

TRANSFER OF AUTHORITY OF THE INDONESIAN MEDICAL COUNCIL TO ISSUE REGISTRATION CERTIFICATES FOR MEDICAL PERSONNEL

Syofini Handayani^{1*}, M. Tauchid Noor², Ninis Nugraheni²

^{1,2,3}Magister Ilmu Hukum, Universitas Hang Tuah Surabaya, Surabaya, Indonesia
fini.yani7@gmail.com^{1*}, tauchidnoor@gmail.com², ninisnugraheni@gmail.com³

Abstract

This research aims to analyse the basic legal ratio of the authority of the Indonesian Medical Council in issuing Registration Certificates for medical personnel and to analyze the legal consequences of issuing Registration Certificates for medical personnel by the Indonesian Medical Council after the issuance of Law Number 17 of 2023 concerning Health. The research approach used was normative juridical research. The legal materials used were primary and secondary legal materials. The technique for collecting legal materials in this research was by conducting a literature study. The research results showed that after the issuance of Law 17/2023, the central government through the Minister of Health is simplifying the practice requirements for medical personnel by introducing lifetime STR and SIP with the SKP system which is assessed directly by the Minister of Health and Regional Government. The legal consequences are not only a shift in norms, but also the formation of a new council with the latest structure, the SKP requirements shifted from the issuance of STR to SIP, and also the emergence of SKP management authority by the Regional Government c.q. Head of the Regency/City Health Service or Head of the Regency/City Regional Investment and One-Stop Integrated Services

Keywords: *Transfer of Authority, Indonesian Medical Council, Registration Certificate, Medical Personnel*

INTRODUCTION

The medical profession's implementation is evolving in tandem with the advancement of science and technology in the health sector, which is becoming increasingly complex and encompasses different facets of human existence. Consequently, it is imperative that medical professionals remain informed about the latest advancements in health science. Personnel who have concluded formal education levels are essentially perpetually educated.

The obligations of a medical professional in society are not solely focused on the provision of medical care; rather, they prioritize the preservation of health. Health maintenance encompasses a more comprehensive comprehension and definition than healing, which is exclusively preventive and repressive (Bloom, 2011; Dahl, 2009; Sarno, 2001). Therefore, it is not a business profession; rather, it is a profession that must be conducted with the utmost morality, as it is required to consistently be prepared to offer assistance to those in need. Furthermore, medical professionals are required to expand their knowledge through research.

Medical personnel are required to execute their duties with complete accountability and discipline in the context of their humanitarian responsibilities. Maintenance, prevention, and cleansing services, as well as health maintenance instructions, are the responsibility of medical personnel. In order to prevent the emergence of unprofessional medical professionals and the potential for medical malfeasance, the requirement for competence and ongoing development is essential for becoming a medical professional (Baldiiseri, 2007; Jha et al., 2015; Mak-Van Der Vossen et al., 2017). Medical malpractice is a type of professional error that can result in patient injury as a direct consequence of the act or negligence of medical personnel, as per Hermien Hadiati Koeswaji.

Adami Chazawi provides a more detailed definition of medical malpractice, which is the intentional or negligent execution of acts (active or passive) in medical personnel practice on their patients at all levels that violate professional standards, standard procedures, or professional principles of medical personnel. This can be due to the following: the absence of informed consent or outside informed consent, the absence of a Practice Permit (SIP) or a Registration Certificate (STR), the failure to align with the patient's medical needs, the infliction of harm on the patient's body, physical or mental health, or life, resulting in legal liability for medical personnel.

The written substantiation provided to health workers who possess a competency certificate in the form of a Registration Certificate, or STR in Indonesia (Ardi et al., 2023; Jaelani & Hanum, n.d.). If health workers possess a diploma and a competency test certificate, which are awarded to students upon successful completion of the education program exam and competency test, they may apply for a STR. The competency test certificate is issued by the Directorate General of Higher Education (DIKTI), while the diploma is issued by the student's college. Subsequently, the Indonesian Medical Council (KKI) may issue the STR. Health professionals who possess a STR are permitted to conduct health service activities in accordance with their respective specialties. Subsequently, the Head of the Regency/City Health Office issues a SIP in accordance with the STR that has been issued. Health professionals, particularly those who are practitioners, are required to complete STR and SIP. This obligation is as outlined in the Regulation of the Minister of Health Number 83 of 2019 concerning the Registration of Health Workers (hereinafter referred to as PMK 83/2019).

