rineka Cipta, 2012, hlm. 76-77.

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will continue to improve quality in improving its dignity to become a developed country with high quality human resources and can participate in improving the quality of human life.

In the context of medical education, including specialist education, it is directed towards the mastery of knowledge and skills in making diagnoses, making scientific decisions, obtaining formal education and training in decision making and ethical judgment into several standards in medical education. At least there are various basic principles of medical ethics including the principles of non-maleficence, doing good or beneficial (beneficence), respecting patient autonomy (autonomy), and justice.

To produce doctor graduates who are professional, competent, ethical, have health managerial skills and have the expected leadership attitude, in order to provide certainty and standardized services in the field of medicine, the existence of guidelines as a standard of professional education for Indonesian doctors is very important.

In practice, in general, there are Standards for Professional Medical Education (SPPD) authorized by the Indonesian Medical Council (KKI). The preparation of SPPD is carried out by paying attention to the Global Standard for Medical Education prepared by the World Federation for Medical Education (WFME). The SPPD has been used by all medical education institutions to conduct self-evaluation and develop internal quality assurance systems. KKI together with BAN PT has formed a Joint Accreditation Committee that develops accreditation instruments that pay attention to the SPPD. The SPPD is also part of the public accountability of medical education management in Indonesia.⁴²

The form and standardization of learning shows that in the context of universities running PPDS, there are special standards set by the KKI institution as well as educational standards through the National Education Standards Agency (BSNP).⁴³ With this, when changes are made to the mechanism of specialist medical education to become hospital based, the hospital and the Ministry of Health are required to form a learning model that has standardization.

The standardization referred to by the author starts from curriculum standards, practices, to standards for what type of hospital can open hospital-based specialist medical education services. The existence of this standardization will actually provide a pattern of specialist education that is evenly distributed and does not differ between specialist doctors who are university-based graduates and hospital-based graduates.

2. Ensure the Availability of Human Resources and Supporting Devices

The enactment of the Health Law by containing various changes to the world of health, including the world of medical education, especially specialist doctors, has made educational hospitals able to organize specialist / subspecialist programs as the main organizer of education while continuing to cooperate with universities (PT).

The mandate of Article 187 of the Health Law means that hospitals can now be the main organizers of specialist and even subspecialist medical education. This is certainly a new situation, and needs to be prepared and anticipated in great detail and well.

The existence of these provisions makes the era of specialist medical education by hospitals or hospital based. With these changes, there will automatically be 'new' hospitals that have never held specialist medical education, where hospitals will now act as the main organizers of specialist medical education. Although at the beginning of its launch it was only limited to a few hospitals, with the development of time there will be more and more hospitals that will run the program.

The changes that occur not only place hospitals as providers of health services but also as providers of educational services. Therefore, every hospital that runs specialist doctor education must ensure various aspects, one of which is competent human resources as well as the availability of adequate supporting resources.

In particular, human resources, in this case the legal subjects who will run this program, must be ensured proportionally and professionally. The discussion of these resources consists of at least 3 main components, lecturers, education personnel (tendik) and education management personnel.

- (1) Lecturers. For lecturers, the hospital must have specialist doctors who provide health services, and at the same time will serve as lecturers, so there are at least three factors that need to be prepared, the ability to educate which for lecturers, among others, is manifested in the form of lecturer certificates etc., the ability to continue to develop medical science which is always growing very rapidly, and the availability of adequate educational time even though now it is very busy with direct health services to the community which is not impossible from morning to night.
- (2) Education Personnel. The availability of education personnel (tendik) also needs to be a major concern, because of their central role in daily educational activities, and this type of education personnel is actually not yet available in

⁴² Konsil Kedokteran Indonesia, *Standar Pendidikan profesi Dokter Indonesia*, Jakarta : Konsil Kedokteran Indonesia, 2012, hlm. 2.

⁴³ BSNP menjadi lembaga penting dalam memastikan penyelenggaraan pendidikan bermutu. BSNP tentunya perlu terus melakukan kajian dari data yang diperoleh untuk selalu memperbaiki dan meningkatkan kualitas pendidikan. BSNP perlu diperkuat perannya dalam upaya menyusun kebijakan mutu pendidikan melalui standarstandar yang dibangun sesuai dengan kondisi wilayah Indonesia yang kemudian agar dapat maju bersama berdampingan bersama negara lain dalam mewujudkan pendidikan yang bermutu. Faridah Alawiyah, *Op.cit*, hlm. 84.

