

Juridic Perspective of Indonesian Medicine Council (IMC) on Legislation of Doctor Education Standards in Medical Services

Budi Gunawan¹, Erni Agustina²

Law Faculty of University of National Development "Veteran", Jl.RS. Fatmawati Pondok Labu Jakarta Selatan 12450
Jakarta, Indonesia

Abstract: Pursuant to Law Number 29 of 2009 concerning Medical Practices, the function of the Indonesian Medical Council (IMC) is to regulate, authorize, stipulate, as well as provide guidance to doctors and dentists who carry out medical practices, in order to improve the quality of medical services. This independent body also stipulate Legislation on Medical Education Standards in Medical Services and it is regulated in Indonesian Medical Council Regulation Number 10 of 2012 Concerning Indonesian Medical Professional Education Standards. Medical education graduates must have the ability in accordance with the Indonesian Doctors Competency Standards (IDCS) which are approved by the Indonesian Medical Council. Authority of the Indonesian Medical Council in the event of Violations of Medical Services by Doctors Not Fulfilling Medical Education Standards: To uphold the discipline of doctors and dentists in administering medical practice, the authority of the IMC is to establish an Indonesian Medical Disciplinary Honorary Council which is an autonomous institution of IMC and carries out its duties in a manner independent. This type of research is normative legal research which examines the law as norms, rules that are in the We Act, and various statutory regulations It reveals that legal instruments medical and dental practice seems to be inadequate, so far it is still dominated by formal needs and government interests while the portion of the profession is still lacking

Keywords: Indonesian Medical Council, Medical Education Standards

1. Introduction

Doctor or dentist profession is a medical or dentistry job that is carried out based on a science, competence obtained through tiered education, and a code of ethics that is serving the community. Before practicing medicine, doctors must first meet the medical education standards set by the Indonesian Medical Council (IMC). The Indonesian Medical Council is an autonomous, independent, non-structural body and is independent in the medical profession. this institution, reports to the President, with the aim of protecting the public receiving health services and improving the quality of health services from doctors and dentists.

Pursuant to Law Number 29 of 2009 concerning Medical Practices, the function of the institution is to regulate, authorize, stipulate, as well as provide guidance to doctors and dentists who carry out medical practices, in order to improve the quality of medical services. The institute also has the duty to register doctors and dentists, ratify professional education standards and provide guidance to the implementation of medical practices carried out with related institutions in accordance with their respective functions.

General practitioners are Primary Service Doctors (PSD) who in the era of the National Health Insurance (NHI) are placed as the foundation of the health care system and must be available evenly throughout the country.¹ Competencies that must be achieved by prospective doctors are regulated by the Indonesian Medical Council (IMC) through the Indonesian Doctors Competency Standards (IDCS).

IDCS is a minimum standard of graduate competence and is not a standard of authority for primary service doctors. IDCS was first approved by the Indonesian Medical Council (IMC) in 2006 and has been used as a reference for the development of the Competency Based Curriculum (CBC). IDCS also serves as a reference in the development of national competency tests for doctors.²

Medical Education is a conscious and planned effort in formal education consisting of academic education and professional education at the level of higher education whose study program is accredited to produce graduates who have competencies in the field of medicine or dentistry. Prospective doctors must understand and fulfill competencies in accordance with IDCS. If the achievement of the competence of general practitioners still does not meet the minimum standards as stated in the IDCS, it is feared that there will be chaos in the health system in Indonesia.

In Indonesia, the authority to run the health professional profession is generally obtained from the Ministry of Health. However, since the entry into force of the Medical Practice Law on October 6, 2005, the authority of doctors to carry out medical practice in Indonesia is obtained and the Indonesian Medical Council (article 29 paragraph (2) of the Medical Practice Law). With the issuance of Doctor Registration Certificate by the Indonesian Medical Council, the doctor who owns the Registration Certificate (STR) has the right to practice medicine in Indonesia, because he has fulfilled administrative requirements to carry out his profession. From the administrative requirements that have been fulfilled, doctors as profession bearers have obtained

¹Executive Board of the Indonesian Doctors Association, 2013

² KKI. *Standar Pendidikan Profesi Dokter*. Doctor Professional Education Standards. (Jakarta: Konsil Kedokteran Indonesia, 2012)

professional authority in carrying out their work. According to Supriadi,³ a health worker who does work without authority, can be considered violating one of the standards of the health workforce profession.

