

The Need for Specialist Doctors in the Development of Type B General Hospital at Regional Level

Desy Martha Panjaitan¹, Widyana Beta Arthanti¹, Mokhamad Khoirul Huda²

¹Master of Law Student, Hang Tuah University, Surabaya, Indonesia, ²Professor, Faculty of Law, Hang Tuah University, Surabaya, Indonesia

Abstract

Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification stated the classification of a hospital is no longer based on the number of specialist and subspecialty services as in the previous provisions, but rather emphasizes the number of beds. However, type B hospitals' problem is not the number of beds, but the lack of complete facilities, the availability of human resources such as the need for specialist doctors and the unequal distribution of type B hospitals at the regional level. This research aims to find out programs to fulfil the needs for specialist doctors in developing type B hospitals at the regional level. The results showed that the program to fulfil the needs for specialist doctors of type B hospital in the region could be as short-term, medium-term and long-term programs. Specialist doctor education scholarship programs are a better solution to fulfil type B hospitals' needs at the regional level. Thus, the fulfilment of the need for specialist doctors will improve the quality of health services.

Keywords: Hospital Classification, Specialist Doctors, healthcare services, Corona Virus Disease-19

Introduction

As one of the healthcare service facilities, hospitals are part of health resources and critically needed in supporting the implementation of health efforts. The implementation of healthcare services in hospitals has very complex characteristics and organizations.¹ Different types of health workers with their respective scientific devices interact with each other. Medical science and technology are developing rapidly, making health workers inevitably have to increase competence to provide quality services to increase the problem complexity in hospitals.

Through the provisions of Law of the Republic of Indonesia No. 36 of 2009 on Health (referred to as Health Law) and Law of the Republic of Indonesia No.

44 of 2009 on Hospitals (from now on referred to as the Hospital Law), the government and hospitals have a responsibility to support development in the health sector to achieve optimal results by utilizing health workers, facilities and infrastructure, both in quantity and quality.

Since March 2020, Indonesia has got Corona Virus Disease-19 (COVID-19) pandemic, and for the time being, the case is still increasing. East Java is the second largest province after Jakarta in the number of COVID-19 confirmed positive cases. At the beginning of February 2021, hospitals in the region were overwhelmed in handling the rapid increase of COVID-19 cases and made several referral hospitals had overloaded capacity.² Type B hospital is a referral hospital to handle COVID-19 patients with proper treatments. The referral hospital should have complete medical equipment such as breathing aids or ventilators, adequate diagnostic equipment, and sufficient specialist doctors based on the list of needs. However, unfortunately, the lack of medical equipment and the limited number of competent specialist doctors is still happening now.

Corresponding author:

Dr. Mokhamad Khoirul Huda

Professor, Faculty of Law, University of Hang Tuah Indonesia, Contact: Tel.+6281357437000
Email – emka.huda@hangtuah.ac.id

Based on data released by the Board for Development and Empowerment Human Resources of Health of the Republic of Indonesia in 2016, Surabaya has three types A hospitals, 19 type B hospitals, 27 type C hospitals and 8 type D hospitals.³ Type B and type A hospitals are hospitals with more specialist medical services. The frequent problems that arise are the limitations of specialist doctors and the lack of adequate medical equipment. As a result, the quality of health services is decreasing. Specialist doctors and complete medical equipment are essential to provide excellent health service quality as an indicator of better medical measures. Besides, the location of type B hospitals in Surabaya is also not equally distributed.⁴ It can prevent people from getting health services according to their needs.

The issue of the availability of specialist doctors is currently quite complex. In 2010, there was still a shortage of health workers in government-owned hospitals (Ministry of Health and Regional Government). It included 2,098 specialist doctors, 902 general practitioners, 443 dentists, 6,677 nurses/midwives, 84 undergraduate pharmacists, 979 assistants' pharmacists, 149 public health workers, 243 sanitarians, 194 nutrition workers, 800 physical trainers, and 2,654 medical technicians. Thus, by considering the data of government-owned hospital, the shortage of health workers will be even greater if the need for health workers in hospitals belonging to other technical ministries is calculated such as the Hospital/Health Institute of the Indonesian National Army and the Indonesian Police and other private hospitals. This problem is caused by the limited number of specialist doctors and the tendency for specialist doctors to work in big cities. Based on data, 65% of specialist doctors want to work in Java and Bali. It has resulted in a lack of specialist doctors in type B hospitals in regencies' level and Java and Bali outside areas.⁵

The most recent amendment to the Minister of Health Regulation No. 3 of 2020 on Hospital Classification is no longer based on the number of specialist and sub-specialist services, yet it is based on the number of beds. The amendment expected the hospital to get more comprehensive health services coverage and improve human resources, facilities, and infrastructure. Hospitals can have unlimited specialist services without any

number limits.⁶

The Minister of Health Regulation 3 of 2020 only regulates this hospital's classification, while the referral system for the Healthcare and Social Security Agency is not yet regulated. So, although type B hospitals can improve the quality of their health services, it does not guarantee the number of referred patients will be accumulated since BPJS regulations on tiered referrals are still not well implemented by health facilities.