KKI is authorized to either issue or revoke STR. This authority has been conferred since the enactment of Law Number 36 of 2014 concerning Health Workers (Law 36/2014). The KKI is accountable to the President through the Minister, as stipulated in Article 34 paragraph (5). The interpretation of responsibility in this context does not extend to whether it is an extension under subordination. The KKI is a subordinate of executive power, particularly in the health sector, under the Ministry of Health, as stated in Article 260 of Law Number 17 of 2023 concerning Health (Law 17/2023). This regulation modifies the authority of the KKI, as

outlined in Article 38 of Law 36/2014, which excludes elements of government power in the executive sector from determining the issuance of STR.

This task is indeed interrelated with universities under the Ministry of Research, Technology, and Higher Education as a regulatory entity that functions to enhance the practice capabilities of doctors and dentists. Kemenristek Dikti is responsible for educational functions until graduation, while KKI is responsible for educational and coaching functions after the completion of the profession. It is reasonable to assume that health is a human right that must be protected by the state; therefore, the Ministry of Health's role and intervention are inextricably linked. However, if we consider the status of KKI as an institution that is autonomous, independent, non-structural, and independent, assigning the organization's responsibilities and functions to the Ministry of Health will result in subordination, which will result in the revocation of KKI's autonomous status. Furthermore, the obligation to possess a competency certificate, which is reviewed every five years in order to issue a new STR, is regulated by the previous regulation, the Regulation of the Minister of Health of the Republic of Indonesia Number 83 of 2019 concerning Registration of Health Workers (hereinafter referred to as Ministry of health Regulations 83/2019). In the interim, the most recent regulation, Law 17/2023, mandates a lifetime STR with a minimum competency certificate requirement. This latest regulation suggests a shift in the legal policy of health law regulations. Legal policy is a fundamental policy that establishes the direction, form, and content of the law that is to be enacted. The role of political authority in the development of legal policy is inextricably linked.

Nevertheless, it is important to acknowledge that the medical profession is evolving in tandem with the advancement of science and technology in the field of medicine, which is becoming more sophisticated and encompasses a wide range of human experiences. Consequently, medical professionals are obligated to continuously expand their knowledge by adhering to the advancements in health science, which is essentially an endless process. Consequently, the absence of a period of validity for STR, which necessitates the fulfillment of Professional Credit Standards (SKP), raises concerns that a significant number of medical professionals may fail to remain informed about the advancements in health science and may commit medical malpractice. The extension of SIP is now contingent upon the fulfillment of Professional Credit Standards (SKP). SIP is issued by the Head of the Regency/City Health Office, which has resulted in a change in the function of professional education institutions from what was originally performed by KKI to the Regional Government. KKI is experiencing a gradual decline in its functionality as a result of this regulation (Kim, 2012).

The issuance of STR is regulated by Menkes HK.02.01/MENKES/1911/2023, which remains the exclusive authority of KKI and is not subject to interference by the Minister of Health of the Republic of Indonesia, as long as there is no Government Regulation. Nevertheless, the mandate of Law 17/2023, which mandates the Minister of Health of the Republic of Indonesia to participate in the issuance of STR, presents a quandary regarding the Minister of Health's actual responsibilities. The objective of this study is to examine the ratio legis basis of the authority of the Indonesian Medical Council in issuing Registration Certificates for medical personnel and to examine the legal repercussions of the issuance of Registration Certificates for medical personnel by the Indonesian Medical Council following the enactment of Law Number 17 of 2023 concerning Health. This analysis is based on the aforementioned background.