Indonesian Medical Council (IMC)

Indonesian Medical Council Indonesia or IMC is an autonomous, independent, non-structural and independent body, which is responsible to the President of the Republic of Indonesia. Has the function of regulating, authorizing, establishing and guiding doctors and dentists who carry out medical practices in order to improve the quality of medical services.⁴ IMC has the duty to register doctors and dentists. Ratifies the professional education standards of doctors and dentists. To provide guidance to the implementation of medical practices carried out with related institutions in accordance with their respective functions.⁵

IMC is actually a regulatory body established under the Medical Practice Law No. 29/2004 on Medical Practice. In this case, IMC certainly does not work alone, but in collaboration with its stakeholders, stakeholders, for example the Ministry of Health, the Ministry of National Education, the Indonesian Doctors Association, the Indonesian Dentists Association, Association of Educational Hospitals, Association of Dentistry Hospitals, Representatives of the Community, Doctor's College, and Dentist's College.

IMC has the authority to approve and reject applications for doctor and dentist registration, including issuing and revoking registration certificate, approving competency standards as well as testing of doctor and dentist registration requirements. Authorize the application of branches of medicine and dentistry. Conduct joint coaching of doctors and dentists regarding the implementation of professional ethics established by professional organizations. Take notes on doctors and dentists who are sanctioned by professional organizations or their devices for violating the provisions of professional ethics.⁶

The vision of IMC is the realization of professional doctors and dentists who protect patients, while the mission of IMC is to improve the quality of human life through professional doctors and dentists, IMC has a value system that is the Indonesian medical council upholds the values of integrity, professionalism of partnership and respect for humanity, strategy main 1 IMC is implementing an online doctor and dentist registration & monitoring system throughout Indonesia with the goal of every doctor and dentist carrying out medical practices that have registered and guaranteed competence, the dentist monitoring system is functioning actively and online throughout Indonesia.⁷

The main strategy of IMC 2 is to uphold the professionalism of doctors and dentists in medical practice, with the aim that

every doctor and dentist apply professionalism in medical practice, each patient receives a guarantee of safe medical practice. The main strategy of IMC 3 is to ensure the national standard of professional education of doctors and dentists, with the aim of every doctor and dentist education institution that has implemented national education standards, every doctor and dentist who carries out medical practices following continuing education and training (continuing professional development), every development of the branch of medicine and dentistry in Indonesia meets clear rules and regulations.⁸

The main strategy of IMC 4 is to increase partnerships with professional organizations, government and non-government agencies to implement medical practices that protect the community with the target of all people aware of their rights and obligations, obtain legal protection in medical practice, every doctor and dentist obtain legal certainty in carrying out the practice medicine, every professional organization, government and non-government agencies carry out their role in carrying out medical practice.⁹

Medical Education

Education is in the Roman language there is the term educate which means to bring out (something inside). In German there is the term ziehen which means interesting (the opposite of pushing). In German, education is also copied with the term erziehung, which also means to pull out or take it out.¹⁰

The education of doctors and specialist doctors is a professional academic education held at the University level. This education is different from other tertiary education because of the unique characteristics of its graduates who must integrate knowledge, skills, ethics, morals, law, and culture in order to provide the best service for patients starting at the primary, secondary to tertiary levels.

Systematic and accountable doctor and specialist education requires medical education experts who can plan curricula according to the needs of the community, implement a medical education curriculum with the best evidence principles in medical education, and evaluate the processes and outcomes of medical education programs on an ongoing basis.

Medical education is education organized to produce a doctor who has competence in carrying out primary health care and is a basic medical education at the University. Medical education consists of two stages namely, the undergraduate (S-1) stage and the stage of the medical profession using the Competency Based Curriculum (CBC).

The CBC model is carried out with an integrated approach both horizontal and vertical as well as being oriented to the health problems of individuals, families and communities in primary health care. The medical graduate stage is taken at

³Ibid

⁴ Konsil Kedokteran Indonesia (<http://konsil-kedokteran-indonesia.html>.)

⁵Ibid.

⁶Ibid.

⁷Ibid.

⁸Ibid.

⁹Ibid.

