



Reconstructing Indonesia's Medical Professional Discipline System under Law No. 17 of 2023: A Normative Legal Analysis

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ABSTRACT

Purpose: This study analyzes the implications of Law Number 17 of 2023 on Health for Indonesia's medical professional discipline system and formulates a normatively grounded reconstruction model to strengthen legal certainty, patient protection, professional autonomy, and public accountability. **Methods:** This study employed normative legal research using statutory and conceptual approaches. Legal materials were selected based on relevance, authority, currency, and relation to the research questions. Primary materials included Law Number 17 of 2023 on Health, Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2014 on Health Workers, and implementing regulations. The materials were classified and comparatively examined according to institutional authority, complaint and examination mechanisms, transitional provisions, and links with administrative, civil, and criminal proceedings. Analysis used legal interpretation, regulatory comparison, and deductive legal reasoning. **Findings:** The results indicate a shift from a profession-based disciplinary system toward stronger state supervision, creating challenges involving institutional authority, legal certainty, and professional autonomy. Three issues were identified: institutional restructuring, changes in complaint and examination mechanisms, and normative disharmony during transition. From the normative comparison, the study derives a four-pillar reconstruction model comprising clarity of institutional authority, fair and transparent procedures, accessible patient complaint mechanisms, and independent professional disciplinary councils. The model is proposed as a normative framework rather than an empirically validated model. **Conclusion:** Effective reform requires harmonized legal norms, clear institutional arrangements, fair procedures, and balanced relations between state oversight and professional autonomy. **Originality:** This study proposes a normatively derived four-pillar framework whose effectiveness requires further empirical evaluation.



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INTRODUCTION

The transformation of healthcare governance in recent decades reflects a shift from predominantly profession-based self-regulation toward more integrated regulatory arrangements involving both professional institutions and the state. This shift has been driven by the increasing complexity of healthcare services, stronger demands for public accountability, and the need to ensure effective patient protection. Studies on health-profession regulation indicate that contemporary regulatory systems increasingly seek to balance professional expertise and autonomy with public oversight, transparency, and accountability (Leslie et al., 2021; Adams, 2022). International literature on professional regulation therefore provides an important conceptual foundation for understanding how disciplinary governance should balance public protection with professional independence, although these studies do not directly determine the institutional design required within Indonesia's specific legal system. Professional discipline, in this context, should not be understood merely as an internal mechanism for controlling professional conduct, but as a governance mechanism that must reconcile patient protection, procedural fairness, professional autonomy, legal accountability, and public trust.

In Indonesia, the regulation of medical professional discipline was previously closely associated with the institutional framework established under Law Number 29 of 2004 on Medical Practice and Law Number 36 of 2014 on Health Workers. Under the previous regime, professional institutions, particularly the Honorary Council of Indonesian Medical Disciplines, occupied a central position in examining alleged violations of medical professional discipline. The previous framework therefore reflected a stronger profession-based regulatory orientation, although professional discipline continued to interact with administrative, civil, and criminal forms of legal responsibility. Studies concerning medical legal responsibility and healthcare complaints have demonstrated that these different forms of accountability require distinct institutional forums, examination standards, and legal consequences (Birkeland, 2022). This distinction is particularly important because disciplinary proceedings may affect professional reputation, registration, licensing, and the legal position of both medical personnel and patients.

A major regulatory transformation occurred with the enactment of Law Number 17 of 2023 on Health. As a comprehensive health-sector reform, the Law restructures institutional authority and places professional disciplinary governance within a stronger state-supervised framework. Together with its implementing regulations, the new legal regime changes the relationship between governmental bodies, professional institutions, disciplinary mechanisms, and other forms of legal accountability. Three interconnected legal problems emerge from this transformation. First, authority is redistributed among governmental regulatory bodies and professional institutions, creating a need for clearer jurisdictional boundaries. Second, complaint and disciplinary examination mechanisms are reorganized, raising questions regarding procedural safeguards, accessibility for patients, and the legal position of disciplinary recommendations. Third, transitional provisions must operate simultaneously with the repeal of the previous statutory regime, generating potential uncertainty concerning institutional authority, applicable procedures, and the handling of pending cases. These issues indicate that the reform is not merely a change in institutional nomenclature, but a broader restructuring of disciplinary governance.