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hospitals that have only been carrying out health service activities so that there are only health administration personnel.

- (3) Education management. This third element is important because it is intended to full time lead and coordinate specialist medical education activities in a hospital.

The description shows that when the PPDS transition is carried out in the hospital, at least every hospital that proposes to organize PPDS must fulfill the three basic elements related to human resources. the three basic things in human resources are indeed found in universities so that an effective recruitment mechanism needs to be established or in the form of cooperation with universities because in fact the health law also opens space for cooperation between the hospital and the university.

3. Appropriate Budget Planning and Allocation

Healthcare is an integral part of society. This is in line with the role of hospitals as the main pillar in the provision of quality medical care. In the face of the changing dynamics of the healthcare environment, hospitals are often faced with a variety of complex financial challenges.

Factually, hospitals have the challenge of controlling operational costs in line with the quality of care provided. Hospitals need to manage their resources efficiently, consider appropriate pricing policies, and invest in technologies that can improve operational efficiency.⁴⁴

In general, the activities of the hospital must continue in providing health services in various conditions, including emergencies. Therefore, financial management in a hospital will determine the realization of the budget to income for the hospital. the financial management referred to by the author is related to budget planning and allocation in accordance with various activities carried out in the hospital.

Financial management itself has the meaning of fund management both with regard to allocating funds in various forms of investment effectively and efforts to raise funds for investment financing or spending efficiently. The executor of financial management is the financial manager. Although the function of a financial manager for each organization is not necessarily the same, in principle the main function of a financial manager is to plan, search, and utilize in various ways to maximize the efficiency (usability) of the company's operations.⁴⁵

A possible effort to be made by a hospital including a private hospital in running hospital-based PPDS is to prepare financial management at the hospital. This is based on the position when a PPDS participant is no longer positioned as a student who takes a formal education path in higher education who must pay tuition fees (UKT), then when PPDS participants are fully in the hospital, the overall practice is carried out in the hospital and such conditions should make the services performed by PPDS participants not only assessed as a party who obtains education alone but also important to pay attention to their services to be given wage payments like salaries earned after work.

Under these conditions, PPDS students have legal status as workers. This kind of model has been widely practiced in various countries, where resident doctors who are temporarily pursuing specialist education are also given a salary for the health services that have been provided. Countries such as the United States, the United Kingdom, Australia, Japan, and Singapore give resident students the status of workers until they are then given incentives for services provided in accordance with working hours or the level of education stages taken.⁴⁶

⁴⁴ Devi Tama Hardiyanti, Beniharmoni Harefa, dan Handar Subhandi Bakhtiar, "Grooming Offences Against Children in Indonesia", *UUM Journal of Legal Studies*, Vol. 14 No. 2 (2023): 557-579.

⁴⁵ Agus Sartono, *Manajemen Keuangan Teori dan Aplikasi*, Yogyakarta: BPFE, 2011, hlm. 50

⁴⁶ Diaz Novera, Analisis Pola Pemberian Insentif Residen Di Berbagai Negara: Sebuah *Desk Review-Scoping Study*, *Jurnal Kebijakan Kesehatan Indonesia : JKKI*, Vol. 10, No. 02 Juni 2021, hlm.. 74

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Comparison Table of PPDS Education System

No	Country	Education systemc	Incentive Granting Pattern	Regulation of Working Hours and Breaks
1	United States of America	ACGME approved: <ul style="list-style-type: none"> ○ Hospital-Based ○ University-Based ○ University-Affiliated ○ Hospital Based ○ Military-Based 	Progressive according to stages education	ACGME (maximum 80 hours per week)
2	United Kingdom	Hospital-Based	Progressive according to stages education	EWTD (maximum 48 hours per week)
3	Australia	Hospital-Based	Progressive according to stages education	Australia Fairwork (maximum 38 hours per week)
4	Japan	Hospital-Based	Autonomy of the head department (Ikyoku)	ACGME (Non-Ikyoku)
5	Singapore	AHS Based	As per the employment contract	ACGME (maximum 80 hours per week)

Table 4.5

The table shows that the PPDS education system in several countries has adopted the form of a resident as a worker who is given financial incentives for services that have been provided in the form of health services to patients in need.