Hospitals need to pay attention to the quality of health services, even though the conditions mentioned above have changed. In improving health services, hospitals certainly need to fulfil the need for specialist doctors to provide excellent health services to the community, especially in the COVID-19 pandemic condition.

Thus, the authors are interested in writing the needs in developing type B hospitals to improve the quality of health services. It is necessary to find a solution to answer the problems of regional type B hospitals. One of the problems mentioned is the lack of specialist doctors in type B hospitals in particular districts or regions. So, in this study, the question pointed will focus on; whether the issuance of Permenkes No. 3 of 2020 can increase the need for specialist services in regional type B hospitals; whether fulfilling the needs of specialist doctors can improve health services for regional type B hospitals, and what better solution to fulfil the needs of specialist doctors in regional type B hospitals is.

Discussion

The Need for Type B Hospital Development in the Aspects of Health Law

The Minister of Health Regulation No. 3 of 2020 replaced Minister of Health Regulation No. 30 of 2019 on Hospital Classification and Licensing (from now on referred to as Permenkes No. 3 of 2020) because of its developments and legal needs. According to the Minister of Health Regulation No. 3 of 2020, hospitals are health service institutions providing complete individual health services, including inpatient, outpatient, and emergency services.^{7,8}

The considerations of the Minister of Health Regulation No. 3 of 2020 are that the implementation of professional and responsible hospital services is needed

in supporting health efforts in a series of comprehensive and integrated health development; that the Minister of Health Regulation No. 30 of 2019 needs to be adapted to developments and legal needs; that based on the considerations as referred to in letters a and b, as well as in order to implement the provisions of Article 24 paragraph (4) and Article 28 of the Hospital Law, it is necessary to stipulate a Regulation of the Minister of Health on Hospital Classification and Licensing.^{9,10}

The following is the article in the Minister of Health Regulation No. 3 of 2020 dealing with services and classifications of various hospitals, including type B hospitals. Article 7 states that general hospitals, as referred to in paragraph (1), consisting of medical services and medical support, nursing and midwifery services, and non-medical services. In article 8, medical services and medical support, as referred to in Article 7 paragraph (2) letter a, consists of general medical services, specialist medical services, and subspecialty medical services. Article 17 paragraph (2), Type B general hospital as referred to in Article 16 paragraph (1) letter b is a general hospital which has a number of beds at least 200 (two hundred).

A review of the contents of Regulation of the Minister of Health No. 3 of 2020 is as follows:

1. Hospital Law Article 24 and Elucidation of Paragraph 2, general hospitals differ in classification based on facilities and medical service capabilities. the Minister of Health Regulation No. 3 of 2020 distinguishes hospital classes based on the number of beds.

2. Health Law Article 30, tiered referral system through the first, second and third level of healthcare facilities, ensures that second-level services have standardized capabilities, and third-level services can receive referrals. the Minister of Health Regulation No. 3 of 2020 is not following the reference pattern stated in the Health Law.

3. The Minister of Health Regulation No. 3 of 2020 gives doctors, specialist doctors and subspecialists doctors freedom to practice in all hospital classes based on an analysis of work needs, service needs, and hospitals' service capabilities. It means community needs and infrastructure support the practising doctors according to their competence. If the health office

approves the analysis, then the SIP will be issued, and vice versa.

4. The Minister of Health Regulation No. 3 of 2020 is automatic in terms of class promotion. If the hospital bed is in the minimum number of hospital upper-class classification, the hospital automatically raises its class in the national review or BPJS health report.

5. The Minister of Health Regulation No. 3 of 2020 has put each hospital to compete openly. The competition is possible because doctors can be in all hospital classifications as the main component of service.

