

Services of Specialist Doctor at Type C Regional General Hospital based on Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification and License

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Abstract

The problem occurs when the number of human resources for health workers, mainly the number of specialist doctors, is not comparable to the number of hospitals in Indonesia, particularly in type C regional general hospitals. Currently, many private hospitals are competing to provide better and quality services. When they are sick, many people choose a hospital with a much better and modern service. It becomes a concern for the government to meet its citizens' basic needs in the health sector. The problem that lies behind the researchers to write is Regulation of the Minister of Health No.3 of 2020 on Hospital Classification and License to find out a legal review of specialist doctor services at type C regional general hospital. Based on the analysis of the Regulation of the MinisterNo. 3 of 2020 on hospital classification and license, the regulation does not regulate the minimum requirements for specialist doctors in each hospital classification. It causes an unequal distribution of specialist doctors in type C regional general hospital and results in the unequal quality of health services throughout Indonesia.

Keywords: *Regional General Hospital, Law, Specialist Doctor, Type C Hospital Classification*

Background of Study

Based on Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification and License, it is necessary to carry out a legal analysis of the need for specialist doctors in every hospital, especially in type C hospitals. The legal analysis is to improve the degree of equitable public health in distributing specialized healthcare services and improving regional healthcare services. As quoted from *kompas.com*, specialist doctors' ratio to a population is 14.6 per 100,000 population where this ratio exceeds the target ratio set. Still, the distribution of specialist doctors is not evenly

distributed.¹ This condition raises many problems, and it becomes worse when it is in an emergency. There is no standby-specialist doctor at the hospital, so the patient must wait for doctors from other hospitals. The lack of concern for health services has resulted in unfulfilled health services standards and rampant lawsuits by the public.

On the other hand, hospitals are obliged to improve quality and service by especially presenting specialist doctors to make the public believe hospital services' quality.² However, the problem occurs when the number of human resources, especially medical specialist doctors, is not comparable to the number of hospitals throughout Indonesia. The specialist doctors are located in major provinces in Indonesia and are piled up in type A and B hospitals. The unequal distribution of specialist doctors results in the quality of health services throughout Indonesia. Based on the Regulation of Minister of Health No. 23 of 2019 on the criteria for

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determining the needs and selecting candidates for civil servants in 2019, regional governments must submit the number of civil servants to the central government. However, as stated in article 31 paragraph (2) of Law No. 23 of 2014 on Regional Government, the government has the autonomous right to handle the health sector to accelerate public welfare improvement. It is an increase in the human development index marked by an increase in health, education, and community income, even though type C and D hospitals require specialist doctors. The four basic specialist doctors needed are pediatrician, surgeon, internist, obstetricians and gynecologists, and an anesthetist as the supporting specialist doctors.

Hospital as one of the health service facilities is part of health indispensable resources in supporting the health efforts. Essentially, the hospital functions as a place to cure diseases must carry out health service efforts, including promotive, preventive, curative, and rehabilitative, and health restoration, as the government's responsibility in increasing the level of community welfare.³ The right to get healthcare services in government hospitals must be protected to ensure health financing for the poor and emergency financing in hospitals because of disasters and extraordinary incidents.⁴

According to Law No.36 of 2009 on Health Article 1 paragraph (1) (from now on referred to as the Health Law), health is a healthy state of physical, mental, spiritual, and social, enabling everyone to have productive life socially and economically. Health is a prerequisite for good economic growth because unhealthy people cannot work correctly, effectively, and productively, and they will spend their finance on their health treatments. The problem of healthcare and the importance of health maintaining is an integral part of the safety of productive human life as a fundamental right for every person guaranteed by the 1945 Constitution,⁵ as stated by article 28H, that everyone has the right to healthcare services. Based on article 34 paragraph (3), the state is responsible for providing proper health service and public service facilities.

Nowadays, medical science and technology are developing rapidly; hence, in this case, medical personnel and health workers must work harder also to improve their capacity by providing optimal, humane, and quality services. Nevertheless, the power of technology must be utilized carefully and responsibly to ensure its application is carried out efficiently and humanely.⁶ Satisfying and quality service, the friendliness of experienced senior doctors in handling health cases becomes a consideration for prospective patients to choose a particular hospital. According to Mosadeghrad (2013), the excellent quality of health services is indicated by appropriate service methods, good communication, joint decision making, and cultural sensitivity.^{7,8} Based on the description above, the researchers aim to outline the main issues on the general description of the distribution of specialist doctors, a legal review of the needs for specialist doctor services based on Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification and License, and service quality and distribution of specialist doctors in type C regional general hospital (RSUD).