Previous studies provide several important but distinct perspectives on these developments. A first strand of literature examines health-profession regulation and regulatory governance, emphasizing accountability, public protection, institutional supervision, and the continuing role of professional expertise (Asamoah, 2025; Mahat et al., 2023). A second strand addresses healthcare complaints, professional responsibility, and the relationship between disciplinary mechanisms and other forms of legal liability, demonstrating the importance of distinguishing professional discipline from civil, criminal, and administrative accountability (Thahir & Tongat, 2024; Nurlaelah et al., 2025). A third strand focuses more specifically on Indonesian health-law reform, including changing forms of professional accountability and legal protection following recent legislative developments (Setyawati & Herman, 2025; Harahap & Ma, 2025). A fourth strand connects health-law reform with ethics, professional standards, and physician competency, particularly in relation to the integration of ethical, disciplinary, and scientific standards in medical practice (Noviantini & Santiago, 2025).

These bodies of literature are relevant to the present study but address different dimensions of the problem. International studies primarily provide comparative and conceptual insights concerning regulatory governance and professional accountability, whereas Indonesian studies tend to examine particular aspects of health-law reform, professional responsibility, ethics, or legal protection. Based on the literature reviewed in this study, insufficient attention has been given to an integrated analysis of how Law Number 17 of 2023 simultaneously restructures institutional authority, complaint and disciplinary examination procedures, transitional legal arrangements, and the relationship between professional disciplinary decisions and other legal processes. The unresolved problem is therefore not simply whether state supervision has become stronger, but how state authority and professional disciplinary independence should be legally structured so that accountability does not produce overlapping jurisdiction, procedural uncertainty, or unnecessary interference with professional judgment.

Accordingly, the research gap addressed in this study concerns the need for an integrated normative legal framework capable of explaining and reconstructing Indonesia's post-2023 medical professional disciplinary architecture. Rather than assuming that a particular institutional model has already been empirically validated, this study derives its proposed framework from the systematic comparison and interpretation of the previous and current legal regimes. The analysis focuses on the interaction among institutional authority, procedural fairness, patient access to complaints, professional autonomy, institutional independence, and legal certainty. Competency development is considered only as a secondary implication of disciplinary governance and not as the primary object of reconstruction.

Based on this gap, this study seeks to answer two interrelated questions: how has Law Number 17 of 2023 transformed the institutional and procedural architecture of medical professional discipline in Indonesia, and what normative framework is required to address the legal problems arising from that transformation? Accordingly, the study aims to analyze the medical professional discipline system before and after the enactment of Law Number 17 of 2023, identify the legal consequences of institutional restructuring, changes in complaint and examination mechanisms, and

transitional normative disharmony, and derive a normatively grounded reconstruction framework from the identified legal problems.

The study proposes four interconnected pillars: clarity of institutional authority, fair and transparent procedures, patient protection through accessible complaint mechanisms, and the independence of professional disciplinary councils. These pillars are not presented as an empirically tested or externally validated governance model, but as normative requirements derived from statutory interpretation, regulatory comparison, and relevant legal principles. Theoretically, the study contributes to health-law scholarship by conceptualizing disciplinary reform as a problem of institutional design, normative harmonization, procedural justice, and balanced regulatory relations rather than merely as a transfer of authority from professional organizations to the state. Its specific contribution lies in integrating institutional authority, procedural safeguards, patient protection, and disciplinary independence within a single reconstruction framework for Indonesia's post-2023 legal regime. Practically, the framework may assist policymakers, regulatory institutions, and professional bodies in clarifying jurisdiction, standardizing disciplinary procedures, protecting the procedural rights of medical personnel, facilitating patient access to appropriate complaint mechanisms, and strengthening legal certainty and public trust.

