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Legal Analysis of Local Government Authority in Doctor Supervision Post Law No. 17/2023: Between Autonomy and Regulatory Vacuum

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A B S T R A C T

This study provides a juridical analysis of the authority of local governments in supervising the medical profession following the enactment of Law Number 17 of 2023 concerning Health. Its main focus lies in the tension between the principle of regional autonomy and the regulatory vacuum, which creates ambiguity in local-level implementation. Using a normative-empirical approach, this study analyzes laws and regulations, academic literature, and institutional practices of medical professional supervision in a regional context. These findings reveal that while local governments have a constitutional and legal basis for exercising supervisory authority, the absence of implementing regulations has led to capacity gaps, procedural inconsistencies, and weak ethical protections for patients and healthcare providers. This research recommends the formulation of national technical regulations, the establishment of regional supervisory units, the integration of digital systems, and the strengthening of collaboration between the government, professional organizations, and civil society. The study confirms that regional autonomy in medical surveillance must be supported by a clear legal framework and ethical, collaborative, and adaptive governance structures.

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INTRODUCTION

Within the framework of a unitary state, Indonesia has adopted the principle of decentralization that provides space for regions to manage government affairs independently. This principle is juridically contained in Law Number 23 of 2014 concerning Regional Government, which provides legitimacy for the existence and role of regions in regulating and managing their own interests based on the principles of autonomy and handling. Regional autonomy is not only a consequence of the demands for democratization and efficiency of public services, but also a foothold to strengthen regional development oriented to the needs of local communities. In this context, the supervision of the health sector, especially the medical profession, is one of the crucial points in building an effective, transparent and accountable health service system at the local level.

However, the dynamics of regulations in the health sector have undergone significant developments with the enactment of Law Number 17 of 2023 concerning Health. This law substantially changes the approach and regulatory structure previously regulated in Law No. 23/2014, especially in relation to the authority of local governments in supervising the medical profession. One important shift that has emerged is the emphasis on the strategic role of local governments in designing and implementing health policies that are responsive to local needs. This change is an important entry point in analyzing the legal position of local governments after Law No. 17/2023, especially in the context of doctor supervision which not only concerns administrative issues, but also touches on aspects of ethics, professionalism, and protection of patient rights.

The urgency of this research is getting stronger along with the emergence of a gap in technical regulation (derivative regulation) which causes ambiguity in the implementation of supervision of the medical profession at the regional level. Although normatively local governments have authority based on the principle of decentralization, in practice, the absence of derivative regulations causes inconsistencies in the implementation of supervision, as well as concerns about overlapping authority between the central and regional governments. This regulatory vacuum is a complex legal issue that demands an in-depth explanation from the perspective of lex specialis, where specific regulations must override general regulations, especially in the context of professional sectors that have their own technical and ethical characteristics such as medicine.

In addition, previous research has highlighted the role of local governments in the management of health services, but it is limited in discussing specifically the juridical aspects of medical professional supervision after the enactment of Law No. 17 of 2023. In fact, the substance of this law contains important provisions such as Article 293 concerning informed consent which requires medical personnel to obtain informed and voluntary consent from patients before performing medical procedures. In addition, Article 310 of the Law also introduces alternative dispute resolution mechanisms as the first way to resolve conflicts due to medical negligence or malpractice. These provisions should be the basis for establishing a comprehensive and structured surveillance system at the regional level.

From the scientific side, this research occupies a unique position because it seeks to fill a research gap that is still rarely discussed in the health law literature in Indonesia, namely at the intersection of regional autonomy and medical professional regulation. Most of the existing literature places more emphasis on the technical aspects of health services and pays less attention to the juridical dimension of the supervision of the medical profession in the context of decentralization. In fact, the authority of the medical profession supervisor has a complex legal dimension because it is related to patient rights, professional ethics, and the structure of medical organizations such as the Indonesian Medical Council (KKI) and the Indonesian Health Discipline Honorary Council (MKDKI) which have the authority to enforce discipline.