In practice in Indonesia, the step of providing incentives to residents was also carried out during the Covid-19 Pandemic. Residents in Indonesia who were involved in handling the Covid-19 pandemic received an incentive from the Ministry of Health of Rp. 12,500,000 per month. Incentives are given evenly across study programs and stages of education. In pandemic conditions, the Ministry of Education and Culture also issued a policy recommending a limit on working hours between 72-88 hours per week with a break on duty for at least half an hour after working for 4 hours continuously.⁴⁷

Such conditions indicate that the practice of providing financial incentives to residents is possible in Indonesia if in accordance with adequate financial planning and allocation because the provision of these incentives is carried out by the Ministry of Health from the Health Fund in the APBN. It is important to pay attention, especially for private hospitals that will run hospital-based PPDS is the issue of providing these incentives. therefore, appropriate financial planning and allocation by taking into account the financial management capabilities of the hospital.

4. Institutional Cooperation with Related Stakeholders

It has been mentioned by the author above that in the implementation of hospital-based PPDS, the hospital can collaborate with other institutions, including higher education institutions. In this case, the hospital cannot close the space as the only party capable of running the program. The involvement of the university has actually also been mentioned in the Health Law, so that the practice that will be implemented will be better with the standardization set jointly because the university actually started the PPDS mechanism in Indonesia earlier.

At the beginning of planning changes to the PPDS system in the Health Law, the process of implementing hospital-based education was carried out with a detailed assessment. The number of shortages of specialist doctors and prospective organizing hospitals will also be assessed. After the assessment of hospitals and the need for specialist doctors in a region, then a selection will be made with the opening of specialist doctor education.

After taking specialist education at the hospital, the doctors will be returned to their area of origin. So that these specialist doctors will return to serve in their respective regions. This will certainly be in line with the government's intention to provide equal distribution and distribution of specialist doctors in Indonesia.

This process is actually an implementation of the strategic plan set by the Ministry of Health, which is in line with the Indonesian Medium-Term Development Plan 2005-2024, namely realizing an independent, advanced, just and prosperous Indonesian society through accelerated development supported by improving the quality of human resources.

⁴⁷ *Ibid.*

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The preparation of the Ministry of Health Strategic Plan (Renstra) refers to the Medium-Term Development Plan (RPJMN). The strategic objective of the Ministry of Health's Renstra 2020-2024, improving health resources, has the target of increasing the fulfillment of health human resources, one of which is the percentage of district / city hospitals that have 4 basic specialists and 3 other specialists at 90% (at least 4 basic specialists are required). With the fulfillment of basic specialist doctors and supporting specialist doctors, hospitals in the regions can optimize specialty services to the community so as to improve the degree of public health. Specialist doctors are the spearhead of public health services at advanced referral health facilities. In supporting the implementation of referral health services, in addition to the fulfillment of facilities and infrastructure, adequate support for health human resources is also needed.⁴⁸

The distribution of specialist doctors is still a national problem from year to year. Although the number of specialist doctors continues to increase, it is still necessary to increase the number and distribution. Inequality in distribution can be seen based on SISDMK data in 2021 where there are still 21 districts / cities that do not have specialist doctors at all spread across 8 provinces, namely North Sumatra, East Kalimantan, North Sulawesi, Southeast Sulawesi, West Sulawesi, North Maluku, Papua and West Papua. Specialist doctors are still widely concentrated in provincial capitals, big cities and cities with high economic growth, while remote, border and island areas (DTPK) are less attractive to specialists.⁴⁹

Such conditions should actually open the role of local governments to actively participate in mapping the needs of specialists. The local government is a party that cannot be forgotten because in fact the specialist doctors come from the region and will return to their respective regions, so thus the responsibility for specialist doctors does not only depend on the distribution carried out by the Ministry of Health.

Changes in the PPDS mechanism in the current Health Law that make hospitals more dominant should be a way for local governments to establish cooperation with hospitals so that even if the PPDS participants have problems in terms of payment or registration fees, this can be minimized by the local government through the policies taken.⁵⁰

In line with this, in addition to cooperation with universities, hospitals that will run hospital-based PPDS also need to collaborate with local governments. Another form of cooperation that needs to be considered is with collegium institutions to councils related to the professional organization of doctors.