METHOD

Research Design and Approaches

This study employed normative legal research using statutory and conceptual approaches. The statutory approach was used to examine the structure, hierarchy, consistency, and relationship of laws and implementing regulations governing the medical professional discipline system in Indonesia. The conceptual approach was used to analyze the principles of legal certainty, due process of law, institutional independence, professional autonomy, public accountability, and patient protection. The study was prescriptive because it did not merely describe regulatory changes but also evaluated weaknesses in the existing legal framework and formulated a reconstruction model for the medical professional discipline system. The analysis focused primarily on the legal and institutional consequences of Law Number 17 of 2023 on Health. Competency development and continuous professional learning were examined only as supporting implications of disciplinary governance rather than as the principal objects of the research (Bhat, 2019). Accordingly, the reconstruction model was developed through normative legal reasoning, regulatory comparison, and systematic interpretation. It was not treated as an empirically tested or externally validated model.

Scope and Unit of Analysis

Because this study was normative rather than empirical, it did not use a population, sample, or respondents. The objects examined were legal norms, regulatory provisions, legal principles, institutional arrangements, and scholarly doctrines related to the medical professional discipline system. The unit of analysis consisted of legal provisions governing: (1) the authority and institutional position of professional disciplinary bodies; (2) complaint submission and disciplinary examination procedures; (3) professional standards and forms of disciplinary accountability; (4) the relationship between disciplinary proceedings and civil, criminal, and administrative processes; and (5) transitional provisions following the enactment of Law Number 17 of 2023. The analysis covered both the previous and current regulatory regimes to identify changes in institutional authority, procedures, legal relationships, and professional protection. The previous regime was represented primarily by Law Number 29 of 2004 on Medical Practice and Law Number 36 of 2014 on Health Workers, while the current regime was examined through Law Number 17 of 2023 on Health and its implementing regulations.

Types and Hierarchy of Legal Materials

This study used secondary data consisting of three types of legal materials. In normative legal research, these materials were classified as primary, secondary, and tertiary legal materials according to their legal authority and analytical function. Primary legal materials consisted of binding laws and regulations, including Law Number 17 of 2023 on Health, Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2014 on Health Workers, Government Regulation Number 28 of 2024, Regulation of the Minister of Health Number 12 of 2024, and Regulation of the Minister of Health Number 3 of 2025. Primary legal materials were obtained and verified through official government legal-information sources and legal documentation and information networks of relevant government institutions. The analysis followed the hierarchy of laws and regulations by placing statutes above government and ministerial regulations. Implementing regulations were interpreted within the scope of authority delegated by the relevant statutes. Transitional provisions were analyzed in relation to repeal provisions, institutional establishment, and the continuity or transfer of authority under the new legal regime. Secondary legal materials included peer-reviewed journal articles, legal textbooks, academic books, book chapters, research reports, and scholarly doctrines concerning health law, professional regulation, medical discipline, patient protection, professional autonomy, public accountability,

disciplinary governance, and legal accountability. Literature on professional competency and continuing professional development was included only when it directly supported the interpretation of disciplinary governance. Tertiary legal materials, including legal dictionaries and encyclopedic materials, were used only when necessary to clarify legal concepts and terminology.

Selection of Legal and Scholarly Materials

Legal and scholarly materials were selected on the basis of their relevance, authority, currency, accessibility, and direct relationship with the research questions. Primary legal materials were obtained from official government legal-information sources, particularly official legislation databases and the legal documentation and information networks of the relevant government institutions. Each primary legal material was verified to confirm its title, number, legal status, date of enactment, period of validity, and relationship with other regulations (Shecaira, 2024).

Secondary scholarly materials were searched through Google Scholar, GARUDA, and Crossref. The literature search covered publications issued from January 2019 to June 2025. The initial search was conducted between January and April 2025 and was updated on 25 June 2025 to identify recently published materials relevant to the regulatory changes examined in this study. The search used combinations of the following keywords: “medical professional discipline,” “health law reform,” “Law Number 17 of 2023,” “professional disciplinary council,” “medical professional autonomy,” “patient protection,” “disciplinary complaint mechanism,” and “Indonesia.” Additional search terms included “professional regulation” and “medical legal responsibility.” Equivalent Indonesian terms were also used to locate national legal literature, including “disiplin profesi medis,” “hukum kesehatan,” “otonomi profesi,” “perlindungan pasien,” “majelis disiplin profesi,” and “pertanggungjawaban tenaga medis.”

