

## Legal Protection of Health Center Heads the Bottom has No SIP

Tamaulina Br.Sembiring<sup>1\*</sup>, Dewi Suryati<sup>2</sup>

Health Law Master's Study Program, Panca Budi Development University  
Medan

**Corresponding Author:** Tamaulina Br.Sembiring [tamaulina@dosen.pancabudi.ac.id](mailto:tamaulina@dosen.pancabudi.ac.id)

### ARTICLE INFO

*Keywords:* Legal protection,  
SIP, Health Center Heads

*Received :* 31, May

*Revised :* 14, June

*Accepted:* 16, July

©2024 Sembiring, Suryati: This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



### ABSTRACT

Health workers who provide health services must have a Practice License issued by the government in accordance with applicable regulations. The purpose of this Practice Permit (SIP) is to protect both the public and health workers themselves, in terms of health practices that can have a negative impact, both physically, mentally and on the lives of patients. This research aims to identify the legal protection given to heads of community health centers when their subordinates do not have an SIP. The method used in this research is qualitative research with a case study approach. The results show that the head of the community health center can be involved in legal problems if employees at the community health center do not have a practice permit, in accordance with Law Number 17 of 2023 concerning Health. In fact, some health workers do not have a license to practice because they have not received a recommendation from a professional organization, have not passed a competency test, or do not have a valid Registration Certificate (STR). Therefore, it is recommended that the head of the community health center check the existence of a SIP for every health worker working at the health center, and ensure that they understand and comply with the legal regulations governing health workers' practice permits.

## **INTRODUCTION**

The Unitary State of the Republic of Indonesia as a legal state has the aim of achieving people's welfare, which to achieve this is realized through the process of developing the quality and professionalism of Human Resources. Providing quality services to the wider community requires knowledge and understanding of the laws and regulations that apply in Indonesia (Adami, 2021). Law of the Republic of Indonesia Number 36 of 2009 concerning Health states that health is a fundamental human right and is important for achieving prosperity in accordance with the values of Pancasila and the 1945 Constitution. Efforts to maintain and improve public health as best as possible must be carried out with the principle of non-discriminatory, participatory and sustainable. This aims to build strong Indonesian human resources and increase the nation's resilience and competitiveness in national development. The impact of health problems on Indonesian society not only harms individuals but also has the potential to result in large economic losses for the country. Every step to improve public health is considered an investment in the country's development. Therefore, national development must take into account aspects of public health as a joint responsibility between the government and society (Bambang, 2022).

Law of the Republic of Indonesia Number 36 of 2009 concerning Health emphasizes that health development aims to increase awareness, will, and ability to live healthily for all individuals in order to achieve optimal health as part of general welfare as mandated in the Preamble to the Constitution of the Republic of Indonesia. Health as a human right must be upheld through the provision of various health services to all levels of society through the development of quality and affordable health. The health practices carried out must meet high ethical and moral standards by health workers. Improving the quality of health workers' expertise must continue to be carried out through education, continuous training, certification, registration, and licensing, as well as coaching, supervision, and monitoring. This aims to ensure that medical practice is always in line with developments in science and technology. Clear and definite legal protection for recipients of health services is very necessary, and regulations governing the implementation of health worker practices are key in this matter (Darmadipura, 2022).

The government hopes that all health workers will provide optimal quality health services without pressure, whether in government, private facilities or in independent practice. With awareness and compliance from Human Resources (doctors and dentists), the government can more easily provide guidance and supervision of medical services. In response to this, regulations were formed in the health sector to ensure that all medical personnel have minimum qualifications, such as a Registration Certificate and Practice License, which are regulated in Ministerial regulations (Endang, 2023). A health worker who provides health services is required to have a Practice License from the government in accordance with applicable regulations. In providing services, health workers must be in accordance with their medical competencies. If there is a violation of the provisions that have been determined, sanctions will be imposed in accordance with applicable legal regulations (Engel, 2022).