¹⁰ Effendi, Mukhlison, *Ilmu Pendidikan*, Educations(Jogjakarta: Nadi Ofset, 2008), hlm.1

least 7 (seven) semesters and the professional stage is taken at least 4 (four) semesters.¹¹

This curriculum is implemented through the SPICES approach or strategy (student-contrad, Problem-based, Integrated, Community-based or Early Clinical Exposure, Systemic) then at the institutional level consists of content compiled based on doctor competency standards approved by the Indonesian Medical Council (IMC) and local content. Maximum local content load of 20% of the entire curriculum, this local content can be developed by each institution in accordance with the vision, mission and local conditions.

For the final evaluation of learning outcomes based on the achievement of competencies in accordance with doctor competency standards, the achievement of these competencies is assessed using Criterion-referenced research. Graduation criteria itself is the result of the achievement of competence and assessment of the educational process (academic and non-academic) and must meet the principles of validity, reliability, feasibility and encourage the learning process.¹²

Medical services

Service is an activity or sequence of activities that occur in direct interaction between someone with another person or machine physically, and provides customer satisfaction, service can also be interpreted as an effort to serve the needs of others. Service is an activity carried out by a person or group of people on the basis of material factors through certain systems, procedures and methods in order to meet the needs of others in accordance with their rights. This explains that service is a form of system, procedure or certain method given to others.¹³

Services can be identified, namely an activity that aims to help prepare or take care of what is needed by others. General service in the Big Indonesian Dictionary is defined as giving something to someone in the form of services. Next U.S. Moenir stated that this process of meeting needs through other people's direct activities is called service. So it can be said that service is an activity that aims to help prepare or take care of what others need.¹⁴ It is to strive to cure the existing disease in the patient. The action taken must also be in accordance with applicable procedures and of course it must be accountable in nature. In the Medical Field, especially in the field of services as well as supporting the implementation of medical services it has the task of determining existing policies, fostering, coordinating, and organizing services optimally.

¹¹KKI, 2012b

¹²KKI, 2012a

¹³ Julita, *Menuju Kepuasan Pelanggan Melalui Penciptaan Kualitas pelayanan, Towards Customer Satisfaction Through Quality Service Creation, Jurnal Ilmiah Manajemen dan Bisnis Program Studi Manajemen*, Fakultas Ekonomi Universitas Muhammadiyah Sumatera Utara. Volume 01 No 01 Oktober 2001, hlm. 3

¹⁴ Moenir. *Manajemen Pelayanan Umum di Indonesia*. Management of Public Services in Indonesia (Jakarta: PT. Bumi Aksara, 2002)

Medical service personnel are doctors and dentists who have the authority to examine and treat patients and can participate in the duties and functions of the hospital. This medical staff can be considered as the heart of the hospital. Good or bad organization of medical staff will directly affect the quality of medical services. The organization and procedure of medical services in the Government Hospital currently are line and staff organizations referring to Minister of Health Decree No. 134 of 1978 where medical staff act as functional implementers who report to the Director.

2. Research Methods

This type of research is normative legal research which examines the law as norms, rules that are in the We Act, and various statutory regulations. The research approach used is the normative juridical approach. Normative jurisdiction is carried out by studying and studying books, literary materials concerning the legal method, legal doctrines, principles of law and the legal system that are at issue. The data obtained were analyzed qualitatively and elaborated using descriptive analysis methods.

3. Results and Discussion

The legal instruments governing the implementation of medical and dental practice are felt to be inadequate, so far it is still dominated by formal needs and government interests, while the portion of the profession is still lacking.¹⁵ Therefore, to bridge the interests of both parties and to assess the objective abilities of a doctor and dentist in providing services to the community, this is where the role of the Indonesian Medical Council is.

The establishment of the Indonesian Medical Council consists of the Medical Council and the Dental Council. The Indonesian Medical Council is an independent body that will carry out the regulatory function, which is related to improving the ability of doctors and dentists in implementing medical practice.

In addition, the role of various professional organizations, associations of existing educational institutions also need to be empowered in order to improve the quality of health services provided by doctors or dentists. Thus, doctors and dentists in carrying out medical practice in addition to being subject to the provisions of applicable law, must also comply with the provisions of the code of ethics prepared by professional organizations and based on medical or dental disciplines.