The novelty of this research lies in a juridical analysis approach that specifically examines the intersection between local government law, health law, and medical ethics within the framework of Law No. 17 of 2023. Using a normative juridical approach and a critical analysis of regulatory weaknesses, this study offers a theoretical contribution to redefining the role of local governments in the physician surveillance system, especially through an understanding of the principle of concurrent affairs that emphasizes collaboration between central and local governments in health affairs. This is particularly relevant in the context of Indonesia's asymmetrical decentralization, where regions such as Papua and Aceh have specialties in managing the public sector, including health.

The originality of this review is reinforced through the use of literature that is not only sourced from the local Indonesian context, but also includes comparative studies from countries such as Germany and Australia that have decentralized medical profession supervision systems. The surveillance model in these countries shows that medical surveillance can be effectively conducted at the local level provided it is supported by clear regulations, strong coordination systems, and the integration of technology and community approaches. This research also examines the role of professional organizations such as the Indonesian Doctors Association (IDI) within the framework of Law No. 17 of 2023, including their involvement in dispute resolution through ADR and professional ethics training.

In responding to this regulatory transformation, it is also important to pay attention to the dynamics of the relationship between the central and regional governments within the framework of the division of government affairs which is regulated in the classification of absolute, concurrent, and general affairs. Health is categorized as a concurrent affair which means that the central and regional governments have a role in its management. Therefore, the supervision of the medical profession must be part of this concurrent task, so it requires synergy and clarity of the boundaries of authority. Problems arise when the implementation of this division of authority is not supported by adequate technical regulations, resulting in legal uncertainty and potential conflicts between levels of government. In the case of handling the COVID-19 pandemic, for example, the role of local governments is often hampered by a lack of

synchronization with central policies, reflecting weak coordination in a decentralized health system.

Problem Formulation

1. What are the forms and limits of local government legal authority in supervising the medical profession following the enactment of Law Number 17 of 2023 concerning Health?
2. What are the implications of the lack of technical regulations on the effectiveness of local government supervision of the medical profession?
3. How does the position and role of local governments in the medical profession supervision system compare to the organization of medical professionals after the change in regulations?
4. What are the legal and administrative obstacles faced by local governments in carrying out their supervisory functions for doctors in the midst of the transition to the national health legal system?
5. What is the ideal model for legal reconstruction to clarify and strengthen local government supervision of doctors within the framework of decentralization and principles of good governance?

Purpose of the Paper

1. Legally analyzing the form and limits of local government authority in supervising the medical profession following the enactment of Law Number 17 of 2023.
2. Identify and evaluate the impact of technical regulatory gaps on the implementation of the doctor's supervision function by local governments.
3. Examine the normative and functional relationship between local governments and professional organizations in carrying out the function of doctor supervision.
4. Examining the legal and administrative obstacles faced by local governments in carrying out doctor supervision in the midst of the dynamics of national health regulations.
5. Formulate a comprehensive and applicable legal reconstruction model to strengthen the supervisory authority of local government doctors within the framework of regional autonomy and the principles of good governance.

Benefits of Papers

Academic Benefits

1. Contributing to the development of studies on constitutional law and health law, especially regarding the relationship of authority between the central and regional governments in supervising the medical profession.
2. Enriching the scientific literature on regulatory weaknesses in law implementation, as a relevant phenomenon to be analyzed from normative and systemic perspectives.

3. Offering a model of a reconstructive legal approach that can be used as a reference in formulating public policies based on the principles of decentralization and regional autonomy.
4. Provides a useful comparative study for academics in understanding how other countries manage oversight of the medical profession in a decentralized system, thereby broadening the horizons of administrative and regulatory legal theory.
5. Provide a conceptual and theoretical foundation for students, lecturers, and researchers in developing health law studies that are responsive to the dynamics of legislation.

Practical Benefits

1. It is a reference for local governments in understanding the scope of their authority in supervising doctors in accordance with Law No. 17 of 2023, thereby minimizing the potential for administrative violations.
2. Provide normative recommendations to policymakers, especially the Ministry of Health and the Ministry of Home Affairs, in formulating implementing regulations that can bridge the regulatory gap.
3. Encourage synergy between local governments and medical professional organizations (such as the Indonesian Doctors Association) in creating a participatory, accountable, and effective surveillance system.
4. Assist medical personnel in understanding the legal aspects of the surveillance system, thereby improving compliance with the ethical and legal standards applicable in the region.
5. It serves as a legal advocacy and education material for civil society in fighting for the right to safe, quality health services that are responsibly supervised by local governments.