## **THEORETICAL REVIEW**

Health workers who deliberately practice without having a practice permit as explained above, can be subject to imprisonment for a maximum of 3 years or a fine of IDR 100,000,000.00. Regional Governments or District Health Services, as well as workplaces such as hospitals, clinics, or health centers, have the authority to impose sanctions in the form of recommendations for the revocation of permits or Registration Certificates (STR) for health workers who do not have permits from the Head of the respective Provincial Health Services and the Indonesian Medical Discipline Honorary Council (MKDKI). Therefore, the head of the community health center or hospital director must explain that all health workers under his supervision are required to have a Practice License (SIP) (Guwandi, 2021).

The purpose of the need for a Practice License (SIP) for health workers is to protect both the public and health workers themselves from negative impacts that may arise as a result of health practices, both physically, mentally, and on the lives of patients. Instructions for health workers in providing services to the community emphasize the importance of having valid qualifications, competence, and permits or legality. Apart from that, empowering the community, professional organizations and related institutions is also an important part of this process (Hendrik, 2022). Several aspects related to legal protection for heads of community health centers whose subordinates do not have an SIP include ensuring that all staff have a valid SIP. The application and extension of the SIP must be submitted to the competent authority such as the head of the district/city health service or the head of the relevant service at the practice location. It is also important to pay attention to the permission and authority of the substitute doctor in providing services, as well as ensuring compliance with standard operating procedures (SOP). The head of the community health center is responsible for ensuring that all services are provided in accordance with the established SOPs. Legal protection efforts can also be made through complaints via suggestion boxes and social media at community health centers, as well as providing free medical services to patients who cannot afford them (Ishaq, 2021).

## **METHODOLOGY**

This research uses a qualitative research design. This research was conducted using a practical case study approach. The research stage is because the research has received permission from the head of the community health center. Primary data collection techniques were carried out through in-depth interviews using unstructured techniques and observation using passive participation techniques. Meanwhile, secondary data was obtained from studying documents related to regulations and policies. Interview participants were taken using a purposive sampling technique determined by the researcher according to the title of the research. There were 6 participants in this study, consisting of 1 head of the health center, 1 head of the health service, and 4 doctors on duty at the health center.

Data analysis is carried out by organizing data, breaking it down into units, synthesizing it, arranging it into patterns, choosing what is important and what will be studied so that a conclusion can be drawn. Data analysis activities are carried out interactively and continue continuously until completion so that the data becomes saturated. The measure of data saturation is characterized by not obtaining further data or new information. The validity of the data in this research will be carried out by data triangulation including member checking by providing the transcript results to participants to ensure that the contents of the transcript are in accordance with the participant's own point of view. Next, thick descriptions and observations are carried out on informants or samples to obtain continuity of data from core and supporting participants (Triana, 2020).

## RESULTS

### *Legal Protection for Heads of Community Health Centers whose Subordinates Do Not Have SIP*

Every medical worker and health worker is required to have a Practice License (SIP) to guarantee the quality of health services and the safety of the community receiving health services. The head of the Community Health Center can also be caught in the law if employees at the Community Health Center do not have a Practice License (SIP). Based on Law Number 17 of 2023 concerning Health. The following are several points related to the duties of the head of the Community Health Center whose subordinates do not yet have an SIP:

- a. Issuance of SIP: The Head of the Community Health Center must ensure that all his subordinates have a valid SIP. Applications and extensions of the SIP can be submitted to the head of the district/city health service or the head of the investment and integrated services service at the practice location.
- b. Authority of Substitute Doctor: If there is a substitute doctor who does not have a SIP, then you need to pay attention to his authority in providing services. Substitute doctors must comply with regulations and standard operating procedures (SOP)
- c. Legal Protection: The Head of the Community Health Center must ensure that services continue to run according to the SOP. Efforts for legal protection can take the form of complaints through the Puskesmas suggestion box and social media, as well as providing free medical services to patients who cannot afford them.
- d. Legal Consequences: The head of the Community Health Center could be caught in the law if he does not ensure that his subordinates have a SIP. Law Number 17 of 2023 concerning Health regulates criminal sanctions for doctors who deliberately practice without a SIP.