The Indonesian Medical Council has the function to regulate, approve, determine and assist doctors and dentists who carry out medical practices, in the context of improving the quality of medical services, as referred to in Article 6 of Law Number 29 Year 2004 concerning Medical Practices.

Furthermore, in Article 7 of Law Number 29 Year 2004 concerning Medical Practices, it emphasizes the main tasks

¹⁵Indonesian Medical Council (<http://konsil-kedokteran-indonesia.html>). *Op. Cit.*

of the Indonesian Medical Council, which is to register doctors and dentists, ratify the standards of professional education of doctors and dentists, and provide guidance to the implementation of dental practices carried out with institutions related according to their respective functions. In order to carry out the mandate, in 2006 the Indonesian Medical Council approved the Dentist Professional Education Standards. This standard has been developed by the relevant stakeholders.

The Indonesian Medical Council (IMC) has set Indonesian Medical Professional Education Standards (IMPES) as a reference for the implementation of medical education in Indonesia in order to provide certainty of standard services in the field of medical education. This standard was prepared by the Association of Indonesian Medical Education Institutions (AIPKI), in coordination with professional organizations, collegiums, IRSPI, Ministry of Health and Ministry of National Education in accordance with Law No. 29 of 2004 concerning Medical Practice Article 26 paragraph 2 and paragraph 3.

In carrying out its functions the Indonesian Medical Council is tasked with registering all doctors and dentists who will carry out medical practices, ratifying professional education standards for doctors and dentists, and conducting coaching with other relevant institutions for the implementation of medical practice. In order to provide legal certainty and legal protection, to improve, direct and provide legal basis and reorganize various legal instruments governing the implementation of medical practice so that it can run in accordance with the development of science and technology, it is necessary to regulate medical practice in a law.

Medical Education Standards

Medical education standards in Indonesia are a set of quality adjustments for medical education made and agreed upon by medical education stakeholders. Medical education standards are also a tool to ensure the achievement of educational goals in accordance with competence, which is based on RI Law Number 20 of 2013 concerning Medical Education.

The Indonesian Medical Council (IMC) has set Indonesian Medical Professional Education Standards (IMPES) as a reference for the implementation of medical education in Indonesia in order to provide certainty of standard services in the field of medical education. Medical Education Standards in Medical Services Stipulated by the Indonesian Medical Council are regulated in Indonesian Medical Council Regulation No. 10 of 2012 concerning Indonesian Medical Professional Education Standards. The level of education can also be used by educational institutions to assess the institution itself and as a basis for planning programs to continuously improve the quality of the education process.

Based on the Republic of Indonesia Law Number 20 of 2013 concerning Medical Education, a Minister of Research, Technology and Higher Education Regulation of the Republic of Indonesia Number 18 of 2018 concerning National Education / Medical Standards is issued. The standard components of medical education include the

content, processes, and competencies of graduates, education personnel, infrastructure, management, financing and evaluation of the education process. The standards of each component of the education must always be improved in a planned and periodic manner following the development of Medical Science and Technology and the demands of the Public Health Needs and Demands.¹⁶

Medical education is aimed at producing professional doctors through standardized processes according to the needs of public health services. According to Article 2 of the Permenristekdikti No.18 2018 states that the National Standards of Medical Education aims to:

- a) guarantee the quality of education, research, and community service carried out by the medical faculty and the faculty of dentistry in accordance with the criteria set out in the National Standards of Medical Education; and
- b) pushing the faculty of medicine and the faculty of dentistry to achieve quality education, research, and community service beyond the criteria established in the National Standards of Medical Education in a sustainable manner.

Doctor Professional Education Standards (DPES) were approved by the Indonesian Medical Council (IMC) in 2006. The preparation of the IMPES at that time had taken into account the Global Standards for Medical Education compiled by the World Federation for Medical Education (WFME). The IMPES has been used by all medical education institutions to conduct self-evaluations and develop internal quality assurance systems. IMC together with BAN PT has formed a Joint Accreditation Committee that develops the accreditation instrument to pay attention to the IMPES.

Professional education standards for doctors refer to RI Law No. 20 of 2003 concerning the National Education System, it is stated that the national education standards are the minimum criteria regarding the education system that applies in the jurisdiction of the Unitary State of the Republic of Indonesia. So that all graduates of medical education in Indonesia have equal quality.