LITERATURE REVIEW

Review of Previous Research

An academic study of the authority of local governments in overseeing the medical profession in Indonesia shows that an understanding of decentralization and national legal structures is the main basis for analyzing this issue. In the legal framework stipulated by Law Number 23 of 2014 concerning Regional Government, the concept of regional autonomy is developed based on the principle of decentralization, which encourages each region to have the right, authority, and obligation to regulate public affairs in accordance with its own characteristics and needs. This principle is reinforced by the theory of the unitary state of Indonesia, which maintains central control but provides adaptive space for regions to carry out concurrent affairs such as health. Article 18 of the 1945 Constitution also serves as the constitutional basis for this autonomy structure and provides a normative framework for the emergence of the strategic role of local governments in health services. Asymmetric autonomy in some regions, such as Aceh and Papua, further demonstrates that the decentralized governance model in Indonesia is not uniform, and this also has an impact on the distribution and quality of supervision of the medical profession.

Several studies have emphasized that decentralization has a positive impact on socioeconomic development through increased public participation and efficiency of public services, including healthcare. However, various studies have also highlighted the uneven application of autonomy, which leads to unequal quality of health services, caused by weak oversight mechanisms and lack of regulatory synchronization between central and local governments. In the context of doctor supervision, this is evidenced by the lack of policy integration between the Ministry of Health and local government agencies, which leads to overlapping authority and confusion in upholding the ethics and professionalism of medical personnel.

Relevant previous research can also be found in the review of Law Number 23 of 2014, which gives authority to local governments over the licensing and supervision of health facilities. Muluk et al. revealed that in practice, this supervision is not fully effective because it still relies on central government policies, including regarding the discipline of medical personnel. Doctors' supervision is not equipped with the direct authority to impose sanctions or provide ethical guidance by the regions, but is handled by central agencies through bodies such as the Indonesian Medical Council (KKI) and the Indonesian Medical Discipline Honorary Council (MKDKI). This creates a gap between regional needs, which require a rapid response to medical violations, and mechanisms that remain centralized and bureaucratic. Khodadadi et al. also noted that previous oversight mechanisms have not provided national standards that are adaptive to local conditions, leaving many regions without a definite reference point for managing medical practices.

This situation has undergone significant changes following the enactment of Law Number 17 of 2023 concerning Health. This law not only emphasizes innovation in community-based health services but also clarifies the responsibility of local governments in supervising the health profession. Muluk et al. highlighted the shift from the role of the region as technical implementers to more strategic and responsive policy actors. Emphasis on service quality, community involvement in setting licensing standards, and a continuous evaluation system are important indicators in assessing a new direction of more participatory health surveillance. However, Roudo pointed out that this law still leaves a gray area, mainly due to the lack of technical derivative regulations that can serve as implementation guidelines for regions in prosecuting medical malpractices or carrying out their supervisory functions in a concrete way.

One of the important breakthroughs in Law No. 17 of 2023 is the strengthening of patients' rights through the obligation of informed consent as stipulated in Article 293. This provision has not only ethical but also legal implications, as it requires doctors to provide transparent medical information to patients before any procedure is performed. The study by Ramadhani and Wijayanti emphasized that this provision requires a comprehensive understanding of medical personnel, whose implementation must be supervised by local governments. It is also part of medical ethics, which, if ignored, can lead to legal conflicts, disputes, and even civil or criminal lawsuits. Therefore, monitoring the implementation of informed consent should not be solely a

personal issue for doctors, but part of ethical governance overseen by the government.