Discussion

Hospital

The hospital definition is clearly stated in Article 1 of Law No. 44 of 2009 on Hospital and Article 1 of Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification and License. It is stated as follows, "Hospitals are health service institutions organizing comprehensive individual health services that provide inpatient, outpatient and emergency services." Meanwhile, the Hospital in several references is explained as something with some elements, including physical buildings and other infrastructures, patients and doctors; the existence of services; the presence of sick people; the existence of treatment and medical action as professional practice.⁹

To achieve its objectives, functions, and roles requires a transparent form of regulation; the hospital requires adequate legal instruments. Based on Law No. 44 of 2009 on Hospitals, article 1 paragraph (2), government, local government, or the private sector

can establish hospitals. Meanwhile, the Regulation of the Minister of Health on Hospital Classification and License, article 16 paragraph (1), stated the distinction of hospital classification. General hospitals' classification is divided into type A general hospital, type B general hospital, type C general hospital, and type D general hospital. Furthermore, in Article 17, it is explained in detail about the difference in hospital classification as follows;

1. Type A general hospital, as referred to in Article 16 paragraph (1) letter (a) is a general hospital that has many beds of at least 250 (two hundred and fifty) units.

2. Type B general hospital, as referred to in Article 16 paragraph (1) letter (b), is a general hospital that has many beds at least 200 (two hundred) units.

3. Type C general hospital, as referred to in Article 16 paragraph (1) letter (c), is a general hospital that has many beds at least 100 (one hundred) units.

4. Type D general hospital, as referred to in Article 16 paragraph (1) letter (d), is a general hospital that has many beds at least 50 (fifty) units.

Hospital classification is further explained again in the Draft of Government Regulation of the Republic of Indonesia in implementing Law No. 11 of 2020 on Job Creation of Health Sector in Hospitals. The government determines hospitals' classification based on health service facilities, supporting facilities, and human resources. As stated in article 16 of the Draft of Government Regulation, hospital classification arrangement remains only based on the number of beds. It is still the same as the previous regulation in Article 17 of the Regulation of the Minister of Health No. 3 of 2020. However, it is still in the discussion stage, which has not yet been passed into a Government Regulation.

Articles 18 and 19 of Law No. 44 of 2009 on Hospitals explained that hospitals are different based on the type of service and management. Based on the types of services provided, hospitals are categorized into general hospitals and specialized hospitals. The general

hospital provides health services in all fields and types of disease, while a specialized hospital only provides primary services in one particular field or type of disease based on scientific discipline, age group, organ, or other specificities.¹⁰

Type C Regional General Hospital

Regional General Hospital belongs to local, district/city, or provincial government. It provides health services and must have clearly defined standard services following the public's expectations and needs.¹¹ The process of service delivery strongly influences the quality of health services in hospitals. Therefore, the improvement of quality factors such as physical facilities, available human resources, medicines, and medical devices, including professionalism, becomes the critical factor in quality health services and results in equitable distribution of health services to the whole community.¹²

Type C Regional General Hospitals is commonly facing a fact on the lack of specialist doctors. According to the Board for Development and Empowerment Human Resources of Health, at the end of 2019, there were 350 Type C Regional General Hospitals in Indonesia. In performing its functions, the Type C Regional General Hospitals requires at least basic specialist doctors (internist, obstetricians and gynecologists, surgeons, and pediatrician) and supporting specialists (radiology specialists, anesthetists, and clinical pathologists).¹³ The evaluation of the Board for Development and Empowerment Human Resources of Health of the Ministry of Health showed as many as 216 hospitals had met the needs for specialists, while the other 134 hospitals have not met the need yet either basic specialists or supporting specialist doctors. The non-fulfillment of specialist doctors in 134 related regional general hospitals can cause sub-optimal service for type C regional general hospitals.

The Need for Specialist Doctor Services at Type C Regional General Hospital

The need for specialist doctor services in Type C Hospitals was once regulated in several Regulations of the Minister of Health, initially regulated in the Regulation of the Minister of Health No. 56 of 2014 on Hospital Classification License. As stated in article 43, the medical workers at the type C regional hospitals consist of at least 9 (nine) general practitioners for basic medical services; 2 (two) general dentists for oral dental, medical services; 2 (two) specialist doctors for each type of basic specialist medical service; 1 (one) specialist doctor for each supporting specialist medical service; and 1 (one) specialist dentist for each type of oral dental specialist medical service.