Medical education graduates must have the ability in accordance with Indonesian Doctors Competency Standards (IDCS) which are approved by the Indonesian Medical Council as stipulated in Indonesian Medical Council Regulation No. 11 of 2012 concerning Indonesian Doctors Competency Standards.

The Indonesian Doctors Competency Standards consist of 7 (seven) competency areas derived from the duties, roles and functions of primary service doctors. Each area of competence is defined, called core competencies. Each competency area is broken down into a number of competency components, which are further broken down into the abilities expected at the end of education.

¹⁶IMC, 2006

The authority to overcome violations

The existence of health law has a very big influence on development, especially in the health sector. Health law includes *lex specialis* law that specifically protects the duties of the health profession (provider) in human health service programs towards the goal of the Health for All declaration and special protection of patients (receivers) to obtain health services.¹⁷

Law Number 23 of 1992 as amended by Law Number 36 of 2009 concerning Health and Law Number 29 of 2004 concerning Medical Practice is a general health policy that can be implemented by all parties and can simultaneously answer the challenges of the globalization era by increasingly complex health problems, especially in the case of malpractice in the medical profession.

In Indonesia, the authority to run the health professional profession is generally obtained from the Ministry of Health. However, since the entry into force of the Medical Practice Law on October 6, 2005, the authority of doctors to carry out medical practice in Indonesia is obtained from the Indonesian Medical Council (article 29 paragraph (2) of the Medical Practice Law).

In carrying out the tasks of IMC as referred to in article 7 of the UUPK, IMC has the authority (article 8 of the UUPK):

- a) approve and reject applications for doctor and dentist registration,
- b) issue and revoke doctor and dentist registration certificate,
- c) authorizing competency standards for doctors and dentists
- d) testing the doctor and dentist registration requirements,
- e) authorizes the application of branches of medicine and dentistry
- f) conduct joint coaching of doctors and dentists regarding the implementation of professional ethics established by professional organizations; and,
- g) make records of doctors and dentists who are sanctioned by professional organizations or their devices for violating the provisions of professional ethics.

With the issuance of Doctor Registration Certificate by the Indonesian Medical Council, the doctor who owns the Registration Certificate (STR) has the right to practice medicine in Indonesia, because he has fulfilled administrative requirements to carry out his profession. From the administrative requirements that have been fulfilled, doctors as profession bearers have obtained professional authority in carrying out their work.

Understanding that the tasks, functions and authority of IMC are intact, from upstream (education) to downstream (fostering medical practice), it is clear that UUPK is *lex specialis* for the medical profession. The Constitutional Court stated in its fatwa in 2007 that IMC was a State Institution and, the regulations issued by IMC (Perkonsil) were implementing regulations of the UUPK and therefore

in the hierarchy of the State legislation, the Perkonsil was at the level of Government Regulation. As a reinforcement, since 2011, all Perkonsil issued by IMC have been included as State sheets by the Indonesian Ministry of Law and Human Rights.

In fact, there are so many violations committed, starting from the selection of incoming student candidates (Faculty of Medicines, Faculty of Dentistry), the adequacy of the number of lecturers, the teaching-learning process to the fulfillment of facilities including the presence of a major teaching hospital. As if not realized that all these deficiencies will affect the quality of ethics-morals, knowledge, skills, discipline and professional development of graduates in the future when they have done independent practice in the community.

Considering the above reality, IMC temporarily stopped giving recommendations for the opening of a new FK since January 2010. The moratorium was later strengthened by a similar moratorium from the Directorate General of Higher Education Ministry of Education and Culture through SE Dirjen Dikti No. 1061 / E / T / 2012 in 2012. (SE of the Director General of Higher Education was issued in 2012 not 2010)

As is known, the cooperation with the Ministry of Education and Culture (cq Ditjen Dikti) since the beginning of IMC has been active in issuing permits for opening new Medical Study Programs, the Director General of Higher Education will start by asking for IMC recommendations.

The request in IMC is carried out through stages: evaluation (file evaluation / desk evaluation, continued visitation) then giving recommendations (approving, agreeing after correcting the deficiencies or, rejecting). The moratorium since 2010 has allowed IMC to have enough time together with the Directorate General of Higher Education to conduct intensive improvements to all FKs currently available.