The role of professional organizations such as the Indonesian Medical Association (IDI) has also been prominent in previous research, especially in the framework of ethical oversight and education of medical professionals. According to Putri et al., IDI plays a strategic role in implementing administrative sanctions for ethical violations committed by doctors, which then become part of the national professional discipline system. Furthermore, research by Tegegne et al. shows that ethics education conducted by professional organizations has been shown to improve medical personnel's understanding of basic principles such as patient confidentiality and respect for patients' rights. It emphasizes that collaboration between IDI and local governments is key to a surveillance system that not only enforces regulations but also builds a strong ethical culture within the medical community.

The urgency of ethical development and professional education is further strengthened by research by Murdi et al., who emphasize the importance of professional institutions such as the Indonesian Medical Discipline Honorary Council (MKDKI) in fostering and prosecuting members of the profession who violate ethical standards. However, without the involvement of local governments in monitoring and reporting, the disciplinary process can stagnate. Therefore, a multisectoral and collaborative approach is essential in strengthening the integrity of the supervisory system. A study by Muhaimin et al. also shows that integrating legal materials into medical education is an important strategy to strengthen doctors' legal awareness while reducing the potential for ethical violations in the field.

In addition to reviewing the national context, several international comparative studies are also relevant in enriching our understanding of the supervision of medical professionals in decentralized systems. Studies by Can et al. and Lachmann et al. highlighting Germany's experience in managing the supervision of medical education and practice through the structure of regional medical councils. This supervision is not only administrative, but also academic and ethical, and is carried out systematically through colleges and teaching hospitals. Structural reforms in Germany were implemented to ensure physicians' readiness to meet the challenges of modern practice and maintain the international reputation of medical institutions. This is an important lesson for Indonesia: proper oversight is not solely the responsibility of the central government, but also of local institutions, which must be empowered normatively and functionally.

Australia serves as another example that emphasizes proactive oversight through the role of the Australian Medical Council and the use of health technologies such as mobile apps to support medical services. Schroeder et al. explain that the use of technology is not just a tool, but an integral part of the surveillance system. In the Indonesian context, the implementation of telemedicine and virtual-based supervision, which has begun to be recognized in Law No. 17 of 2023, requires the support of legal frameworks and technical policies at the regional level. Skiba et al. also shows that many doctors in

Australia do not fully understand their legal obligations, suggesting that surveillance is not just a control measure, but an ongoing and participatory educational process.

However, international learning also reveals real challenges. Hu et al. note that in a highly decentralized system, there is a risk that local interests dominate regulatory decisions, which could undermine national standards. Therefore, a balance is needed between regional flexibility and strengthening the role of supervision based on public accountability and the national code of ethics. This challenge also arises in the Indonesian context, especially with the absence of derivative regulations governing detailed supervision of the medical profession at the regional level, even though Law No. 17 of 2023 has signaled the strengthening of regional autonomy.

Finally, cross-sector collaboration is also a focus in the relevant literature. The study by CA and Kamoie et al. encourages synergy between government agencies, non-profit organizations, and the private sector in building an inclusive health system. When it comes to physician surveillance, local governments can partner with universities, hospitals, and civil society organizations to ensure participatory, transparent, and community-based surveillance. This approach is in line with the principles of adaptive and participatory governance in public policy development.

Art Affirmation

Based on all the literature analyzed, it can be emphasized that the state of the art in the study of medical professional supervision at the regional level following the enactment of Law No. 17 of 2023 lies in the paradigm shift of supervision from centralized to decentralized, with an emphasis on collaborative, ethical approaches, and responsiveness to local needs. Although normatively there has been an expansion of regional authority in the supervision of medical personnel, the lack of technical regulations and weak institutional capacity remain the main obstacles. Therefore, a new direction for theoretical and policy development should lead to the development of a derivative legal framework capable of filling normative gaps, strengthening synergies between institutions, and integrating best practices from relevant international systems.