The search initially identified 96 potentially relevant records. Fourteen duplicate records were removed, leaving 82 records for title and abstract screening. Thirty-three records were excluded because they did not directly address health law, professional regulation, medical discipline, patient protection, or related legal-accountability issues. Forty-nine publications were subsequently assessed in full text. Twenty-six publications were excluded because they focused primarily on clinical, technological, organizational, or educational issues without sufficient legal or conceptual relevance to the research questions. A final set of 23 secondary scholarly materials was included in the legal analysis.

The inclusion criteria were: (1) materials directly discussing health law, medical professional discipline, institutional authority, disciplinary procedures, professional regulation, patient protection, or professional accountability; (2) official and valid legal documents; (3) peer-reviewed or academically accountable publications; (4) materials available in full text; and (5) materials providing legal, regulatory, or conceptual arguments directly relevant to the research questions. Foundational legal doctrines and older legal materials were retained when they remained necessary to explain legal principles, the previous regulatory regime, or the development of professional disciplinary governance. Materials were excluded when they were duplicated, lacked a clear connection to the medical professional discipline system, focused exclusively on unrelated fields of public administration, or did not provide sufficient legal or conceptual relevance to the research questions. Materials focused exclusively on clinical practice, technology, or educational interventions without sufficient relevance to disciplinary governance were also excluded.

Data Collection and Research Instrument

Data collection techniques consisted of literature studies and documentation studies. The collection process involved identifying, retrieving, verifying, classifying, comparing, and recording relevant legal provisions and scholarly argument (O'Neill & Gillespie, 2024). Each regulation was verified against an official legal source to confirm its title, number, status, date of enactment, period of validity, and relationship with other regulations. Particular attention was given to whether implementing regulations remained within the authority delegated by higher-level legislation.

The principal research instrument was a document-analysis and regulatory-comparison matrix. The matrix classified each legal material according to: (1) regulatory status and hierarchy; (2) institutional authority; (3) complaint mechanism; (4) examination procedure; (5) applicable professional standards; (6) disciplinary decisions or recommendations; (7) relationship with civil, criminal, and administrative proceedings; (8) transitional provisions; and (9) implications for professional accountability. For each category, the matrix recorded the relevant statutory provision, institution concerned, scope of authority, applicable procedure, legal consequences, potential overlap of authority, regulatory gaps, and consistency with the normative principles adopted in the study. This approach established a traceable relationship between the legal provisions examined, the regulatory problems identified, the normative evaluation conducted, and the reconstruction framework subsequently proposed. The matrix enabled a systematic comparison between the legal arrangements before and after Law Number 17 of 2023 and reduced reliance on unstructured or purely subjective interpretation.

Normative Evaluation Criteria

The identified regulatory arrangements were evaluated against six normative principles: legal certainty, due process of law, institutional independence, professional autonomy, public accountability, and patient protection. These principles were operationalized as analytical criteria rather than treated merely as abstract legal concepts. Legal certainty was assessed through the clarity of institutional mandates, consistency among applicable regulations, predictability of procedures, clarity of transitional arrangements, and conformity between implementing regulations and higher-level statutory provisions.

Due process of law was assessed through the existence of clear complaint requirements, notification of allegations, access to relevant information and evidence, adequate opportunity for the reported medical professional to respond, impartial examination, professional participation in technical assessment, reasoned decisions, review mechanisms, and reasonable or predetermined periods for case completion. Institutional independence was assessed by examining whether professional disciplinary assessment could be conducted without inappropriate administrative, political, organizational, or professional interference while remaining subject to legal accountability and review.