RESEARCH METHOD

Normative or doctrinal law research is aimed at understanding the legal status of Registration Signatures (STRs) for dental practice in Indonesia, related to the regulation of STRs after Act 17/2023. The approaches used include a statute approach that examines the

relevant regulations, and a conceptual approach that studies the doctrines of law (Johnny Ibrahim, 2005; Negara, 2023; Syahrums, 2022). Legal materials used include primary and secondary legal materials. Primary legal material includes laws such as UUD 1945, the Medical Practice Act, the Health Act, and regulations relating to the registration of medical personnel. Secondary law materials include unofficial publications such as books, journals, and legal comments. The collection of legal material is carried out through library studies, both online and offline. The collected data is identified, classified, and processed through editing, systematization, and description stages. The analysis of legal material is carried out logically and systematically using the principle of deductive logic to draw conclusions from the general problem to the concrete problem faced, taking into account the legal concept in the national legal system.

DISCUSSION

Ratio Legis Rules of Publication of Registration Signatures (STR) on Act No. 17 of 2023 on Health

Ratio Legis is a Latin phrase that can be rendered as "reasons of the law" or "purpose of the law". Within the legal framework, this term pertains to the underlying reasoning, intention, or goal of a specific legislation, regulation, or legal provision. Comprehending the ratio legis is crucial for comprehending the law and facilitates understanding the legislative intent behind a specific statute or regulation. Within this particular framework, the relevant legislation is Law 17/2023.

In order to understand the rationale behind the enactment of Law 17/2023, it is essential to consider the preceding academic text that was written. According to Article 1 number 11 of Law Number 12 of 2011, also known as Law 12/2011, an academic manuscript refers to a written document that presents the findings of research or legal studies, as well as other research outcomes, on a specific issue. This document should be based on scientific principles and should address the regulation of the issue in a Draft Law and Provincial Regulation, or Draft Regency/City Regulation. The purpose of such a manuscript is to provide solutions to the problems and legal requirements of the community.

Harry Alexander defines an academic manuscript as an introductory document that includes ideas for regulating and material for legislation in a certain discipline. An academic manuscript encompasses ideas for regulating a specific area of legal material. It is comprehensively reviewed, taking into account future perspectives and various scientific aspects. The manuscript is supported by references that provide a sense of urgency, conceptual framework, legal foundation, principles, and thoughts on norms. These ideas are presented in the form of articles that contribute to the field of legal science and outline legal policies. An academic manuscript is a document that incorporates the primary concepts or early ideas derived from a study, which will then be incorporated into a draft regional legislation. According to Hikmahanto Juwana, if a study is not conducted thoroughly, a regulation may not be effectively applied (Kim, 2012; Zulfikar et al., 2018). For instance:

1. This pertains to the formulation of legislation that are mandated by political elites, foreign nations, or international financial organizations. Regulations are viewed as commodities in this context, not primarily to meet the community's requirements, but rather to ensure that Indonesia's regulations are on par with those of industrialized nations. Foreign countries or international financial institutions have the authority to establish certain legal and regulatory conditions for offering foreign loans or grants.
2. Statutory regulations that are seen as commodities often receive less focus on law enforcement matters. Once legislative regulations have been established, law enforcement becomes irrelevant. Enforcing such statutory restrictions is impractical due to their direct adoption from nations with very different legal frameworks than Indonesia. It is more

effective to follow a systematic approach when producing academic papers. The recommended steps are as follows: Essentially, the process of identifying faults in an academic paper encompasses four primary concerns, namely:

- a) What challenges are encountered in the existence of the nation, state, and society, and how can these challenges be effectively addressed? A Draft Law or Draft Regional Regulation is necessary as a foundation for addressing the problem, which provides justification for the State's engagement in resolving the issue.
 - b) What are the factors or theoretical, social, and legal principles that underlie the creation of a Draft Law or Draft Regional Regulation. The objectives, extent, coverage, and orientation of the rule need to be clarified.
 - c) What are the philosophical, sociological, and legal underpinnings for the development of the Draft Law or Draft Regional Regulation?
4. What are the objectives to be achieved, the extent of the regulation, the extent and orientation of the regulation.

