

Political Legal Studies Related To Medical Professional Education In Indonesia

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ABSTRACT

Keywords:

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The purpose of this study is to analyze legal politics related to Medical Professional Education in Indonesia which has one important and strategic aspect, namely in relation to the existence of doctors / dentists as a pillar in realizing national health as one of the requirements or indicators in realizing people's welfare as mandated in the Preamble of the 1945 Constitution, which is also a national goal. Its implementation is driven according to the provisions of the applicable laws and regulations in Law No. 17 of 2023 concerning Health, as well as Law No. 20 of 2013 concerning Medical Education. The method used is Normative Juridic. As part of the health service system, the quality of doctors / dentists as health workers is very strategic in health services. In this study, further research will be examined Legal Politics related to Medical Professional Education which is still experiencing obstacles in terms of the length of education travel time and there has not been an even distribution of medical personnel to various regions in Indonesia.



Introduction

The improvement of health services aims to increase awareness, comfort, and the ability of every citizen to live a healthy life, so as to realize an optimal degree of health as one of the components of general welfare in the Preamble to the Constitution of the Republic of Indonesia Year 1945 (1). Every doctor and dentist must follow applicable standards, policies and procedures in carrying out medical activities so that the public can obtain medical services professionally and safely (Cahyanti, 2019). One of the functions of regulating the law of medical practice, through the implementation of Health Education through Medical Professional Education which aims to provide Medical Professional personnel and meet the needs of Health services needed in Indonesia. The laws and regulations governing Medical Professional Education in Indonesia are regulated through Law Number 17 of 2023 concerning Health, as well as the Implementing Regulation of Law Number 20 of 2013 concerning Education Medicine (Loedin, 2015). In meeting the needs of medical personnel, the Medical Profession in Indonesia still experiences problems such as the lack of adequate numbers in terms of the availability of medical

personnel for the Medical Profession evenly in Indonesia. As well as the problem of education time at the University that must be taken for a long time (Simbolon, 2015).

Indonesia's agreement in the United Nations (UN) in 2012 in Brazil on 17 steps of initiatives to change the world by 2030 called Sustainable Development Goals (SDGs). Salah satu dari 17 langkah inisiatif dimaksud adalah Universal Health Coverage (UHC). The realization of UHC in the health service system is carried out through the National Health Insurance (JKN) system which began to be implemented in 2014 through Law Number 40 of 2004 concerning the National Social Security System. The JKN 9 program implemented by Indonesia sets a target of achieving 95% coverage of the Indonesian population participating in the JKN program in 2019. Relevant to the National Health Insurance as an initiative step within the Universal Health Coverage framework is the adequacy of health workers as the main pillar in the running of health services (Purnamasari, Claramita, & Prabandari, 2017).

Law Number 36 of 2014 concerning Health Workers states that the Government and Regional Governments are obliged to meet the needs of health workers, both in number, type, and competence equally to ensure the sustainability of health development. In order to meet the needs of these health workers, a plan for the needs of national health workers is prepared in stages based on the availability of health workers, development needs, and health efforts. Meanwhile, in order to guarantee the quality of graduates, higher education providers in the health sector can only accept students in accordance with the national quota and the implementation must meet the National Standards for Health Worker Education (Harden & Lilley, 2018). Higher education efforts in the health sector are carried out by taking into account the balance between the needs of health efforts and the dynamics of employment opportunities, both domestically and abroad; balance between the production capabilities of health workers and available resources; and the development of science and technology. As a health university, the implementation of accreditation of medical faculties that provide medical / dental education is also very important in maintaining the quality of medical faculties that will produce health workers, namely doctors / dentists. The opening of new medical faculties in various regions is driven by the need for doctors in order to equalize learning opportunities and equitable distribution of doctors. In 2000, for example, the number of medical graduates ranged from 3,000 to 4,000 each year, even though the need for doctors was 85,000 doctors (Fitryantica, 2019). According to calculations based on the target ratio, the number of doctors needed per 100,000 population is 40 doctors. Therefore, even though the Indonesian Medical Council (KKI) had imposed a moratorium on the opening of medical faculties in 2015, the Government (in this case the Ministry of Education, Culture, Research and Technology) still opened opportunities for the opening of medical study programs in various regions. The opening of medical study programs in various regions was not followed by rationalization of the cost of medical education. However, over the last two decades there has been an increase in the cost of higher education in general, especially public universities (Putra, 2020).

This is due to the decline in government subsidies to finance higher education as a result of the paradigm of 'higher education autonomy' in the management of higher education. Internationally, higher education is considered 'not compulsory' financed by the state, because higher education graduates have an 'economy return'. What must be financed by the government is primary and secondary education (Susetiyo & Iftitah, 2021). With the 'autonomy of higher education', universities are required to explore sources of funds from various sources to finance the implementation of higher education.

