
The Rights of Medical Personnel Participants in The Specialist Doctor Education Program (PPDS) in Health Services from The Perspective of A Welfare Law State

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| ABSTRACT

This study discusses the Rights of Medical Personnel Participants in the Specialist Doctor Education Program (PPDS) in Health Services in the Perspective of the Welfare Law State, service rewards for Doctors participating in the Specialist Doctor Education Program (PPDS) which have not provided legal benefits, because in the field there are no regulations that translate or explain further regarding how to provide such service rewards, for example: the mechanism for dividing authority and responsibility in providing service rewards, the party responsible for providing service rewards, and the amount of service rewards. So that the implementation of service rewards for participating doctors has not been realized. The formulation of the problems to be studied are as follows: 1) How is the implementation of the responsibility for providing service rewards to doctors participating in the Specialist Doctor Education Program (PPDS) reviewed from Law Number 17 of 2023 concerning Health; 2) How are efforts to realize legal certainty for doctors participating in the Specialist Doctor Education Program (PPDS) in an effort to fulfill rights regarding the provision of service rewards.

This research uses a normative juridical approach with a qualitative analysis of laws and regulations, legal doctrine, and legal principles relevant to this research, namely the Rights of Medical Personnel and Doctors Participating in the Specialist Medical Education Program (PPDS) in Health Services from the Perspective of a Welfare State.

The state, through the Ministry of Health, needs to immediately strengthen regulations as a basis for granting compensation rights to participants in the Specialist Medical Education Program (PPDS), enforce compliance standards with the Labor Law and the Health Law, and ensure that participants in the Specialist Medical Education Program (PPDS) receive adequate protection and welfare as an investment in future human resources in the health sector, in accordance with the principles of a welfare state.

| KEYWORDS:

Medical Personnel, Doctors Participating in the Specialist Medical Education Program (PPDS), Welfare State.

I. INTRODUCTION

The Third Amendment to the 1945 Constitution (UUD) has added a norm regarding the supremacy of law in Article 1 paragraph (3) of the Third Amendment to the 1945 Constitution which reads: "The State of Indonesia is a state based on law." This provision is a form of normativeization derived from the contents of the Explanation of the 1945 Constitution which states "The State of Indonesia is based on law (Rechtsstaat) not based on power alone (Machtsstaat)." Because it is contained in the norms of the 1945 Constitution, the concept of the supremacy of law in the Explanation of the 1945 Constitution has binding legal force as the highest norm in the national legal system of the Republic of Indonesia. In terminology, the term "supremacy of law" in the provisions of Article 1 paragraph (3) of the Third Amendment to the 1945 Constitution does not specifically refer to one of the main concepts in the Western legal tradition, either Rechtsstaat or the supremacy of law. This means that the term "supremacy of law" in the 1945 Constitution is a relatively 'neutral' concept that opens up room for interpretation for new understandings in accordance with the paradigm and reality of the Republic of Indonesia.

The state, in this case represented by the government, is very interested in the utilization of medical personnel, especially in relation to the responsibility to provide health services for its citizens, referring to Articles 28H and 34

of the 1945 Constitution. As a regulator, the government has the right to regulate health workers fairly through: Improve the medical education system and the National Health System (SKN).

1. Position doctors as strategic personnel with centralized management, thereby reducing potential distribution issues. Collaborate with local governments and the private sector to develop healthcare facilities and their supporting facilities and establish national medical service standards, including the working relationship between doctors and healthcare providers, as well as standards for doctors' salaries and workloads.
2. Strengthen the medical profession through the independence of professional organizations and ensure the implementation of professional ethics and standards without interference from political and economic interests. (Article 24 of Health Law No. 36 of 2009)
3. Strengthen the role of the Indonesian Medical Association (MKDKI) as an independent and authorized state institution (with autonomy) to enforce physician discipline in the practice of medicine (Article 55 of Medical Practice Law No. 24 of 2004).