As a health institution with a mission to improve the community's health status, the general hospital has played a role in maintaining and improving the health status of the community. If the services provided are as desired, the patient will be satisfied. With the increase in service quality, patient satisfaction will also increase and lead to loyalty.¹¹ In this case, the authors assess the type B general hospital is not much different from the type A general hospital. The type B general hospital also provides many specialist services. The matter is only the health service of Type B general hospital as not complete as the type A general hospital. Type B general hospital also requires a minimum of different standards and conditions. Unlike the previous the Minister of Health Regulation, the Minister of Health Regulation No. 3 of 2020 does not discuss the criteria for fulfilling specialist services a hospital must-have. This Permenkes only classifies the difference between hospitals from the number of beds. It is such a big question whether the Permenkes is a solution to improve the quality of hospital services, which has not been able to upgrade to the upper type of hospital because of the lack of specialized services the hospital must provide. Another question might be whether the Permenkes provides an opportunity for any hospital to become an upper type hospital by only considering the number of beds, or the Minister of Health Regulation becomes a challenge for any type of hospital to compete tightly in offering excellent service and become the preferred public hospital.¹²

For type B general hospitals, this the Minister of Health Regulation is a challenge because it will create many new type B general hospitals, increasing competitiveness among type B hospitals in one region.

Therefore, increasing the quality of hospital health services is essential. The more complete the health facilities and the hospital's specialist services, the better the service quality will be. For this reason, type B general hospitals with an insufficient number of specialist doctors must find solutions to meet the needs for specialist doctors to develop hospital services.

Solutions to Meet the Needs of Type B Hospital Development

Type B general hospital has to continue to fix existing problems; infrastructure (completeness of equipment) and human resources. These two things must be improved gradually in terms of human resources with medical workers' provision, especially specialist doctors, and additional facilities on an ongoing basis. Management of medical equipment in a hospital, including selection, procurement, installation and maintenance, is essential to support service readiness. It also has a positive impact on the effectiveness of health services in the hospital. Professionally managed health equipment demonstrates the quality assurance of the equipment.¹³ The management is, of course, also supported by human factors as a critical role. This human factor is essential to minimize medical errors and unwanted incidents and improve patient safety when medical equipment is used. These aspects become a concern in developing a type B general hospital.

The central or regional government manages specialist doctor programs for government-owned type B general hospitals or hospitals for private hospitals. Regarding specialist doctors' fulfilment, the city government is providing scholarships to doctors to complete their specialist education immediately. After graduating to become specialist doctors, they served in type B general hospital with a smaller number of specialists doctors to improve health services quality.

The presence of specialist doctors is significant in realizing excellent health service quality as the indicator of better medical measures. The type B hospital must be ready to become a referral for surrounding C and D hospitals not in Surabaya only, but also surrounding hospitals. Type B hospital must also be ready to provide adequate services in terms of human resources, supporting infrastructure, administration and hospital management. However, the most important thing is

healthcare availability- human resources; specialist doctor, both medical and dentistry. The city government is more focused on sending general practitioners and dentists to pursue specialist education.

The Ministry of Health of the Republic of Indonesia has also been trying to overcome shortages of doctors and specialists with a breakthrough program. The *Nusantara Sehat* program in 2015-2019, which was a particular assignment program for health workers in underdeveloped areas, borders and islands, aimed to strengthen primary health services and fulfil the need for health workers. Presidential Decree No.31 of 2019 on the utilization of specialist doctors is a replacement program for the Compulsory Work of Specialist Doctors (WKDS) in 2017-2020 aimed to increase public access to quality health services to reach universal health coverage by fulfilling the needs of specialist doctors and equal distribution of specialist health services.¹⁴

Optimization of equity and the fulfilment of specialist doctors through Specialist Doctor Utilization^{15,16,17}

1. Ease of access to needs and participant registration process through the PGDS Web;
2. Support from the Ministry of Research, Technology and Higher Education and the Faculty of Medicine: Prospective students of PPDS make a notarial statement to participate in a government program after graduation.
3. Modification of tuition assistance for the final year of PPDS students to tie them to government programs (current PPDS participants)
4. All PPDS participants, four basic specialists and three other specialists, are funded by Endowment Fund for Education (LPDP), especially participants with regional affirmation concept.

One solution for the distribution of specialist doctors is to accelerate the education of specialist doctors. This method is considered necessary because specialist education is currently running slow, and many graduates are not suitable for working in areas with a shortage of specialists. Regional and central governments need to make joint policies in recruiting specialist candidates and cooperation with universities and teaching hospitals.