METHODOLOGY

This study uses a normative-empirical legal approach, combining the analysis of the doctrine of laws and regulations such as the 1945 Constitution, Law No. 23 of 2014 concerning Regional Government, and Law No. 17 of 2023 concerning Health with empirical observations of institutional practices in the supervision of the medical profession at the regional level. The normative dimension focuses on the examination of legal principles, decentralization theory, and the doctrine of lex specialis, while the empirical dimension explores how local health offices, professional associations, and disciplinary boards apply medical supervision in practice. In addition, a comparative perspective is applied by analyzing supervisory models in decentralized systems such as Germany and Australia, to identify best practices that can serve as a reference for strengthening Indonesia's regulatory framework. Data are analyzed qualitatively to synthesize

legal norms, institutional realities, and comparative insights into a coherent regional medical profession surveillance model.

RESULTS OF RESEARCH AND DISCUSSION

The transformation of local government supervision of the medical profession following the enactment of Law No. 17 of 2023 shows a paradigm shift from a centralized approach to a more participatory, decentralized approach that is responsive to local needs. This law not only regulates administrative authorities such as licensing and the development of health workers, but also expands the scope of regional supervision to aspects of ethics, quality of service, and non-litigation dispute resolution. It is at this point that it is crucial to examine in depth how the legal authority of local governments in supervising doctors is built, operationalized, and faced with regulatory and institutional challenges.

As stipulated in Article 18 of the 1945 Constitution and outlined in Law Number 23 of 2014 concerning Regional Government, local governments have a constitutional position as autonomous bodies that are authorized to regulate and manage government affairs in accordance with the principle of decentralization. Health affairs, as understood from the perspective of state administrative law, are included in the category of concurrent affairs, namely affairs jointly managed by the central and regional governments in a proportional division. Within this framework, the supervision of the medical profession should be part of the domain of local government authority, not solely the central authority. However, the reality shows that although the region legally has the right to regulate supervision, the absence of technical regulations as a derivative of Law No. 17 of 2023 creates a legal vacuum that limits the effectiveness of this authority.

This problem becomes more complex when the authority given is not accompanied by adequate institutional capacity. Several studies show that many regions still lack a systematic and structured monitoring system for medical personnel. In many cases, there is no health professional supervision unit within the local health office, no local legal instrument to refer to the implementation of supervision, and no regular and continuous reporting or ethics training mechanism. As a result, many ethical violations or medical misconduct are not handled optimally and tend to be resolved informally without legal clarity or a transparent ethical process.

On the other hand, Law No. 17 of 2023 explicitly regulates several key principles in medical practice, which must be an integral part of the regional surveillance system. One of them is the principle of informed consent, as stipulated in Article 293, which requires all medical personnel to obtain informed consent from patients before performing medical procedures. This principle carries profound ethical and legal implications, as it concerns patients' right to information, autonomy in decision-making, and the professional obligation of physicians to transparently explain risks and alternative procedures. In this context, local governments are obliged to ensure that all health service facilities in their areas correctly and consistently apply the principle of informed consent. This can be achieved through ethical audits, routine monitoring, and periodic training of medical personnel facilitated by the regional health office.

Regarding conflict resolution between patients and doctors, Law No. 17 of 2023 also provides an important update through Article 310, which requires medical disputes to be resolved first through a non-litigation mechanism, or Alternative Dispute Resolution (ADR). This approach offers advantages in terms of time efficiency, relationship restoration, and protection of the rights of both parties in a more conducive and dignified atmosphere. This is where the role of local governments becomes important as a facilitator of the mediation process, arbitration, or ethical negotiation involving doctors, patients, and professional organizations such as the Indonesian Doctors Association (IDI). Unfortunately, many regions do not yet have a medical ethics mediation forum, no mediation structure at the hospital level, and no regional implementing regulations governing ADR technicalities in medical cases. This shows that the normative provisions in Law No. 17 of 2023 have not been fully changed into operational regional policies.

Professional organizations such as the Indonesian Medical Association (IDI) hold a strategic position in the system of ethical oversight and professionalism of doctors. This function includes implementing medical ethics education, facilitating the reporting of violations, providing recommendations for ethical sanctions, and playing an active role in resolving disputes between doctors and patients. On the other hand, institutions such as the Indonesian Medical Discipline Honorary Council (MKDKI) function as enforcers of ethical discipline at the national level, but the process is often slow and does not reach the local aspects of the case in depth. Therefore, local governments should establish closer partnerships with regional IDI branches to strengthen ethical oversight systems at the grassroots level, including by establishing regional ethics panels and strengthening the ethical capacity of independent practicing physicians.