By correctly identifying the problem, compiling the Academic Manuscript as a reference for compiling and discussing the Draft Law will be beneficial. The preparation of an Academic Manuscript involves conducting research, typically using the legal research technique or other research methods, to compile the manuscript. Legal research can be conducted using normative legal procedures and empirical legal methods. The empirical legal method is synonymous with socio-legal research. The normative legal technique involves conducting a thorough literature review that analyzes the structure of legislation, court rulings, agreements, contracts, and other legal documents, as well as research findings, evaluation outcomes, and other sources of reference. Supplementing the normative legal process can involve including interviews, discussions (such as focus group talks), and hearings. The empirical or socio-legal legal method involves conducting normative research and reviewing laws and regulations. This is followed by in-depth observation and the distribution of questionnaires to gather data on non-legal factors that are associated with and have an impact on the laws and regulations under investigation.

As per the Academic Manuscript of the Draft Law on Health, prepared by the Legislative Body of the People's Representative Council of the Republic of Indonesia in 2023, pages 4 to 13 provide information about the background. The legislators have proposed the creation of a Draft Law on Health in order to address the issue of inadequate distribution of medical staff, which is further complicating the management of the Covid-19 pandemic due to the extremely low ratio. To address this issue, it is imperative to establish a comprehensive law in the healthcare sector that specifically focuses on the process of issuing a Registration Certificate for Health Workers.

The Health Workers Law mandates that all practicing health workers must possess a STR (Specialist Training and Registration), which necessitates acquiring either a competency certificate or a professional certificate (Catalani et al., 2009a, 2009b; Hagus, 2000). Vocational education students who successfully pass the competency test are awarded competency certificates, whereas professional education students who pass the same test are granted professional credentials. Law 17/2023 contains multiple provisions pertaining to STR, which are outlined below:

1. A Registration Certificate is a written document provided to Medical Personnel and Health Personnel who have successfully registered themselves (as defined in Article 1 number 28 of Law 17/2023).
2. Medical Personnel and Health Personnel who receive financial assistance for education from the Central Government and Regional Government, but fail to fulfill their service

period, will face administrative penalties in the form of revocation of their STR (as stated in Article 224 paragraph (4) of Law 17/2023).

3. Indonesian citizens who have graduated from foreign countries and wish to participate in an adaptation program at Health Service Facilities must possess both STR and SIP (as outlined in Article 242 of Law 17/2023).
4. Indonesian citizens who have graduated from foreign countries, have successfully completed the competency evaluation, and intend to practice in Indonesia, must obtain both STR and SIP in accordance with the regulations stated in this law (as stated in Article 244 of Law 17/2023).
5. Foreign medical personnel and health personnel who have graduated from an Indonesian institution and are practicing in Indonesia must possess a STR (Surat Tanda Registrasi) and SIP (Surat Izin Praktik) as mandated by Article 246 paragraph (1) of Law 17/2023.
6. Foreign citizens who have graduated from abroad and are specialists, subspecialists, or health personnel with a certain level of competency, and who undergo adaptation at health service facilities, must possess a STR (Specialist Registration) and SIP (Practice License) as required by Article 249 of Law 17/2023.
7. Foreign citizens who have graduated from abroad and are specialists, subspecialists, or health personnel with a certain level of competency, and who have completed the competency evaluation process and intend to practice in Indonesia, must possess a STR (Specialist Registration) and SIP (Practice License). The STR (Specialist Training Registration) and SIP (Specialist Practice License) for foreign national Medical Personnel and Health Personnel who have graduated from abroad are valid for a period of two years, with the possibility of a one-time extension for an additional two years (as stated in Article 252 of Law 17/2023).
8. Medical Personnel and Health Personnel who are foreign nationals who graduated from abroad and will become participants in specialist/subspecialist education programs in Indonesia are required to have a STR that is valid during the education period (Article 254 of Law 17/2023);
9. Medical Personnel who are specialist and subspecialist and Health Personnel at a certain competency level who are foreign nationals who graduated from abroad and will provide education and training in the context of transferring knowledge and technology or other activities for a certain period of time do not require an STR but must obtain approval from the Minister which is valid for a certain period of time (Article 255 of Law 17/2023);
10. Every Medical Personnel and Health Personnel who will practice must have an STR. The STR is issued by the Council on behalf of the Minister after fulfilling the requirements in the form of a health education diploma and/or professional certification and having a competency certificate. The STR is valid for life (Article 260 of Law 17/2023);
11. The STR is not valid if the person concerned dies, is deactivated or revoked by the Council on behalf of the Minister; or revoked based on a court decision that has permanent legal force (Article 261 of Law 17/2023);
12. Requirements for extending a SIP include a STR, place of practice, and fulfillment of sufficient professional credit units (Article 264 paragraph (4) of Law 17/2023);
13. Any person who uses an identity in the form of a title or other form that gives the impression to the community that the person concerned is a Medical Personnel or Health Personnel who already has a STR and/or SIP shall be subject to a maximum imprisonment of 5 (five) years and a maximum fine of IDR 500,000,000.00 (five hundred million rupiah).