Law Number 17 of 2023 concerning Health, Article 3, letter h, states that the Provision of Health Care aims to provide protection and legal certainty for patients, health human resources, and the community. Furthermore, Article 12 explains::

“The Central Government and Regional Governments are responsible for:

- a. regulating, developing, supervising, and improving the quality and competence of medical and health personnel;
- b. planning, procuring, and utilizing medical and health personnel according to the needs of the community and their region, based on statutory provisions;
- c. the welfare of medical and health personnel; and
- d. protecting patients and health human resources.”

The definition of medical personnel and health workers is explained in Article 1, number 6, of Law Number 17 of 2023 concerning Health and number 7, as follows:

1. Medical personnel are any person who dedicates themselves to the health sector and possesses professional attitudes, knowledge, and skills through medical or dental professional education that require the authority to carry out health efforts.
2. Health workers are any person who dedicates themselves to the health sector and possesses professional attitudes, knowledge, and skills through higher education that, for certain types, require the authority to carry out health efforts..

The medical profession needs to be guaranteed legal protection in order to provide certainty in carrying out health efforts to patients, laws and regulations that provide the basis for legal protection for doctors. Hospitals have an important role in protecting the medical profession because according to Article 46 of Law 44 of 2009 concerning Hospitals, it is clearly stated that "Hospitals are legally responsible for all losses caused by negligence by health workers in the Hospital." A harmonious working relationship between doctors and Hospitals in maintaining Doctors' Professionalism is realized by establishing a Medical Committee (Minister of Health Regulation No. 75 of 2011). Through the credential mechanism, maintaining the quality of the medical profession and maintaining professional ethics and discipline is expected to guarantee the quality of health services and protect patient safety. Hospitals are also expected to strive for the availability of full-time doctors and encourage the improvement of their knowledge and competence to ensure professionalism.

The legal environment plays a crucial role in regulating the hospital's service functions for patients and the public. The law can act as a means of social control within the community, overseeing hospitals in carrying out their functions. It can also act as a means of social engineering for hospitals in carrying out their service functions in accordance with national and international health and medical service standards that must be accepted by patients and the public as users of hospital services.

The provisions regarding incentives for trainee doctors in the Specialist Medical Education Program (PPDS), commonly known as Resident Doctors, have not yet provided legal benefits. In practice, this right to service compensation has not yet been implemented. This is because there are no regulations that interpret or further explain the provisions regarding incentives for Resident Doctors, for example: the mechanism for dividing authority and responsibility in providing incentives for Resident Doctors, the parties responsible for providing incentives for Resident Doctors, and the proportional amount of incentives for Resident Doctors.

Law Number 17 concerning Health has regulated the rights of medical and health personnel to receive appropriate salaries or wages, which are regulated in Article 273. In addition, there are several rights that medical and health personnel can receive regarding salaries/wages and guaranteed protection:

1. Obtain legal protection while carrying out duties in accordance with professional standards, professional service standards, applicable standard operating procedures, professional ethics, and patient health needs.
2. Obtain complete and accurate information regarding patients from patients and their families.
3. Obtain appropriate salaries/wages, performance allowances, and service rewards in accordance with statutory provisions.
4. Obtain protection for occupational safety, health, and security.
5. Obtain health and employment insurance in accordance with statutory provisions.
6. Obtain protection against treatment that is inconsistent with human dignity, morals, ethics, and socio-cultural values.
7. Obtain health and employment insurance and awards in accordance with statutory provisions, and have the opportunity to develop themselves: competence, knowledge, and career in the healthcare sector.

The medical profession is the oldest profession and is known as a profession that started because it deals with the most valuable things in a person's life, namely health and life problems. The philosophy of medicine and the profession of medicine is the study of the human body as a whole, in health and illness, and the means of healing it. The essential qualities of a doctor are compassion and love for fellow human beings. Only a good person can be a good doctor. The foundation of medicine is sympathy and the desire to help others, and anything done with this goal should be called medicine. A doctor must possess not only sympathy for individuals but also a social conscience, directed toward society.

According to Komalawati, the essence of a profession is a lifelong calling to dedicate oneself to humanity, based on education, which must be carried out with sincerity and full responsibility. Some characteristics of a profession include:

1. It is a highly professional profession performed by experts skilled in systematically applying knowledge;
2. It possesses exclusive competence in specific knowledge and skills;
3. It is based on intensive education and a specific discipline.
4. It has a responsibility to develop its knowledge and skills and maintain its honor;
5. It has its own ethics as a guideline for evaluating its work;
6. It tends to ignore control from society or individuals;
7. Its implementation is influenced by society, certain interest groups, and other professional organizations, especially in terms of recognition of its independence.