The government through the ministry responsible for higher education has calculated the amount of operational costs needed to provide medical education, called the Single Tuition Fee (UKT) (Jha, Bekker, Duffy, & Roberts, 2006). This UKT is a reference for all medical faculties in determining the cost of medical education. In relation to technology, with the increasingly advanced technology in the era of the 4th industrial revolution such as technology that can check the condition of the body through a mobile phone only with a retina scan or fingerprint, and so on (Schwab & Sala-i-Martin, 2016), as well as the faster information and mobilization of the world community, the role and function of doctors in health services will experience changes in the future that must be anticipated. Changes in the role and function of doctors will affect the determination of doctor competency standards and medical professional education standards. This means that it is necessary to periodically update the standards of doctor competence and professional education standards for doctors (Widjaja, 2021). The era of the industrial revolution 4.0 has affected the implementation of higher education, so the medical faculty as a subsystem of higher education needs to adjust the implementation of medical education in accordance with the principles of higher education in the era of the industrial revolution 4.0. Based on the various considerations above, it is necessary to improve by replacing Law Number 20 of 2013 concerning Medical Education, namely through Law Number 17 2023 which provides a comprehensive overview of the reasons for changes and to be able to provide direction and explain the basis for changes to be made, an Academic Paper was prepared which is used as the basic concept for drafting a Bill on changes to Law Number 20 of 2013 concerning Medical Education. So the author is interested in making a research entitled "Legal Political Studies related to Medical Professional Education in Indonesia".

Research Methods

Research methods are the science of the levels that must be passed in the research process, or science related to scientific methods to find, develop and prove the truth of knowledge. The research method used in this study is a normative research method, which is research conducted using library legal materials or secondary data that may include primary, secondary and tertiary legal materials. For Research Approach The type of approach used in this study is a juridical normative research approach with a statutory approach (statue approach) and a case approach (case approach). The legal approach is carried out by reviewing all laws and regulations relevant to the legal issues being handled. The case approach is carried out by examining cases related to issues faced in the implementation of legislation and has permanent legal force, this is in the form of what happened in Indonesia. The analytical technique used in this study is descriptive research, descriptive research techniques are techniques that explain what they are about a legal event or legal condition, The legal event is an event with legal aspects that occurs in a certain place and at a certain time. Descriptive analysis techniques when viewed from the point of view of the form are diagnostic research which is an intended investigation, to obtain information about the causes of the occurrence of a symptom or several symptoms, which aims to find facts (fact finding) followed by finding a problem (problem finding) which then leads to problem identification (problem identification).

The source of the data owned in the form of legal materials used in this study is primary legal material which includes basic regulations, laws and regulations, non-codified legal materials, jurisprudence and treaties in this case is Health Law Number 17 of 2023 concerning Health. Secondary legal materials are those that provide an

explanation of primary legal materials. And tertiary legal materials are materials that provide instructions and explanations to primary and secondary legal materials. Secondary legal materials are materials that provide explanations of primary legal materials such as draft laws, legal writings both in books, magazines, journals, newspapers and internet media as well as the results of research and scientific works of scholars. Tertiary legal materials, namely legal materials that provide guidance and explanation to primary legal materials and secondary legal materials, such as encyclopedia (legal) dictionaries. For the Data Collection Method, in this study the author uses a type of data collection tool, namely through interviews and literature studies which are all efforts made by researchers to collect various information relevant to the topic or problem that will or is being researched, such as various kinds of scientific books, research reports, scientific essays, theses and dissertations, regulations, statutes, yearbooks, encyclopedias, and other written sources, both printed and electronic.

Results and Discussion

Medical Education in Indonesia

Health began to be known in the 17th century in Batavia, this is where modern health services emerged which were supported by the development of medical science in the early 20th century. At that time health in Batavia from the VOC era until the Dutch Colonial government had not received a satisfactory service assessment. Doctors have not been able to deal with various diseases that can cause high mortality rates. At that time health services were not evenly distributed to all circles, only to certain circles such as power owners, the military, or people who worked for the government (Rosadi & Marwan, 2020).

So that when a disease appeared that became a plague, there were many casualties, at that time the case that occurred was a case of malaria which attacked the population of Batavia. Then Dr. W Bosh at that time proposed to educate Javanese youth to become health workers. Based on Government Decree No. 22 dated January 2, 1849, a school called "Health Expert" was established called the "Djawa Medical School" located in Weltrevreden, which in 1851 helped the military hospital in Batavia with graduates referred to as "smallpox orderlies" or auxiliary doctors (helpgenesheer) (Irianto, 2021).

When entering the 20th century, government concerns about health began to emerge by choosing pandemic diseases to turn into endemic ones such as malaria, cholera, and bubonic plague. Javanese Medical School in 1902 then developed and changed its name to STOVIA (School Tot Opleiding Voor Inlandsche Arsten) Bumiputera Medical Education School. In 1903 it changed again to School tot Opleiding van Indische Arsten and its graduates changed to Indisch Arts. These changes certainly affect the quality of graduates who are better than before (Mustika, Nishigori, Ronokusumo, & Scherpbier, 2019).