5. Determine Monitoring and Evaluation of Program Implementation

P Medical education, especially specialist doctor education with a hospital-based system established by the Ministry of Health of the Republic of Indonesia including regulated in the Health Law, is inversely proportional to the university-based system implemented previously. The hospital-based system is expected to be a way out to increase the number of specialist doctors faster as well as solve various problems of university-based PPDS that have been described by the author in the previous section.⁵¹

The education of specialist and subspecialist doctors in the university-based system that was implemented before the birth of the Health Law in 2023, has had standards, an established system of admission of students and an educational curriculum through universities. The existence of university-based based on Law No. 20 of 2013 concerning Medical Education also mandates that students get incentives from Teaching Hospitals and Medical Education Vehicles, but until the birth of the Health Law these provisions have not been realized; students are still considered like college students who need to pay a number of tuition fees during their education.

In a policy brief made by one of the medical faculties in Indonesia, it was explained that hospital-based specialist doctor education has the potential to not achieve, and even reduce the quality of specialist doctors. This is because the fundamental things such as the adequacy of the quality and ratio of educators, the number and variety of cases, as well as the readiness of technology and facilities to produce specialist doctor education graduates with proper competence, are still not adequately owned by one particular hospital.⁵²

It further explained that Hospital-Based education systems can have various potential disadvantages for health services, namely:⁵³

- (a) The high cost of education that hospitals have to bear amidst financial and revenue management difficulties.

⁴⁸ Rizza Norta Villeny Rosita Dewi, Et.all, Gambaran Kebijakan Pemenuhan Kebutuhan Tenaga Dokter Spesialis Di Indonesia, *Jurnal Cahaya Mandalika (JCM)*, hlm. 552.

⁴⁹ Heru Sugiyono, et al. "Law Enforcement Strategy in Indonesia's Economic Recovery Due to the COVID-19 Pandemic", *Revista de Gestão Social e Ambiental*, Vol. 18 Issue 5 (2024): e06833-e06833.

⁵⁰ Handar Subhandi Bakhtiar, "Health Financing Planning In Hospital", *Jurnal Medika Hutama* Vol. 3 No. 2 Januari (2022): 1903-1912.

⁵¹ Handar Subhandi Bakhtiar, "Implementation of Electronic Medical Record System in Indonesia Viewed from the Perspective of Legal Certainty", *International Journal of Engineering Business and Social Science*, Vol. 2 No. 4 (2024): 1114-1122.

⁵² Fakultas Kedokteran Universitas Indonesia, *Academic Health System sebagai Solusi Isu Pendidikan dalam Rancangan Undang Undang Kesehatan*, POLICY BRIEF, Maret 2023, hlm. 3.

⁵³ *Ibid*, hlm. 5

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- (b) Due to the financial difficulties faced by many hospitals in Indonesia, the hospitals that have the budget to pay for students in the hospital-based system are hospitals with large capital. This has the potential to re-concentrate the implementation of educational programs and the distribution of graduates in urban areas, thus not solving the problem of maldistribution. In addition, there will be a capital imbalance between hospitals with higher capital compared to hospitals with lower capital or even experiencing financial difficulties.
- (c) Limited admission quotas due to limited financial capacity.
- (d) Possible decrease in service time and coverage due to the additional educational role that the hospital and its health workers need to fulfill.
- (e) Limited and uneven technology between hospitals, making the quality of graduates between hospitals different and potentially even substandard.
- (f) The uneven distribution of cases between hospitals allows for a decrease and difference in the quality of graduates.

The existence of some of these concerns is in principle a wise thing if seen with the aim of providing input into the policies taken by the government so that health services in Indonesia are getting better. However, the newly established government policy on hospital-based PPDS has not been fully implemented so that other elements are needed in the form of monitoring and evaluation in its implementation.