Medical professionals have professional ethics as a guide to their attitudes and behavior. The values of professional ethics are reflected in the doctor's oath and the medical code of ethics. The doctor's oath constitutes a "moral contract" between the doctor and God, their creator, while the medical code of ethics constitutes a "contract of moral obligations" between the doctor and their professional group. The nobility and dignity of a doctor are reflected in six basic characteristics of a doctor:

1. Belief in God,
2. Purity of intention,
3. Noble character,
4. Humility,
5. Sincerity in work, and
6. Scientific and social integrity.

In carrying out the six basic characteristics above, there are several ethical principles that must be used as a reference, namely:

1. Autonomy, namely the right to determine or choose what is best for oneself and the patient;

2. Beneficence, namely the principle of providing assistance or doing something useful for others;
3. Nonmaleficence, namely not harming or causing physical or emotional pain;
4. Justice, namely behaving fairly;
5. Veracity, namely behaving honestly or not lying; and
6. Fidelity, namely having a commitment to service that fosters mutual trust.

The competencies acquired by doctors during their education, which include knowledge, skills, attitudes, and behavior, serve as the primary basis for performing medical procedures within the framework of health services. In principle, medical education aims to improve the quality of health for the entire community. Therefore, doctors are required to continuously develop their knowledge and skills in order to provide quality and up-to-date health services to patients. Doctors, as health workers, are tasked with providing health services to patients based on their profession. This profession requires competence. (*the condition of being capable atau the capacity to perform task and role*) agar pemangku profesi dapat melaksanakan peran, tugas, dan tanggungjawabnya dengan baik dan benar. This is to ensure that professional practitioners can carry out their roles, duties, and responsibilities properly and correctly. The medical profession is one that embodies high moral standards, ensuring assistance to anyone in need. Professionals consistently adhere to moral and intellectual imperatives and, together, strive to demonstrate what is good for society.

Specialist medical education has three main aspects: education, medical services, and research. During the educational process, participants in specialist medical education are directly involved in health services. In Indonesia, the status of participants in specialist medical education is that of students. With their status as students, participants in specialist medical education do not have the rights of workers as protected by Law Number 13 of 2003 concerning Manpower, starting from protection of the right to decent wages, working hours, and other workers' rights. This results in PPDS in providing health services not receiving wages or guaranteed protection against occupational risks like workers in general but still having to pay tuition fees to the university.

In this case, the government has the primary responsibility to ensure the implementation and fulfillment of protection standards to maintain the welfare and safety of doctors in carrying out their professional practice, as follows:

1. Have the right to legal protection in carrying out their duties in accordance with applicable professional and service standards.
2. Receive accurate and complete information from healthcare recipients or their families.
3. Receive compensation or wages commensurate with the services provided.
4. Receive protection for occupational health and safety, and be treated with respect, dignity, morality, decency, and religious values.
5. Have the opportunity to develop their profession.
6. Not face rejection of claims from healthcare recipients or other parties that violate professional standards, codes of ethics, service standards, operational procedures, or applicable laws and regulations.
7. Receive other rights stipulated by law. To safeguard and protect these rights, the government and relevant institutions must guarantee and ensure compliance with applicable professional and ethical standards and provide the necessary facilities and support so that healthcare workers can carry out their duties professionally, safely, and effectively.

In carrying out these responsibilities, the government as a state is obligated to provide protection to all citizens, including protecting them from threats to life, integrity, and other rights. The government is responsible for establishing and maintaining a just legal system, providing security, and protecting the human rights of every individual. To protect these rights, the government must take appropriate steps, such as implementing effective policies, laws, and mechanisms, to ensure adequate protection of individual rights. These efforts are crucial to ensuring that every citizen can live safely and comfortably, and receive human dignity and protection appropriate to their needs [1].