Likewise, any person who uses tools, methods, or other means in providing services to the community that give the impression that the person concerned is a Medical Personnel or Health Personnel who already has a STR and/or SIP shall be subject to the same imprisonment (Article 441 of Law 17/2023);

The Academic Manuscript of Law 17/2023 does not at all outline the philosophical, sociological or legal basis for the issuance of a lifetime STR. On pages 324 to 325 of the Academic Manuscript of the Draft Law on Health prepared by the Legislative Body of the People's Representative Council of the Republic of Indonesia in 2023. In the description of the academic manuscript, there is no description whatsoever in the form of reasons or bases for the role of the Minister of Health in issuing STRs so that the phrase 'on behalf of' appears in the authority to issue STRs by the KKI.

The Function of the Minister of Health in the Issuance of Registration Certificates

On March 17, 2021, President of the Republic of Indonesia Joko Widodo (Jokowi) signed Presidential Regulation (Perpres) Number 18 of 2021, which pertains to the Ministry of Health. The issuance of this Perpres is a response to the stipulation of Presidential Decree Number 113/P of 2019 regarding the establishment of state ministries and the appointment of state ministers of the Advanced Indonesia Cabinet for the 2019-2024 period, as well as to implement the provisions of Article 11 of Law Number 39 of 2008 concerning state ministries (Mahapatra et al., 2007; Organization, 2013)

The Ministry of Health is accountable to the President, as outlined in the Perpres. In the execution of its intended responsibilities, this ministry is responsible for the formulation, determination, and implementation of policies in the following areas: public health, disease prevention and control, health services, pharmacy, medical devices, and health professionals. According to Article 268 paragraph (2) of Law 17/2023, the council is independent in its functions and is accountable to the President through the Minister. The provisions of Article 34 paragraph (1) of Law 36/2014, which stipulate that the council is solely accountable to the President through the Minister, have not been altered implicitly by this regulation. Nevertheless, the distinctions that arise are more apparent in the transition to professional supervision, which is facilitated by the elimination of the Council's function in the management of SKP in Law 17/2023.

Despite its independence in fulfilling its responsibilities, this independence should not be interpreted as unrestricted and uncoordinated, as this function is performed to expedite the execution of state and government functions. In this instance, it is assisting and supporting the ministry's duties and functions to achieve enhancements in the quality of health services. The Indonesian Medical Council should continue to be accountable to the President, given its status as an Independent Institution/LNS, which is essentially a state auxiliary/derivative organ that supports executive power.

State institutions, which are occasionally also referred to as non-departmental government institutions or simply state institutions, are established either by the Constitution, laws, or Presidential Decrees.