With this policy, the specialists will be recruited based on the doctor's compatibility with the hospital's economic and cultural conditions they are going to occupy. Once the suitability is established, it is expected that a specialist doctor will have a long-life career in his place without having to move to another area. The aim of the cooperation between government and the medical faculty is to find some useful innovations for specialist doctors to be suitable for working in their place, including being competent in interacting with the local social and cultural system.^{18,19}

Each regional government also has a role in overcoming the shortage of specialist doctors in type B hospitals in their respective districts. Following Law No. 23 of 2014 Article 67, one of Regional Heads and Deputy Regional Heads' obligations is "Implementing National Strategic Programs". Regional governments have mandatory instruments in improving health services.¹⁸ Assignment of a specialist doctor in the region's type B hospital by signing a one-year contract agreement can be a short-term solution. The medium-term solution is to increase the incentives for specialist doctors on duty at the hospital. It will stimulate more specialist doctors willing to be assigned to the area. With regional incentives, doctors' welfare will improve. The long-term solution is to create an agreement-based full scholarship program for local general doctors. After graduating as specialist doctors, the program participants must be willingly assigned to type B hospitals in the region that lack specialist doctors.²⁰

Several regions have implemented these solutions, such as the following areas: In order to realize Aceh Carong, the Aceh Government through the Aceh Human Resources Development Agency, provides opportunities for Acehnese sons/ daughters who wish to continue their education for specialist doctors/subspecialists by obtaining scholarships from the Aceh Government for the 2019 Fiscal Year. One of the requirements for this scholarship is that participants are willing to sign a statement letter after graduating from specialist/sub-specialist education; they will be utilized at the hospital, which gives recommendations.²² The Papua region also issued a Circular Letter No. 422.5/13048/SET on Registration and Selection of Specialist Doctor Affirmation for Special Autonomy for Papua 2020. This policy provides an opportunity for sons and daughters

of the Papua region to complete specialist education and serve in the province of Papua.

It is expected by the cooperation between the regional/central government and the medical faculty; it can make useful innovations so that the result of the education, the specialist doctors, can suit with the working environment including being competent in interacting with the local social and cultural system. The Lingga Regency Health Office, Riau Islands, collaborate with specialist doctor providers, such as the medical faculty. Collaboration with health institutions is one solution to providing health workers. Specialist doctors are supplied by providers (medical faculties) according to regional needs and worked based on contracts agreed upon by the department and the faculty. The collaboration between the Lingga Health Office and the hospital is closely related to implementing the community health protection scheme (Jamkesmas) and regional level health insurance schemes.²¹

Increasing the competence of health workers must also be a concern. Health workers' competence needs to be continuously improved through a series of courses and comparative study training to make them able to carry out health service tasks adequately, applicatively and systematically according to developments of health technology. If the quantity and distribution of qualified and competent health workers are continuously monitored intensively by the government, the public's degree of health services will increase. The growth and equal distribution of health workers must always be accompanied by efforts to improve their quality and competence.³¹ This strategy triggers the rise of the community's hope for easy, equitable and quality health services; Thus, Indonesia can get superior and competitive human resources. However, keep in mind that apart from strengthening human resources and medical equipment, improving health services needs to be continuously improved.

Conclusion

The COVID-19 pandemic in Indonesia has dramatically affected the health service system in all health facilities, including type B hospitals as one of the regional level's referral hospitals. The specialist and subspecialty services in the type B hospital can run well if the hospital is fulfilling the need for specialist doctors

and medical equipment.

According to the Minister of Health Regulation No. 3 of 2020, hospital classification is classified based on the number of beds. It provides an opportunity for the hospital to upgrade its type of hospital, improve health services, and overcome specialist and sub-specialist services' limitations. On the other hand, the Minister of Health Regulation No. 3 of 2020 becomes a challenge for hospitals to compete to get public attention, especially in a pandemic situation like today. The hospital needs to overcome the shortage of specialist doctors; therefore, Type B hospital, as a referral hospital, can provide specialists and subspecialists services well.

There are some solutions to overcome the shortage of specialist doctors. At the beginning of the official bond education program for specialist doctors, the health department needs to pay attention to several things, including preparation of locations according to needs, preparation of supporting facilities for job optimization, preparation of central government budgets or regional government budgets, and the clarity of security situation and socio-cultural areas to be addressed. In this case, what takes precedence is the recruitment of native sons and daughters of the area. Regional government collaborates with medical faculties of universities in the region for non-permanent staff, especially specialist doctors and subspecialty doctors. Regional government provides incentives to specialist doctors who are willing to serve in the regional hospital. Central government and regional governments need to make special regulations to regulate some regions. Those are related to the distribution and redistribution of specialist doctors in their regions, assisting with tuition fees for final students of the Specialist Doctor Education Program to be utilized as needed once they finish their education, funding for specialist doctor education by the government, and empowerment by using official bond service pattern.

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