In legal norms, there are legal obligations because every norm always gives rise to legal obligations [2]. Legal obligations can be to do something or not to do something [3]. The opposite of an obligation is a right, with the difference between the right to one's own actions and the right to the actions of others, where this difference develops into "jus in personam" for the right to demand that others do something or the right to the actions of others. An individual has two kinds of rights, namely absolute rights and relative rights, where relative rights mean rights

owned by a particular individual while absolute rights are rights owned by a group of individuals or are general in nature. However, a right needs to be guaranteed by legal rules to enforce the right as a legal right [4].

In addition to the problems faced by resident doctors, the inequality of welfare and healthcare accessibility in society has become a widely discussed topic. The distribution of medical personnel tends to be uneven, making it difficult for residents in 3T (Underdeveloped, Frontier, and Outermost) areas to access healthcare services. This discourse was thoroughly discussed in a National Workshop discussion entitled "Interest in Ethics, Law, and the Discipline of Dentistry (Petikumdikgi): Contributions and Opportunities for Petikumdikgi Development in Dental and Oral Health Development in Indonesia." The challenge of providing the best and most equitable services in the healthcare sector is a shared concern. The new Health Law has provided opportunities for dentists to serve and carry out their functions in the field of public health for the sake of national welfare.

Doctors as providers of health services in their profession have rights and are protected by both laws and regulations and the Code of Ethics of the Medical Profession. The government through the Ministry of Health is expected to be able to provide regulations in the form of ministerial regulations to implement policies related to the protection of Doctors Participating in the Specialist Doctor Education Program (PPDS) in providing health services in Teaching Hospitals, especially in fulfilling the rights and obligations that can be fulfilled as prospective professional specialist doctors. Considering that Doctors Participating in the Specialist Doctor Education Program (PPDS) also help in improving health services and have performance during their education.

Based on the research conducted by researchers on the internet, research on the rights of medical personnel participating in the Specialist Doctor Education Program (PPDS) in health services in the perspective of a welfare state is still rarely carried out. Several previous research results related to the research title and can be used as a basis for the originality of the research are as follows:

No.	Dissertation/Journal Title	Author(s)	Research Focus
1.	Government Obligations Regarding Compensation Rights for Internship Physician Health Services	1. Dzulqarnain Andira 2. Mokhamad Kohoirul Huda 3. Sulaksono	The focus of this research is on the status of intern doctors according to statutory regulations and the government's responsibility for compensation for intern doctors' health services at internship facilities.
2.	Specialist Medical Education and Resident Remuneration in the Context of the Relationship between Teaching Hospitals and Medical Faculties	Fiki Fernandes	The focus of this research is on the role and status of residents in medical education and health services in teaching hospitals, and resident remuneration cannot be implemented due to several factors including resident status and legal basis.
3.	Analysis of the Legal Relationship Between Specialist Doctor Education Program Participants (PPDS) and Hospitals in Labor Law Education	1. Okky Ocktavianti 2. Bachrul Amiq	This study shows that the legal basis for the relationship between teaching hospitals and resident doctors is regulated differently in each hospital, adjusted to their respective internal regulations. This results in the wage element for student doctors who provide services not being met. This is due to the difference in the concept of incentives in compensation for resident doctors and the concept of wages in labor law.
4.	Legal Responsibility of Teaching Hospitals for Participants in Specialist Medical Education Programs against Bullying.	1. Lisda Pradita Wardhany 2. M. Khoirul Huda 3. Mohammad Zamroni	This research focuses on bullying in medical education, particularly among participants in specialist medical education programs at teaching hospitals in Indonesia, which is increasing, and the legal protection of specialist medical education program participants from bullying in teaching hospitals.
5.	Legal Protection for Specialist Doctor Education Participants in Hospitals	1. Zainal Abidin	The focus of this research is on legal protection and how the implementation of legal substances that regulate the responsibility of hospitals in providing legal protection for participants in

			the Specialist Doctor Education Program at Teaching Hospitals.
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II. RESEARCH METHODOLOGY

The research method used in this study is a qualitative analytical research method, namely research presented in a descriptive legal analysis that describes the applicable laws and regulations related to legal theory and their implementation practices. This research was conducted by examining library materials or secondary data only. This research applies the normative legal research type. Juridical-normative or dogmatic juridical research, the object of study is legal norms as a product of humans as rational, conscientious and emotional beings. This normative juridical research is conducted by examining ready-to-use secondary legal materials. Juridical-normative research is a library research method, namely research on secondary data. Meanwhile, secondary data is divided into 3 (three) types when viewed from its binding nature, namely primary legal materials, secondary legal materials and tertiary legal materials.