The head of the Community Health Center can be subject to legal sanctions if he is proven to have committed a violation or negligence in his duties. Some sanctions that may be applied include:

- a. Administrative Sanctions: The Head of the Community Health Center may be given a written warning, postponement of promotion, or dismissal from his position if he violates provisions or policies.

- b. Criminal Sanctions: If involved in a criminal act, such as corruption, abuse of authority, or violation of patient rights, the head of the Community Health Center may be subject to criminal sanctions in accordance with applicable regulations.
- c. Professional Ethics Sanctions: Heads of Community Health Centers can also be subject to professional ethics sanctions by health professional organizations, depending on the violations committed (Wila, 2022).

*The reality of cases of health workers who do not have a license to practice*

Every health worker is required to have a practice permit before practicing in Indonesia. The obligations of health workers were initially administrative law obligations which were elevated to criminal law because violations of these obligations could be threatened with criminal law. Based on the description in the table above regarding the factors that influence health workers to practice without a permit, it can be described as follows: 1) Don't have permission yet a. Has not received a recommendation from a professional organization If a health worker is not yet a member of a Professional Organization, then the health worker cannot obtain a recommendation from that organization, where this recommendation will later be used as a requirement to complete the STR application. b. Have not passed the competency test. After graduating from health education, a health worker is required to take and pass a competency test. Where the results of this competency test are also used as one of the requirements for completing STR processing. c. Don't have STR yet. In providing STR, a health worker must complete existing requirements such as; must pass a competency test and/or receiving a recommendation from a Professional Organization. If a health worker does not have an STR then directly processing a Practice Permit (SIP) will also be hampered (Adami, 2021). 2) Permission No Longer Valid. a. STR has not been extended. SIP remains valid as long as STR is still valid too.

In extending the SIP, a health worker must extend his STR first. Most health workers have not extended their STR because they have not met the specified requirements or because they still lack SKP (Participation Credit Units). Requirements for obtaining a health worker practice permit include: a) Photocopy of KTP; b) Photocopy of diploma legalized by the University for new SIP applicants; c) Appointment Decree (CPNS/PNS/PTT) for Medical Personnel with Civil Servant and Non-Permanent Employee (PTT) status; d) Photocopy of Registration Certificate (STR) e) A statement of having a place of practice or a statement from the Director/person in charge of the health service facility where the practice is located; f) Letter of approval from direct supervisor for Medical Personnel who work at government health service agencies/facilities or at other health service agencies/facilities on a permanent basis; g) Certificate from the Head of the Health Service/authorized official for Medical Personnel who have obtained a practice place outside Pasuruan Regency; h) Letter of Recommendation from a Professional Organization i) Letter of Recommendation from the Head of the local Community Health Center; j) Health Certificate from

the doctor who obtained the SIP; k) Stamped statement letter of willingness to visit the training location l) Attach the old Practice License (SIP) for those who wish to extend the SIP; m) 2 color passport size 4x6 photos and 1 color passport size 3x4 photo; The impact that can arise if the practice of health workers without STR or SIP causes consequences that are detrimental to physical or mental health or the patient's life, namely malpractice of health workers, even though the practice of health workers (doctors) is not contradictory. with professional standards and procedures and carried out based on informed consent. Informed Consent is permission or a statement of approval from the patient which is given as permission or a statement of approval from the patient which is given voluntarily, consciously, and rationally, after he receives information that he understands from the doctor about his illness (Bambang, 2022).

Every health worker in Indonesia is legally required to possess a practice permit before they can engage in their profession. Initially, these obligations were administrative in nature but have since been elevated to criminal law due to the potential criminal repercussions of violating these obligations. The factors influencing health workers to practice without a permit can be categorized as follows:

1. No Permission Yet:
  - a. No Recommendation from Professional Organization: If a health worker is not a member of a professional organization, they cannot obtain the required recommendation from that organization. This recommendation is essential for completing the application for a practice permit (STR).
  - b. Have Not Passed the Competency Test: Following completion of health education, health workers must undergo and pass a competency test. The results of this test are also a prerequisite for completing the STR application.
  - c. Do Not Have STR Yet: Acquiring an STR involves fulfilling specific requirements such as passing the competency test and/or obtaining a recommendation from a professional organization. Without an STR, obtaining a practice permit (SIP) is not possible (Adami, 2021).
2. Permission No Longer Valid:
  - a. STR Has Not Been Extended: The validity of the SIP depends on the validity of the STR. When extending the SIP, health workers must first renew their STR. Many health workers fail to renew their STR due to unmet requirements or insufficient Participation Credit Units (SKP).