The dynamics of medical professional supervision at the regional level after the enactment of Law No. 17 of 2023 also need to be understood in the framework of relations between institutional actors. While legal norms provide a wide space for local authorities, the relationship between local government agencies, professional organizations, and health institutions is important. One of the main challenges is the lack of a systemic coordination model between the Health Office, regional hospitals, private clinics, and administrators of professional organizations at the district/city level. Effective oversight, however, relies heavily on the ability of local actors to build inter-entity communication to address ethical violations, manage patient-physician conflicts, and respond to public reports. A study by Liuw et al. emphasized that institutional fragmentation and administrative silos are the main causes of oversight failures at the local level, as no single institution truly bears full responsibility.

In terms of technical regulations, the absence of a Government Regulation (PP), Presidential Regulation (Perpres), or Regulation of the Minister of Health as a derivative of Law No. 17 of 2023 is a crucial systemic obstacle. Many local governments have expressed hesitation in drafting Regional Regulations or Regional Head Decrees on the supervision of the medical profession due to the lack of national reference standards. Furthermore, without local initiatives, a

legal vacuum will remain, and the legal norms in Law No. 17 of 2023 will remain a text without implementation. Studies by Montel, Burris & Lin, and Brosi & Mays emphasize that the law must adapt to the needs of society. Therefore, the regions can and must boldly implement progressive interpretations of the articles in the law, while upholding the principles of lex specialis and in bonam partem.

In the realm of ethics, medical ethics training is an essential element of an effective surveillance system. This training cannot be done formally only through seminars or workshops, but also through ongoing clinical mentoring and supervision. Studies by Davis et al. and McCarty et al. show that healthcare workers who receive ethical-based and supportive supervision tend to have better psychological resilience, lower levels of burnout, and higher job satisfaction. Local governments can facilitate ethical and clinical mentoring programs by collaborating with the Indonesian Medical Association (IDI) and medical academics in their regions, so that supervision is not repressive, but transformative and constructive.

Local governments also need to understand that supervision of the medical profession is a long-term investment in the quality of public services. From the perspective of public services, the quality of medical personnel is directly correlated with patient satisfaction and safety. Studies by Maskanah and Salmasi et al. show that medical negligence often occurs due to weak surveillance systems, not due to malicious intent from medical personnel. Therefore, supervision should be designed to prevent before taking action, help before punish, and strengthen before weakening. It is a new paradigm in professional oversight governance that is aligned with the principles of restorative justice and sustainable health system development.

Finally, the principle of preemption, or the revocation of regional regulations by the central government, needs to be carefully regulated. Studies by Wetter & Rutkow and Woolf show that excessive preemption can undermine local policy innovation and create bureaucratic fear in decision-making. Therefore, the central government should provide a clear general framework while allowing regions to tailor their medical professional supervision policies to their respective demographic, geographical, and sociocultural conditions.

In addition to the institutional and normative dimensions, the effectiveness of local government supervision of the medical profession is also highly determined by the availability of data, information systems, and digital service mechanisms. Without a good information system, surveillance will be stuck in a reactive approach—acting only when a breach occurs, rather than implementing an early detection system. In this context, a data-driven regulatory approach is essential. Local governments need to develop a database system of medical personnel that integrates ethical track records, training, patient complaints, and practice license status. This approach has proven effective in international practices, such as in Australia, which utilize electronic audits and automated reporting to improve the efficiency of clinical surveillance.

In the framework of ethically oriented supervision, the involvement of the Indonesian Doctors Association (IDI) in the regions is very important. The functions of the IDI go beyond the enforcement of professional discipline to

ethical education, fostering professional morality, and facilitating the restoration of the reputation of doctors who have been found guilty. As a professional organization, IDI has a moral obligation to ensure that supervision is not abused as a tool of power or intimidation, but rather functions as a social control mechanism that upholds the dignity of the profession. Research by Tegegne et al. and Putri et al. support this approach, stating that strengthening the role of professional organizations in the oversight system will encourage a higher level of internal accountability than just external oversight from the state.