This research employs a normative juridical approach, relying on primary legal materials. This approach is conducted through a review of theories, concepts, legal principles, and relevant legislation. Data analysis in qualitative research is carried out using descriptive analysis, the data obtained is arranged systematically to be presented descriptively by describing and explaining the results obtained in the field with existing data and theories, with the hope of obtaining a comprehensive picture of the research results so that it can answer the problems being studied.

III. RESULTS AND DISCUSSION

A. Implementation of the Rights of Medical Personnel Participants in the Specialist Doctor Education Program (PPDS) in Health Services Within the Framework of the Perspective of a Welfare-Based Legal State

As mandated by the 1945 Constitution of the Republic of Indonesia (UUD 1945) concerning Education, the state guarantees the right of every citizen to education. This certainly applies to medical education as well. This means, first, the state must guarantee the fulfillment of every citizen's right to education, particularly in the medical field. Furthermore, the education budget must be prioritized, reaching at least twenty percent of the state budget and regional budgets to meet the needs of national education, including medical education. Third, the government is obligated to advance science and technology in the medical field.

The government, through the Ministry of Health, implements the Specialist Doctor Education Program (PPDS). This program was later updated to the PPDS RSPPU (Specialist Doctor Education Program in Teaching Hospitals - Main Provider), which was officially launched by President Joko Widodo in 2024. PPDS RSPPU (Specialist Doctor Education Program in Teaching Hospitals - Main Provider) or Hospital-Based PPDS is an educational program conducted in hospitals designated by the Ministry of Health. This program uses the same competency standards as the specialist education currently offered at universities. The Specialist Doctor Education Program (PPDS) generally lasts between three and five years, depending on the specialty chosen. This program requires doctors to leave their jobs for four years for further education.

The Guidelines for Implementing the Indonesian Code of Medical Ethics stipulate the following basic guidelines for physician compensation:

1. Physician compensation is adjusted to the patient's/region's ability.
2. From a medical perspective, physician compensation is determined by considering the physician's work and responsibilities.
3. The amount of physician compensation is communicated clearly and tactfully to the patient to avoid causing anxiety or confusion.
4. Physician compensation is not absolute and cannot be standardized (can be reduced or waived entirely). For example, if the total cost of treatment turns out to be too high for the patient, or due to unforeseen complications, medical costs exceed the original estimate.
5. For patients experiencing a disaster due to an accident, first aid takes priority over compensation.
6. A patient can apply for a reduction in physician compensation directly to the treating physician. If necessary, this can be done through the local Indonesian Doctors Association (IDI).

7. If there is a disagreement regarding the doctor's service fees submitted to the IDI, the IDI will hear from both parties before making a decision.
8. Higher specialist doctor fees are based not only on the specialist's superior knowledge and skills, but also on the specialist's obligation and requirement to provide specialized medical equipment to carry out their specialized duties.
9. Service fees

Article 219 paragraph (1) letter e of Law Number 17 of 2023 concerning Health also regulates the rights of physicians participating in the Specialist Doctor Education Program (PPDS), namely receiving compensation for services from health care facilities in accordance with the services provided. To date, although the right to compensation has been regulated by law, the obligation to pay this compensation still lacks a clear mechanism. The lack of further regulations through Ministry of Health regulations is one of the reasons why compensation for PPDS participants has not been realized. Clear implementing regulations are needed to ensure that this compensation is fair and commensurate with the workload and responsibilities carried by PPDS participants.