The impact of health workers practicing without an STR or SIP can lead to adverse consequences for the physical, mental, or even life-threatening health of patients. This situation constitutes malpractice, even if the health workers' actions are not inconsistent with professional standards and are performed with informed consent from the patient. Informed consent refers to the voluntary, conscious, and rational permission or approval given by the patient after receiving and understanding relevant information about their condition from the doctor (Bambang, 2022).

*Efforts to take action against health workers who do not have a license to practice*

The significant presence of health workers practicing without a Practice License in the Pasuruan Regency has created uncertainty regarding legal protections for users of health services. The Regional Health Service, responsible for overseeing health service standards, has employed various approaches based on research and field data to address this issue:

1. **Coaching and Meditation by Professional Organizations:** Professional Organizations conduct coaching sessions to provide comprehensive explanations regarding the regulations governing a doctor's practice permit. Meditation sessions are also conducted to foster reflection on the importance of having a practice permit for doctors, emphasizing that practicing without one is a violation of state law and could lead to severe sanctions in the future.
2. **Internal Guidance by the Health Service:** In addition to the guidance provided by professional organizations, the Health Service offers personalized guidance regarding the regulations concerning medical practice permits that health workers must adhere to and fully comprehend.
3. **Verbal and Written Warnings by the Health Service:**
  - a) **Verbal Reprimands:** Health workers without a practice permit receive verbal warnings and are typically given a period of 1 to 2 weeks to obtain the necessary permit.
  - b) **Written Warnings:** If verbal warnings are disregarded within the specified timeframe, health workers are issued written warnings. Both forms of warning constitute administrative sanctions imposed by the Health Service.
4. **Revocation of Permits and Closure of Practice Premises:** Health workers are prohibited from conducting health service activities without a valid practice permit. The Health Service endeavors to impose sanctions on health workers practicing without a permit in accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 2052/MENKES/PER/X/2011 concerning Practice Permits and Health Worker Practices.
5. **Revocation of Recommendations by Professional Organizations:** Professional organizations may revoke their recommendations for health workers through special sessions. This sanction aligns with the aforementioned regulation concerning practice permits and the implementation of practices for health workers.

The act of practicing medicine without a Practice License (SIP) primarily constitutes a violation of administrative law for health workers. These violations, which stem from administrative law, may lead to criminal penalties. Therefore, the unlawful nature of these actions primarily lies in breaches of administrative regulations (Darmadipura, 2022).

In terms of law enforcement theory and cultural factors, criminal law ideally prioritizes maintaining order over peace. However, in practice, peace often takes precedence over order, which has become the prevailing legal culture in cases such as this. Consequently, this legal culture affects law enforcement efforts, where authorities may mediate with health workers lacking practice licenses and coordinate with health services or professional organizations rather than strictly enforcing criminal law. Effective law enforcement measures should aim to deter health workers from practicing without the necessary practice permit (Endang, 2023)

### ***Obstacles or Difficulties that Occur in Taking Action against Health Workers Who Do Not Have a Practice License***

In taking action against health workers who do not have a license to practice, there are quite a number of obstacles.

- 1) The health worker concerned did not pay attention to the guidelines from the Professional Organization.

The health workers concerned do not understand the importance of coaching for themselves, so the implementation of coaching, both coaching carried out by professional organizations and internal coaching carried out by the Health Service, is not responded to well, the health workers concerned tend not to carry out coaching. be indifferent.

- 2) Opposite times.

The timing of the coaching implementation clashed with the busyness of the health workers concerned, so that at the time the coaching was being carried out there were not many health workers who were able to take part in the coaching.