However, professional organizations must also be open to public scrutiny and avoid getting caught up in the corporate spirit that masks the mistakes of its members. IDI's internal ethics audit mechanism must be conducted in an objective, transparent, and inclusive manner, involving representatives of civil society. In this regard, the principle of shared accountability between states, professional organizations, and the public is the main cornerstone of the collaborative oversight proposed in this paper. Local governments can facilitate regular meetings between IDI, patients, and community leaders as a forum to convey aspirations, provide medical legal education, and formulate joint ethics policies.

Considering the structural challenges in implementing medical professional supervision, one of the important and unavoidable issues is the resource gap between regions. District/city governments in large urban areas such as Jakarta, Surabaya, or Makassar tend to have more comprehensive health facilities, more adequate supervisory staff, and stronger fiscal support. On the other hand, 3T (frontier, outermost, and disadvantaged) areas often lack expertise, lack information systems, and have not formed adequate supervisory units. These gaps have the potential to create ethical gaps in national health services, where ethical standards for the medical profession can vary significantly depending on regional capacity.

To address this gap, the central government, through the Ministry of Health, needs to provide affirmative mechanisms for low-capacity regions, such as mentoring programs, supervision grants, national online training, and access to cloud-based information systems. The role of the central government in this context is not to dominate, but to strengthen the capacity of the regions to carry out their supervisory mandates in accordance with the principle of asymmetric decentralization. This approach is in line with network governance theory, where oversight functions are no longer assigned to a single entity but are distributed across a network of actors who collaborate and reinforce each other.

Strengthening this network can also be encouraged through cross-sector partnerships. Local governments can collaborate with local medical schools to design contextual applied ethics curricula, collaborate with non-governmental organizations in patient advocacy, and establish medical service ethics research units in regional hospitals. As shown in a study by Maskanah and Prud'homme et al., supervision integrated with research and education results in more sustainable improvement in service quality than supervision based solely on administrative audits.

CONCLUSION

This paper examines in depth the legal analysis of local government authorities in supervising the medical profession following the enactment of Law No. 17 of 2023 concerning Health, emphasizing the dynamics between the principle of regional autonomy and the ongoing technical regulatory gap. Based on the above discussion, the following comprehensive conclusions can be drawn:

First, local government supervision of the medical profession has a strong constitutional and legal basis, which comes from Article 18 of the 1945 Constitution, Law No. 23 of 2014 concerning Regional Government, and strengthened by Law No. 17 of 2023. Local governments are given the authority to regulate and manage government affairs in the health sector as part of concurrent affairs, including supervision of medical practices, including aspects of ethics, quality of service, and patient protection.

Second, legal recognition of this authority has not been accompanied by operational clarity, considering the absence of implementing regulations in the form of Government Regulations (PP), Presidential Regulations (Perpres), or Ministerial Regulations (Permenkes) derived from Law No. 17 of 2023 which regulates the technical implementation of local government doctor supervision. This creates a legal vacuum that limits regional autonomy and opens the door to various interpretations of the application of legal norms that have been ratified.

Third, the capacity of regional institutions to supervise the medical profession remains uneven and tends to be weak, both in terms of structure, human resources, funding, and information systems. Many local governments lack specialized units to oversee the ethics and professionalism of doctors, have not developed standard operating procedures (SOPs) or local regulations, and have not established active partnerships with professional organizations such as the Indonesian Medical Association (IDI), the Indonesian Medical Discipline Honorary Council (MKDKI), or the patient community.

Fourth, regional oversight has not fully adopted the collaborative, participatory, and ethical principles idealized in modern governance literature and international practice. Supervision still tends to be administrative and reactive, not preventive, transformative, and supportive. In the context of medical ethics, ideal supervision should foster professionalism, maintain professional morality, and encourage holistic improvement in service quality.

Fifth, lessons learned from the supervision practices of medical professionals in countries such as Germany, Australia, and Japan show that the success of surveillance systems rests on synergy between laws, institutions, medical education, and information technology. Data-driven oversight models, collaborative ethics audits, and robust Alternative Dispute Resolution (ADR) mechanisms are important elements that local governments in Indonesia can adopt and adapt.