Institutions such as this fulfill three primary functions, as per R. Rhodes. Initially, these institutions coordinate the activities of a variety of other agencies to manage the duties assigned by the central government. For instance, the Regional Department of the Environment Offices coordinates a variety of real estate initiatives in its region and implements the Housing Investment program. Subsequently, it supervises and facilitates the execution of numerous central government policies. Third, it represents the interests of the region in its interactions with the center.

Then, Zoelva defines non-structural institutions as those that are established due to the urgency of specific special tasks that are not able to be accommodated in (conventional) government institutions due to their uniqueness and the fact that they have urgent, unique, and effectively integrated task characteristics. Muladi subsequently defined the Non-Structural Institution (LNS) as a national commission that is an independent state institution that is

designed to serve the community and accommodate state interests in order to achieve national objectives.

The medical council and the dental council are obligated to submit periodic reports to the Indonesian Medical Council regarding the execution of their responsibilities. The Minister and/or professional organizations conduct technical professional development to facilitate the professional development of physicians and dentists. In collaboration with the district/city Regional Government, data collection regarding the practices of physicians and dentists is implemented.

The Academic Manuscript of the Draft Law on Health, which was prepared by the Legislative Body of the People's Representative Council of the Republic of Indonesia in 2023, lays out that "The Minister has the authority to evaluate and correct the STR issued by the medical council and the dental council" (p. 331). Nevertheless, none of the subsequent descriptions establish a foundation (standing) for the authority of this Minister to evaluate and rectify the STR issued by the KKI.

There are two (two) terminologies that need to be clarified first: 'evaluation' and 'correction'. Evaluation comes from the English word 'evaluation' which means evaluation. According to Arikunto, evaluation is seen as a process that determines the outcome of some of the activities that have been planned and achieved to support the achievement of the objectives. The Minister then conducted an evaluation of the performance of the Council in carrying out the publication of STR. In accordance with the legal ratio of the establishment of the Law 17/2023, the current healthcare conditions are actually less than the demographic bonuses that are being faced by Indonesia. For that, the evaluation of the publication of this STR could be done to ease and relieve the burden of potential health workers in order to pursue the shortage of health resources in various areas. But then how to measure the competence of these health workers that should also be taken into account. It has been revealed that the KKI's ability to assess the fullness of the GDP has been taken over by the Ministers and the Regional Government. Of course, evaluation is no longer necessary for KKI's publication tasks because of its administrative nature.

Correction is the act of correcting a misconception. In state administrative law, it is known as *contraries actus* which means that the institution issuing a legal product is authorized to withdraw or cancel it so that it can then be corrected if there is a misunderstanding. It has been clearly stated above, that the Council still has the authority to publish STR but 'on behalf' of the Minister. As an institution, if there are errors in the product it publishes then it must be able to make corrections automatically. Therefore, the role of the Minister is not necessary to perform the correctional function as it has become the sole/direct authority of the Council.

Lifetime Registration Certificate (STR) and Competence of Medical Personnel

The provisions of Article 260 of Law 17/2023 regulate that STR issued by the Council on behalf of the Minister after fulfilling the requirements in the form of a health education certificate and/or professional certification and having a competency certificate valid for life. To trace the intent of this regulation, it is appropriate to trace the intent and purpose of establishing this regulation through the academic manuscript of the formation of laws and regulations (Anton et al., 2024; Strijbos et al., 2015).

According to the Academic Manuscript of the Draft Law on Health prepared by the Legislative Body of the House of Representatives of the Republic of Indonesia in 2023 on pages 131 and 132 concerning the guidance and supervision of medical personnel and health workers. Based on the description of the academic manuscript, the regulation on issuing STR for a period of 5 (five) years and must be renewed every 5 (five) years after the STR is issued is considered appropriate by the legislators. So what is the background to the birth of the provision of lifetime

application. On page 203 related to Law Number 36 of 2014 concerning Health Workers, the legislators.

In the description, it is clearly implied that there are obstacles to the provisions for issuing STR and renewing it every 5 (five) years for Health Workers in the regions, due to inadequate information technology infrastructure. However, it still cannot justify the implementation for life. Then, the legislators interpreted the registration process as sufficient once if the Health Worker does not change profession, then there is no need for re-registration. On this basis, the provisions of Article 260 of Law 17/2023 emerged. However, this description contradicts the opinion of the previous legislators on pages 131 and 132.