- 3) Health workers are less responsive to explanations of health worker practice permit regulations.

Even though he had attended coaching, this process did not make much change in his behavior. This is because when the coaching process was taking place, the health worker concerned seemed to ignore the ongoing coaching process (Hendrik, 2022).

### **CONCLUSIONS**

The conclusion can be formulated as follows:

1. The head of the Community Health Center can also be caught in the law if employees at the Community Health Center do not have a Practice License (SIP). Based on Law Number 17 of 2023 concerning Health
2. The reality is that there are cases of health workers who do not have a license to practice because they do not have a license (have not received a recommendation from a professional organization, have not passed the competency test, and do not have an STR) and do not have a permit. happens again
3. Efforts to take action against health workers who do not have practice permits include coaching and meditation by professional organizations, internal coaching by the health service, verbal and written warnings by

the health service

4. Obstacles or difficulties that occur in taking action against health workers who do not have a practice permit are that the health worker concerned does not pay attention to guidelines from the organization, time conflicts, health workers are less responsive to explanations of regulations regarding health worker practice permits.

## **RECOMMENDATIONS**

These suggestions can be formulated as follows:

1. It is hoped that the Head of the Community Health Center will check the SIP activities of every health worker on duty at the Community Health Center.
2. It is hoped that health workers will know the laws and regulations governing the licensing of health workers' practice so that they can know and understand the obligations that must be fulfilled before carrying out medical practice and can know all the consequences if carrying out practice does not comply with the provisions. applicable laws and regulations.

## **FURTHER STUDY**

Conduct longitudinal studies to assess the long-term impact of health workers practicing without a Practice License (SIP) on patient outcomes, healthcare quality, and overall public health. This could involve comparing health indicators and patient satisfaction before and after enforcement measures are implemented. Explore the perspectives of health workers themselves regarding the challenges they face in obtaining and maintaining SIPs. Understand their attitudes towards regulatory compliance, including barriers they perceive and potential improvements they suggest. Conduct comparative legal analyses between Indonesia and other countries with similar healthcare systems. Identify differences in licensing requirements, enforcement mechanisms, and outcomes to draw lessons for improving regulatory frameworks in Indonesia. Investigate the ethical dilemmas faced by health workers practicing without SIPs, despite having informed consent from patients. Explore how ethical standards align with legal requirements and the implications for patient safety and professional conduct. Assess the resilience of Indonesia's health system to non-compliance with licensing regulations among health workers. Analyze how deviations from regulatory norms impact healthcare delivery, resource allocation, and public trust in health services. Evaluate the effectiveness of current policy interventions aimed at improving compliance with SIP requirements. Assess the impact of coaching, training programs, and administrative sanctions on health worker behavior and regulatory adherence. By addressing these research areas, policymakers, healthcare administrators, and stakeholders can gain deeper insights into the complexities surrounding health worker licensing in Indonesia. This knowledge can inform evidence-based strategies to strengthen regulatory frameworks, improve healthcare quality, and enhance patient safety across the country.

## **REFERENCES**

- Adami, C. 2021. Medical Malpractice. Malang: Bayumedia.
- Bambang, P. 2022. Health Law. Yogyakarta: Aditya Media.
- Darmadipura, M. 2022. Ethical Issues in Health Research, Chapter I: Ethical Strategies for Health Research. Jakarta: Indonesian Forensic Science Association (AIFI) and YARSI University.
- Endang, K. 2023 Therapeutic Agreements in Medical Services in Hospitals. Bandung: Citra Aditya Bakti.
- Engel, J. 2022. Consumer Behavior Volume 1. Jakarta: Binarupa Aksara.
- Guwandi J. 2021 Questions and Answers for Treatment Consent (Informed Consent) Jakarta: FKUI
- Hendrik. E. 2022. Health Law. Jakarta: EGC.
- Ishaq. 2021. Basics of Legal Science. Jakarta: Sinar Graphics.
- Triana, O. 2020. Anthology of Medical Law. Malang: Bayumedia.
- Wila, C. 2022. Medical Law. Bandung: Mandar Maju