Monitoring is an activity aimed at providing information about the causes and consequences of a policy that is being implemented. Monitoring is carried out when a policy is being implemented. The step of conducting monitoring is necessary so that early mistakes can be recognized immediately and corrective action can be taken, thereby reducing greater risks. Meanwhile, evaluation is an activity to assess the level of performance of a policy. Evaluation can only be done if a policy has been running for a while. The benefits of evaluation are:

- (a) to determine the level of effectiveness of a policy: how far a policy achieves its objectives.
- (b) To determine whether a policy succeeds or fails: by looking at the level of effectiveness, it can be concluded whether a policy succeeds or fails.
- (c) Fulfilling public accountability: by assessing the performance of a policy, it can be understood as a form of government accountability to the public as the owner of funds and taking advantage of government policies and programs.
- (d) Showing stakeholders the benefits of a policy: if no evaluation of a policy is carried out, stakeholders, especially target groups, do not know the exact benefits of a policy or program.
- (e) In order not to repeat the same mistakes

Based on this, the government policy by establishing hospital-based PPDS as mandated in the Health Law requires monitoring and evaluation in its implementation. In this context, the Ministry of Health is the party that plays an important role in doing this.

Monev efforts carried out by the Ministry of Health should also be pursued internally by the hospital so that efforts to maintain the quality of PPDS services will be increasingly layered in maintaining the quality and quality of PPDS including the professionalism of specialists later. Monev is carried out not only related to the implementation model, but also includes implementing resources to supporting facilities that support the realization of good PPDS implementation by producing specialist doctor graduates who are not only limited to quantity but also pay attention to the quality of graduates.

CONCLUSION

From the description of the discussion above, the author can draw the conclusion that the birth of the Health Law which changed the medical education system including specialist doctors made hospitals, especially private hospitals as the subject of the hospital-based PPDS program, need to make various efforts in running the program. various efforts that can be made by the hospital are: Establishment of a Standardized Practice and Learning Model, Ensuring the Availability of Human Resources and Supporting Devices, Planning and budget allocation in accordance with hospital financial management, Institutional Cooperation with Related Stakeholders and Determining Monitoring and Evaluation of Program Implementation.

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- 3) Agus Sartono, *Manajemen Keuangan Teori dan Aplikasi*, Yogyakarta: BPFE, 2011, hlm. 50
- 4) Antara, 2023, Rumah Sakit di NTB Masih Banyak Kekurangan Dokter Spesialis, <https://www.antaraneews.com/berita/3370395/rumah-sakit-di-ntb-masih-banyak-kekurangan-dokter-spesialis>, diakses pada 11 Juni 2024

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- 5) Bagir Manan, *Menyongsong Fajar Otonomi Daerah*, Yogyakarta: Pusat Studi Hukum FH-UII, 2002, hlm. 179.
- 6) Beberapa Fakultas Kedokteran yang memperoleh akreditasi tertinggi berdasarkan data PD Dikti hingga tahunj 2020 ialah Fakultas Kedokteran di Universitas Airlangga, Universitas Andalas, Universitas Brawijaya, Universitas Diponegoro, Universitas Gadjah Mada, Universitas Hasanuddin, Universitas Indonesia, Universitas Islam Indonesia, Universitas Jember, Universitas Jenderal Soedirman, Universitas Katolik Atmajaya, Universitas Mataram, Universitas Muhammadiyah Yogyakarta, Universitas Muslim Indonesia, Universitas Sebelas Maret, Universitas Padjadjaran, Universitas Pelita Harapan, Universitas Riau, Universitas Sam Ratulangi, Universitas Sriwijaya, Universitas Sumatera Utara, Universitas Syiah Kuala, Universitas Tarumanagara, Universitas Udayana, Universitas YARSI, Universitas Islam Sultan Agung, . Universitas Kristen Maranatha, Universitas Mulawarman, Universitas Islam Bandung, serta Universitas Muhammadiyah Sumatera Utara. Lihat, https://kki.go.id/uploads/media/1683530543_5a3f146cc7679ef67dc4.pdf
- 7) BSNP menjadi lembaga penting dalam memastikan penyelenggaraan pendidikan bermutu. BSNP tentunya perlu terus melakukan kajian dari data yang diperoleh untuk selalu memperbaiki dan meningkatkan kualitas pendidikan. BSNP perlu diperkuat perannya dalam upaya menyusun kebijakan mutu pendidikan melalui standarstandar yang dibangun sesuai dengan kondisi wilayah Indonesia yang kemudian agar dapat maju bersama berdampingan bersama negara lain dalam mewujudkan pendidikan yang bermutu. Faridah Alawiyah, *Op.cit*, hlm. 84.
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