Based on field findings, several teaching hospitals under the auspices of the Ministry of Health have begun implementing incentives for participants in university-based specialist doctor education programs (PPDS). Two hospitals that have initiated this policy are Dr. Kariadi General Hospital in Semarang and Harapan Kita Heart and Blood Vessel Hospital in Jakarta. Dr. Kariadi General Hospital in Semarang and Harapan Kita Heart and Blood Vessel Hospital in Jakarta have also implemented incentives for PPDS participants. Kariadi Hospital began providing incentives to senior residents working in the Emergency Department (ER) in March 2025, ranging from IDR 1.5 million to IDR 4 million per month. Sri Utami, Director of Human Resources at Dr. Kariadi Hospital, stated that this measure demonstrates the hospital's commitment to supporting the welfare of Specialist Doctor Education Program Participants (PPDS), who play a vital role in healthcare services at the teaching hospital.

Meanwhile, the President Director of Harapan Kita Heart and Blood Vessel Hospital announced that the incentives for PPDS at Harapan Kita Heart and Blood Vessel Hospital have been set at IDR 1.5 million to IDR 2.5 million per month, depending on the semester level and length of service. For the interventional fellowship program, the incentive is IDR 4.72 million per month, while for the non-interventional fellowship program, it is IDR 4 million. Harapan Jantung Hospital is the first to offer these incentives. This has long been implemented to support the smooth running of the specialist education process at the hospital.

Dr. Kariadi Hospital Sardjito Yogyakarta has also stated that the hospital will provide service fees to specialist and subspecialist students studying at the Faculty of Medicine, Public Health and Nursing UGM who are carrying out Clinical Station Education at Dr. Sardjito General Hospital. This policy is stated in Joint Commitment Number HK.03.01 / 0.X1 / 19133/2023 concerning Service Fees for Specialty Students issued on September 5, 2023. However, the technical implementation is still in the discussion stage. Further, we are waiting for derivative regulations from Law Number 17 of 2023 concerning Health so that service fees can be immediately provided according to the financial capabilities of Hospitals that have implemented Public Service Agency Financial Governance (PPK-BLU).

B. Efforts to Realize the Rights of Medical Personnel Participants in the Specialist Doctor Education Program (PPDS) in Health Services Within the Framework of the Perspective of a Welfare-Based Legal State

The current Specialist Medical Education Program (PPDS) education system presents difficulties for doctors who already have jobs and steady incomes. Generally, doctors pursuing a Specialist Medical Education Program (PPDS) already have families, are working as doctors, and have an income. When these doctors continue their specialist education, they must stop working in the Specialist Medical Education Program (PPDS) for four years without earning an income.

The state is obliged to fulfill the basic rights of citizens, including the right to health, and ensure the welfare of the people (Articles 28H and 34 paragraph 3 of the 1945 Constitution). There is a "legal vacuum" in specifically regulating the employment rights of PPDS (wages and working hours) in the Manpower Law, resulting in suboptimal protection. Teaching Hospitals, Colleges, and Medical Education Institutions must work together to ensure that PPDS receive their rights and protection, while simultaneously contributing to healthcare services.

The Minister of Health currently plans to grant a General Practitioner's License (SIP) to participants in the Specialist Doctor Education Program (PPDS) so they can work as general practitioners and supplement their income. By practicing as general practitioners, participants in the Specialist Doctor Education Program (PPDS) can earn income as general practitioners, both while they are studying at teaching hospitals and outside of their regular teaching hours. Working hour regulations will be implemented for PPDS participants. This is intended to allow these doctors to work as general practitioners in teaching hospitals with a SIP, not only as a participant in the Specialist Doctor Education Program (PPDS), but also with a Practice License (SIP) as a general practitioner. With the implementation

of these work hour regulations, it is hoped that the extraordinary pressure experienced by PPDS participants will be reduced. Therefore, serious oversight is needed for the systematic implementation of this specialist doctor education program.

The issuance of a Practice License (SIP) as a general practitioner to PPDS participants is optional. This policy was implemented to help alleviate the financial burden often faced by PPDS participants in Indonesia. This policy provides participants in the Specialist Medical Education Program (PPDS) who experience economic hardship due to a lack of income during their education period with the opportunity to practice as general practitioners, allowing them to earn a reasonable income without disrupting their academic and clinical obligations. Participants in the Specialist Medical Education Program (PPDS) can apply for a Practice Permit (SIP) to practice outside of a teaching hospital or network. Each study program has different regulations; some permit practice after the second or third year, while others have their own provisions.