According to the provisions of the applicable law, the Act will usually come into force 1 year after the Act was passed. During the transition period, especially regarding SIP, it is said that doctors or dentists who have had an assignment letter and / or SIP are declared to have a registration certificate and SIP based on this Law. These letters must be adjusted to what is stated in this Act no later than 2 years after the IMC was formed¹⁸ and carry out their duties independently.

4. Conclusion

The Role of the Indonesian Medical Council (IMC) Against Legislation on Medical Education Standards in Medical Services: The Indonesian Medical Council is an independent body that will carry out the regulatory function, which is related to improving the ability of doctors and dentists in carrying out medical practices. The Indonesian Medical Council has the function to arrange, authorize, establish and assist doctors and dentists who practice medicine, in order to improve the quality of medical services.

¹⁷Nusyeh Ki Jayanti, *Penyelesaian Hukum Dalam Malapraktik Kedokteran*, Legal Settlement in Medical Malpractice (Yogyakarta: Pustaka Yustisia, 2009). Hlm. 14.

¹⁸*Ibid.*

Medical Education Standards in Medical Services Stipulated by the Indonesian Medical Council: Medical Education Standards in Medical Services Stipulated by the Indonesian Medical Council are regulated in Indonesian Medical Council Regulation Number 10 of 2012 Concerning Indonesian Medical Professional Education Standards. Professional education standards for doctors refer to RI Law No. 20 of 2003 concerning the National Education System, Medical education graduates must have the ability in accordance with the Indonesian Doctors Competency Standards (IDCS) which are approved by the Indonesian Medical Council.

Education Standards retrieved from http://www.kki.go.id/assets/data/menu/Indonesia_Dentist_Profession_Education_Standard.pdf

Authority of the Indonesian Medical Council in the event of Violations of Medical Services by Doctors Not Fulfilling Medical Education Standards: To uphold the discipline of doctors and dentists in administering medical practice, the authority of the IMC is to establish an Indonesian Medical Disciplinary Honorary Council which is an autonomous institution of IMC and carries out its duties in a manner independent.

References

- [1] Effendi, Mukhlison, Ilmu Pendidikan, Educations (Jogjakarta: Nadi Ofset, 2008), hlm.1
- [2] Julita, Menuju Kepuasan Pelanggan Melalui Penciptaan Kualitas pelayanan, Towards Customer Satisfaction Through Quality Service Creation, Jurnal Ilmiah Manajemen dan Bisnis Program Studi Manajemen, Fakultas Ekonomi Universitas Muhammadiyah Sumatera Utara. Volume 01 No 01 Oktober 2001, hlm. 3
- [3] Konsil Kedokteran Indonesia, *Penyelenggaraan Praktik Kedokteran Yang Baik di Indonesia*, (Jakarta: IMC, 2006)
- [4] _____. *Standar Pendidikan Profesi Dokter*. (Jakarta: Konsil Kedokteran Indonesia, 2012)
- [5] Nusye Ki Jayanti, Penyelesaian Hukum Dalam Malapraktik Kedokteran, Legal Settlement in Medical Malpractice (Yogyakarta: Pustaka Yustisia, 2009). Hlm. 14.
- [6] Moenir. Manajemen Pelayanan Umum di Indonesia. Management of Public Services in Indonesia (Jakarta: PT. Bumi Aksara, 2002) Muhamad Sadi Is, *Etika dan Hukum Kesehatan*, (Jakarta: Kencana Prenadamedia Group, 2015)

Law and Legislation

- [7] Republic of Indonesia Law Number 20 Year 2013 Regarding Medical Education retrieved from [http://www.flevin.com/id/lgsso/translations/Laws/Law%20No.%2020%20of%202003%20on%20the%20National%20Education%20System%20\(BKPM\).pdf](http://www.flevin.com/id/lgsso/translations/Laws/Law%20No.%2020%20of%202003%20on%20the%20National%20Education%20System%20(BKPM).pdf)
- [8] Republic of Indonesia Law 36/2009 concerning Health. Retrieved from https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=91185
- [9] Indonesian Medical Council Regulation Number 10 of 2012 concerning Indonesian Medical Professional