Actually, the importance of STR to be renewed every 5 (five) years is based on the Regulation of the Minister of Health Number 1796/MENKES/PER/VIII/2011 concerning Registration of Health Workers. In the regulation, expired STRs can be extended through the participation of health workers in educational and/or training activities, as well as other scientific activities in accordance with their professional fields, or through community service activities.

Based on the results of research conducted by Iin Nurlinawati, Rosita, and Mimi Sumiarsih on doctors, dentists, midwives, nurses and pharmacists totaling 195,168 people in 9,699 health centers, the results of the study showed that a total of 78.8% of health workers had valid STRs while 12.5% of STRs were no longer valid. Doctors (95.6%) and dentists (96.6%) were the most common professions that had valid STRs. However, there were many complaints from health workers in processing STRs. The complaints included long bureaucratic procedures and long STR completion times because they took months or even years. This research strengthens the opinion of the lawmakers regarding obstacles to processing STRs.

However, does the elimination of the validity period of STRs then lead to a decrease in the competence of health workers? This issue has been a concern for a long time that has caused turmoil in the medical community. The previous regulation to extend the Registration Certificate, health workers were required to complete the requirements of the Continuous Professional Development Program (P2KB) of 250 SKP, both for doctors and specialist doctors regulated by their respective professional collegiums. For doctors, the implementation of P2KB is assisted by the P2KB IDI branch and BP2KB PB IDI (IDI Executive Board), as well as for dentists.

The current obstacle to P2KB, especially for participating in "live" activities, is financing. Previously, pharmaceutical companies were one of the sponsors that helped doctors to carry out P2KB, but with the gratification regulation, this form of sponsorship limits the acquisition of continuing education facilities for doctors or specialist doctors from third parties, making the need for continuing education difficult to realize. Independent financing, especially for doctors who carry out duties in rural and remote areas, is a burden in itself to fulfill. Law 17/2023 does not actually eliminate this SKP provision, but rather shifts it to the regulation of mandatory requirements for SIP extension as stipulated in Article 264. The difference is that the fulfillment of this SKP no longer involves the collegium of each profession but is taken over directly by the Minister (Article 264 paragraph (5)) while the management of the fulfillment of SKP adequacy is carried out by the Regional Government. This provision reduces the authority of professional organizations and collegiums and provides authority for the government both at the central (Ministerial) and regional levels. On the one hand, this regulation makes it easier to manage administration and supervision because it is decentralized based on the work basis of each health worker. However, on the other hand, the assessment competency becomes unmeasurable due to differences in understanding at each level of regional government.

The legislators actually still involve professional organizations in managing the fulfillment of professional credit unit adequacy. As described on pages 325-326 of the Academic Manuscript of the 2023 Health Bill. In the description of the academic manuscript,

it seems that the legislators want the involvement of professional organizations in fulfilling the adequacy of credit units. However, on the other hand, full authority to manage the adequacy of credit units lies with the Regional Government. Somehow the form of coordination and synergy between the Regional Government and Professional Organizations has not been answered until now because the Government Regulation that should regulate the technicalities is not yet available. To overcome this, the Ministry of Health then carried out a discretionary process.

Until now, there has been no regulation on how many SKP are needed to be able to issue a SIP because the government regulation that regulates it does not yet exist. This creates legal uncertainty. According to Utrecht, legal certainty has two meanings, namely first, the existence of general rules that make individuals know what actions are allowed or not allowed to be done, and second, in the form of legal security for individuals from government arbitrariness because with the existence of general rules, individuals can know what the State may impose or do to individuals. This legal certainty teaching comes from the Juridical-Dogmatic teaching which is based on the positivistic school of thought in the world of law, which tends to see law as something autonomous, independent, because for adherents of this school of thought, law is nothing more than a collection of rules. For adherents of this school of thought, the purpose of law is nothing more than to guarantee the realization of legal certainty. Normative legal certainty is when a regulation is made and enacted with certainty because it regulates clearly and logically. Clear in the sense that it does not cause doubt (multiple interpretations) and is logical. Clear in the sense that it becomes a system of norms with other norms so that it does not clash or cause conflict of norms. Legal certainty refers to the implementation of clear, permanent, consistent and consequential laws whose implementation cannot be influenced by subjective circumstances. Certainty and justice are not merely moral demands, but factually characterize the law. An uncertain and unjust law is not merely a bad law.