Before the enactment of Law Number 17 of 2023 concerning Health, participants in the Specialist Medical Education Program (PPDS) could only hold one Registration Certificate (STR), specifically for the Specialist Medical Education Program (PPDS). This made practicing as a general practitioner illegal. However, with the amendment to this law, the STR for general practitioners remains active throughout their specialist education period, allowing participants in the Specialist Medical Education Program (PPDS) to work in healthcare facilities outside of their academic hours.

The policy of granting a Practice Permit (SIP) is expected to provide legal certainty and a decent work environment for specialist medical education participants, ensuring that specialist doctors in Indonesia meet the same standards as those abroad. Specialists should not pay to study but instead earn income from their practice during their education.

Participants in the hospital-based Specialist Medical Education Program (PPDS) currently receive incentives that do not derive from external practice. The government is also continuing to push for incentives for university-based PPDS, ensuring their immediate disbursement. Strict monitoring of the working hours of Specialist Medical Education Program (PPDS) participants in teaching hospitals is also essential. The Minister of Health has urged all hospitals under the Ministry of Health to strictly enforce working hours regulations. If PPDS participants must work overtime, they must be given rest time the following day. Implementing overtime regulations is expected to reduce the psychological stress experienced by PPDS participants.

IV. CONCLUSION

Hospitals, particularly Teaching Hospitals, are responsible for providing service compensation to participants in the Specialist Doctor Education Program (PPDS). Receiving compensation is a right of participants in the Specialist Doctor Education Program (PPDS) based on Article 219 Paragraph (1) of Law Number 17 of 2023 concerning Health. Currently, in the field, Teaching Hospitals as the Main Organizers (RSPPU) or Hospital-Based PPDS have begun to develop implementing regulations for the provision of service compensation, awaiting further regulations to standardize its implementation. As a nation governed by law, the government must provide legal certainty regarding the provision of compensation for physicians participating in the Specialist Doctor Education Program (PPDS) as a manifestation of the fulfillment of the rights of resident physicians. The law must immediately establish a form of compensation for physicians participating in the Specialist Doctor Education Program (PPDS) so that the legal objective of providing legal certainty, justice, and legal benefits can be felt by physicians participating in the Specialist Doctor Education Program (PPDS). The government must review the education system for the Specialist Medical Education Program (PPDS), by providing adequate facilities and infrastructure for academic education, granting the right to rest and avoiding extreme working hours that threaten physical and mental health. Provide legal and employment protection, such as safety guarantees, protection from malpractice (if it occurs), and protection from arbitrary treatment by senior students, related institutions, and patients. The state must provide clarity on the status of Specialist Medical Education Program (PPDS) participants, whether they are medical students under the Education Law or workers under the Manpower Law, so that their rights are fulfilled. The state, through the Ministry of Health, needs to immediately strengthen regulations as a basis for granting compensation rights to Specialist Medical Education Program (PPDS) participants, enforce compliance standards with the Manpower Law and the Health Law, and ensure that Specialist Medical Education Program (PPDS) participants receive adequate protection and welfare as an investment in future human resources in the health sector, in accordance with the principles of a welfare state.

REFERENCES

- [1] Muhammad Ishaq Alkays dkk, Analisis Perlindungan Hukum dan Keselamatan Kerja terhadap Tenaga Kesehatan di Indonesia, *POSTULAT: Jurnal Ilmu Hukum*, Agustus, 2023: Vol. 01 No. 02, e-ISSN: 2986-6693, hlm65-75

- [2] Shubhan, M. H. (2015). *Hukum Kepailitan: Prinsip, Norma dan Praktik di Indonesia*. Cetakan ke-5, April.
- [3] Daeng, Y., Ningsih, N., Khairul, F., Winarsih, S., & Zulaida, Z. (2023). Pertanggungjawaban Pidana Rumah Sakit dan Tenaga Medis Di Atas Tindakan Malpraktik Berdasarkan Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan. *Innovative: Journal Of Social Science Research*, 3(6), 3453–3461.
- [4] Herdiasti Anggitya Dwisani, Kedudukan Peserta Program Pendidikan Dokter Spesialis dalam Hak Pengupahan sebagai Tenaga Medis, *ibid*