With the development of medical science, it is expected to improve the quality of health services supported by various facilities that improve the quality of health services supported by various facilities that increase the safety and comfort of the people of the Dutch East Indies at that time. The establishment of STOVIA strives to provide all the best for its students. So that the knowledge and skills of the alumni of this school who have become doctors of the Dutch East Indies can later work to serve the treatment of the Dutch East Indies population in zending hospitals (Rosser, 2023).

Until now, Medical Education in Indonesia is growing rapidly with the existence of increasingly advanced equipment so that many are interested and pursue the Medical

Profession. Medical education is not only limited to students studying in lectures and becoming a doctor, but the material obtained must be implemented in community life in providing services.

Currently in Indonesia there are 72 Medical Education institutions and 26 Dental Education institutions owned by the government and private based on the Distribution of Indonesian Medical Education Institute in 2012. It is hoped that with the existence of many educational institutions in Indonesia, doctors who have completed their studies can serve the community and help many people. As stated in Law number 20 of 2013 concerning Medical Education in Article 1 Paragraph (1), Medical Education is a conscious and planned effort in formal education consisting of academic education and professional education at the higher education level whose study programs are accredited to produce graduates who have competence in the field of medicine or dentistry.

This is the country's first step to improve the degree of health. So that in their devotion doctors must take care of doing their work with all their heart, because in Article 4 point a of Law Number 20 of 2013 concerning Medical Education, it is stated that the purpose of Keodkteran Education is to produce doctors and dentists who are virtuous, dignified, qualified, competent, cultured to help, ethical, highly dedicated, professional, oriented to patient safety, responsible, moral, humanistic, In accordance with the needs of the community, able to adapt to the social environment, and have a high social spirit.

Medical Education with Legal Politics in Indonesia

We can know now that although many institutions have produced many doctors in Indonesia, it turns out that the number of doctors is not comparable to the diseases that are now growing in Indonesia. The existence of gaps in Medical Professional Education is also one of the factors in the uneven number of doctors in Indonesia. In the latest Health Omnibus Law, there is a point where it discusses the application of Medical Education by hospitals (Hospital Based). So far Keodkteran Education is managed by only universities, especially Specialist Medical Education. Article 204 of the Health Omnibus Law contains that Professional Education in the health sector in addition to being organized by universities can also be held by teaching hospitals in collaboration with universities. Which ministries organize orders in the field of security and collegium or other parties as needed. In the future, regulations regarding professional education organized by hospitals will be regulated in government regulations. In this case, regulations really need to be considered because this concerns education in Indonesia, not to have done education but not recognized, because Indonesia is a country of law so there needs to be legal certainty. If medical education based on hospitals is held, the hope is to be able to add specialist doctors in Indonesia. Furthermore, in its implementation this hospital-based, the distribution of specialist doctors will have to be evenly distributed.

With the increase of specialist doctors, it can improve services to the community. Currently, if we look at the ratio of the number of doctors in Indonesia, especially specialist doctors, which is 1:1,400, then if we look at this time, there are not enough doctors, especially specialists. Currently, to continue Medical Professional Education is very difficult. Many factors influence this both from an economic point of view to consider sara. Indonesia currently lacks 30,000 specialists.

At this time, the number of specialist doctors recorded was 51,949 but not evenly distributed in Indonesia even concentrated on the island of Java. To improve the degree of health, the number of doctors must be fulfilled by the state to the maximum. So that doctors can treat their patients and Indonesian people do not need to go abroad if they want to do treatment.

The existence of Law Number 17 of 2023 concerning Health has now begun to form Medical Professional Education with a Hospital Based system. In this case, there is a need for legal politics in Medical Education in Indonesia, in order to even out the number of doctors. If the number of doctors is only concentrated in big cities or only in government centers, it will never be evenly distributed so, still, the morbidity rate will be higher.

However, with the latest regulation, we also need to pay attention to whether the health service is ready to do this. Because we will produce doctors who will be able to provide services to the community in the future. Then after completing the study, doctors are advised not to be centralized but spread, because there are still many areas in Indonesia that are very minimal doctors so that when sick it takes hours to see a doctor who ends in DOA when arriving at the Health Service Facility.

Conclusion

Medical education in Indonesia has existed since Dutch times. The first medical school in Indonesia is called STOVIA (School Tot Opleiding Voor Inlandsche Arsten) Bumiputera Medical Education School. The rapid development of technology is now creating many medical personnel in Indonesia. But unfortunately the number of doctors in Indonesia is still not comparable to the number of sick events and although many produce doctors, in Indonesia it has not been evenly distributed. There are still many areas that do not have doctors, especially specialists, so they need a considerable travel time if they want to get services from specialists. The Law in the latest Health Omnibus Law designs the existence of Medical Education based on Hospital Based, where not only educational institutions but hospitals that collaborate with educational institutions can create health workers, especially specialist doctors in the hope that the distribution can be evenly distributed, so that the morbidity rate in Indonesia can decrease and improve the degree of health.

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