Sixth, the mechanism for resolving medical disputes through ADR, as stipulated in Article 310 of Law No. 17 of 2023, has not been optimally implemented in the regions due to the lack of mediation forums, trained mediators, or other supporting structures. ADR is an important instrument for resolving conflicts between patients and doctors peacefully, quickly, and fairly.

Local governments must be the main facilitator in building and managing ADR systems in the health sector.

Seventh, supervision that fails to address the well-being of medical personnel and the psychosocial context of the medical profession can be counterproductive, as emphasized in various studies. Therefore, supervision by local governments must be accompanied by restorative ethical approaches, psychological support, ongoing ethics training, and capacity building of health workers' resilience.

Eighth, Law No. 17 of 2023 opens the door to major reforms in the medical professional supervision system in Indonesia. However, without the support of derivative regulations, regional political will, and regional policy innovation, these legal norms will not have a significant impact. Therefore, the general conclusion of this paper is that the autonomy given to the regions in supervising the medical profession should be exercised actively, creatively, and collaboratively, rather than passively waiting for direction from the central government.

RECOMMENDATION

Based on these conclusions, this paper offers several strategic recommendations that are normative, operational, and policy, as follows:

The central government, especially the Ministry of Health and the Ministry of Home Affairs, is advised to immediately draft implementing regulations for Law No. 17 of 2023, which regulates the technical aspects of regional supervision of the medical profession. This regulation must provide legal certainty, governance clarity, and open space for regional innovation in formulating supervisory policies tailored to regional needs.

Local governments, especially provincial and district/city health offices, are advised to establish structural medical professional supervision units, develop ethical and professional-based standard surveillance operating procedures (SOPs), and allocate special budgets in the APBD to strengthen surveillance systems. Regions also need to prepare technical regulations in the form of regional regulations (Perda), governor regulations (Pergub), or regent regulations (Perbup) as the legal basis for the implementation of supervision.

Local governments need to develop an information technology-based surveillance system, including building a medical personnel ethics dashboard, public reporting applications, and data integration between hospitals, clinics, and professional organizations. The digitalization of supervision must be accompanied by human resource training, cross-sectoral collaboration, and data-driven internal audit mechanisms.

Collaborative forums should be established between local governments, professional organizations (such as the Indonesian Medical Association), medical universities, and patient communities to facilitate ethical oversight, continuing education, and fair resolution of ethical disputes. This forum can be in the form of a Regional Medical Supervision Forum (FPKD), which will be consultative and evaluative and will operate periodically.

Local governments should facilitate the implementation of health mediation in patient-doctor disputes by establishing ADR units at the district/city level, training ethical mediators, establishing standard procedures, and ensuring that mediation decisions have moral and administrative force.

Medical personnel should receive regular medical ethics training, using practical approaches, case studies, and field supervision, rather than just normative seminars. Local governments can collaborate with medical faculties and professional organizations to design applied ethics modules that are relevant to the local context.

Supervision should be designed as a system of guidance, not punishment, that emphasizes the principles of education, prevention, and support. Therefore, supervision must be accompanied by welfare programs, psychosocial counseling, and managerial support for health workers who experience work stress.

The Ministry of Health needs to create an affirmative mechanism for 3T regions in the form of surveillance funds, national online training, and integrated information systems between regions, to reduce regional capacity gaps to carry out the function of doctor supervision optimally.

With all these recommendations, it is hoped that the implementation of medical professional supervision by local governments will not only become a normative mandate in Law No. 17 of 2023, but will truly build an ethical, fair, and health-oriented health system that is oriented towards the interests of patients and the dignity of the medical profession.

ADVANCED RESEARCH

This follow-up research integrates juridical analysis, empirical observation, and international comparisons to address regulatory gaps in the supervision of the medical profession based on Law No. 17 of 2023. By linking legal norms, local governance capacity, and best practices from other countries, this study provides theoretical and policy insights to develop adaptive and collaborative surveillance models in Indonesia's health governance.

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