Regulation of the Minister of Health No. 56 of 2014 subsequently changes to the Regulation of the Minister of Health No. 30 of 2019. In Article 19, it is emphasized that class C general hospital is a general hospital that has facilities and medical service capability of at least 4 (four) basic specialists and 4 (four) specialist medical support. The last amendment of Regulation of the Minister of Health on Hospital Classification and License issued in early 2020 is the Regulation of the Minister of Health No. 3 of 2020 on Hospital Classification and License. Based on this amendment, the medical services provided in Type C Hospital are divided into 3; general medical services, specialist medical services, and subspecialty medical services.¹⁴

The difference between the Regulation of the Minister of Health No. 3 of 2020 from the previous one is the removed part or ambiguity on what types of subspecialists are included in the basic subspecialty category, what is included in other subspecialty groups. The specialist doctors for basic medical services, specialist doctors for medical support services, and specialist doctors for medical services other than basic specialists and subspecialists are no longer mentioned in detail also. The operating license for determining the type of hospitals no longer requires based on the assessment results of the fulfillment of the Hospital classification criteria such as buildings and infrastructure, service capability, human resources, and equipment, but only based on assessing the number of beds. In this case, it

becomes a challenge, an opportunity, or even a threat for type C regional general hospitals. There will be disadvantaged parties and vice versa by enacting the Regulation of the Minister of Health No. 3 of 2020.

Quality of Service of Specialist Doctors at Type C Regional General Hospital

According to Parasuraman et al., there are five aspects to view the service quality of specialist doctors in type C regional general hospital : reliability, responsiveness, assurance, empathy, and tangibility. Reliability is the ability to provide services reliably and accurately. Responsiveness is the willingness to help service users and provide services on time. Assurance is the knowledge and friendliness of service providers and their ability to inspire service users' trust and comfort. Empathy is a complex cognitive and affective response to the emotional distress of others. Tangibility is the physical facilities, equipment and appearance of service personnel.¹⁵ Government must realize public service to the community as one of the community's rights, including the right to Empathetic services. Health is a right and an investment. Every citizen has the right to health, including the poor, therefore, there must be a system to regulate its implementation to fulfill citizens' rights to stay healthy. Health services are the rights of everyone guaranteed by the 1945 Constitution of the Republic of Indonesia, and it must be placed as the primary effort to improve the highest public hea^{16,17}

Based on several studies, specialist doctor services at type C regional general hospital were not optimal since many people do not experience excellent service. The quality of fast and precise service at the type C regional general hospital has not been achieved. There are still many convoluted service procedures, and the community is still having difficulty getting the information services needed.¹⁸ The unequal distribution of specialist doctors in various type C regional general hospital type C, then the amendment to the Regulation of the Minister of Health No. 3 of 2020 from the previous regulation is a challenge, opportunity, and threat for type C regional general hospital. It becomes a consideration

in improving the quality of health services for type C regional general hospital.¹⁹ Accordingly, the Specialist Doctor Utilization Program can be a solution to the need for equal distribution of specialist doctors in type C regional general hospital to optimize the quality of health services for the community.

The regional government's role should be further improved in the health sector to maintain the distribution of specialist doctors. Based on article 9 paragraph (3) of Law No. 23 of 2014 on Regional Government, concurrent government affairs are government affairs shared between the Central Government and Provincial and Regional Governments. Concurrent government affairs submitted to the Regions are the basis for the implementation of Regional Autonomy.²⁰ The health sector is a compulsory concurrent government affair related to basic services that fall under the region's authority.

Conclusion

Regulation of the Minister of Health No. 3 of 2020 only determines the classification of hospitals based on the number of beds, while the number and qualifications of specialist doctors are only adjusted to the results of the analysis of the workload, needs, and capacity of hospital services. It is no longer specific to determine the distribution of specialist doctors, especially in the type C regional general hospital, where usually it is a lack of specialist doctors. It results in health services that are not optimal for specialist doctors at type C regional general hospital. The quality of service is a crucial thing to get attention more. Hence, Regulation of the Minister of Health No. 3 of 2020 should not eliminate the minimum requirements for basic specialist doctors owned by hospitals, and the Draft of Government Regulation on Job Creation in the Health Sector in the Hospital should restate the details of the number and specifications of specialist doctors in each hospital. It is expected to be a solution to the need for equal distribution of specialist doctors in type C regional general hospital to optimize the community's quality of health services.

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