In normative terms, legal certainty is achieved when a regulation is enacted and enforced with certainty due to its explicit and logical nature. Clear in the sense that it is logical and does not elicit doubt (multiple interpretations). It is clear in the sense that it is a system of norms that is in harmony with other norms, preventing any conflicts or clashes. Legal certainty is the establishment of laws that are consistent, permanent, and unambiguous, and whose implementation is not susceptible to subjective factors. The law is factually characterized by certainty and justice, which are not merely moral demands. In addition to being unjust, a law that is uncertain and fails to prioritize equity is fundamentally flawed. A guarantee regarding laws that contain justice is known as legal certainty. Norms that promote justice must be implemented as regulations that are adhered to.

According to Gustav Radbruch, the law is permanently infused with justice and legal certainty. In order to preserve the security and order of a nation, he contends that justice and legal certainty must be taken into account. Ultimately, it is imperative to adhere to positive law. In accordance with the theory of legal certainty and the objectives to be accomplished, specifically the values of justice and pleasure. The legal repercussions of the Council issuing a Certificate of Registration (STR) in the name of the "Minister" are not limited to the mere transfer of norms; they also give rise to new norms. The formation of a new council with the most recent composition, the transition from issuing STR to SIP for SKP requirements, and the establishment of the authority to manage SKP by the Regional Government c.q. Head of the Regency/City Health Office or Head of the Regency/City Investment and One-Stop Integrated Service Office are all part of these norms. The legislators have not adequately addressed the legal implications of this situation, as there are no technical regulations, which has led to a legal vacuum (*recht vacuum*).

The author consents to use the provisions of Article 450 and Article 451 to establish legal certainty by filling this legal vacuum. These provisions continue to apply to the Council's duties, functions, and/or authorities, as well as the recognition of the Collegium of each professional

organization, prior to the existence of government regulations that govern them. The Circular, which was issued by the Ministry of Health, disrupts the current legal order by establishing new norms as a result of power. This product is a Circular Letter, which is merely an official memo and is not a lawful product in the Indonesian legislative system.

CONCLUSION

The Indonesian Medical Council (KKI)'s authority to issue a Registration Certificate (STR) for Medical Personnel was initially regulated by Law 29/2004 and Law 36/2014, as indicated by the results of the author's normative study in this article. KKI is granted the authority to issue a Registration Certificate (STR) due to the Indonesian Medical Council's role as a state auxiliary/derivative organ (an institution aiding executive power) in the regulation and supervision of medical practices in Indonesia. KKI's position as an organization that regulates the health worker profession, community protection, practice supervision, and quality assurance is the reason for its authority.

The imperative need to increase the ratio of medical personnel in each region throughout Indonesia was the impetus for the enactment of Law 17/2023. Particularly in the context of managing the Covid-19 pandemic. The central government, through the Minister of Health, has simplified the requirements for medical personnel practice by instituting a lifetime STR and SIP with the SKP system. This system is directly assessed by the Minister of Health and the Regional Government in order to increase the number of medical personnel.

The legal repercussions include the establishment of a new council with the most recent membership, the transition from the issuance of STR to SIP requirements for SKP, and the emergence of the authority to manage SKP by the Regional Government, specifically the Head of the Regency/City Health Office or the Head of the Regency/City Investment and One-Stop Integrated Service Office. Legislators have failed to adequately address these legal repercussions due to the absence of technical regulations, which has created a legal vacuum (*recht vacuum*).

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