Professional autonomy was assessed through the extent to which technical, scientific, and disciplinary judgments remained within the competence of appropriately qualified professional experts and were not replaced by purely administrative assessments. Public accountability was assessed through transparency of institutional mandates, clarity of institutional responsibility, reasoned decision-making, compliance with statutory authority, and the existence of mechanisms through which disciplinary institutions could be held accountable for the exercise of their powers. Patient protection was assessed through accessibility of complaint mechanisms, clarity regarding the competent forum, understandable procedural requirements, timely handling of complaints, protection of complainants' procedural interests, and the availability of appropriate legal or administrative remedies. These normative indicators were applied consistently to both the previous and current regulatory regimes and were used to determine whether identified regulatory weaknesses justified specific components of the reconstruction model.

Research Procedure

This research was carried out through systematic stages. First, the research problem was formulated by identifying changes in the medical professional discipline system following the enactment of Law Number 17 of 2023. Second, relevant primary, secondary, and tertiary legal materials were identified and selected using the predetermined search strategy and inclusion and exclusion criteria. Third, the selected legal provisions were classified according to their hierarchy, subject matter, institutional function, scope of authority, and period of validity. Fourth, the previous and current regulatory regimes were compared using the regulatory-comparison matrix. This comparison focused on institutional restructuring, complaint and examination mechanisms, professional standards, the legal position of disciplinary recommendations, relationships with administrative, civil, and criminal proceedings, and transitional provisions.

Fifth, inconsistencies, overlapping authority, regulatory gaps, and potential normative disharmony were identified through grammatical, systematic, teleological, temporal, and comparative legal interpretation. Sixth, the identified problems were evaluated against the principles of legal certainty, due process of law, institutional independence, professional autonomy, public accountability, and patient protection using the operational indicators established in this study. Seventh, the reconstruction model was developed through an iterative legal issue-mapping process. The four dimensions were not imposed on the legal materials at the beginning of the analysis. Instead, recurring regulatory problems identified through the regulatory-comparison matrix were initially recorded without assigning them to predetermined reconstruction categories.

Problems sharing similar legal characteristics were subsequently grouped according to the principal type of regulatory deficiency they represented. Problems concerning overlapping jurisdiction, unclear institutional mandates, and uncertainty regarding the distribution of functions were grouped within the institutional-authority dimension. Problems concerning complaint requirements, notification, evidence, response rights, examinations, decisions, review, and case-completion periods were grouped within the procedural dimension. Problems concerning accessibility of complaints and protection of patients' procedural interests were grouped within the patient-protection dimension. Problems concerning inappropriate administrative or organizational influence over technical disciplinary assessment were grouped within the institutional-independence dimension. Each grouping was then examined against the six normative evaluation criteria and the hierarchy of applicable legal norms. A proposed category was retained only when it was supported by recurring regulatory problems, could be connected to identifiable statutory provisions, and could be justified using the applicable normative principles. Through this analytical process, four interconnected pillars of reconstruction were derived: clarity of institutional authority, fair and transparent procedures, patient protection through accessible complaint mechanisms, and the independence of professional disciplinary councils. These pillars

therefore represent normatively derived categories developed from the legal problems identified in the regulatory analysis rather than categories predetermined solely by the researcher.

Legal Analysis Techniques

Data analysis was carried out using qualitative analysis with interpretive and argumentative approaches. The analysis did not use statistical procedures or the empirical concept of data reduction. Instead, legal materials were analyzed through legal classification, regulatory comparison, interpretation, normative evaluation, and prescriptive reasoning. Grammatical interpretation was used to examine the ordinary and legal meaning of the wording of statutory provisions. Systematic interpretation was used to assess the relationship between provisions within Law Number 17 of 2023 and between the Law and its implementing regulations. Teleological interpretation was applied to determine whether the regulatory arrangements supported the purposes of patient protection, professional accountability, legal certainty, and fair disciplinary governance. A temporal and comparative analysis was also conducted to identify changes between the regulatory system established under Law Number 29 of 2004 and Law Number 36 of 2014 and the system introduced by Law Number 17 of 2023. The analysis specifically examined changes in authority, institutional structure, complaint procedures, disciplinary examination, legal consequences, and transitional arrangements.

Deductive legal reasoning was then used to derive specific normative requirements from general legal principles and the results of the regulatory comparison. No reconstruction pillar was formulated solely on the basis of the researcher's preference. Each pillar was required to be traceable to identified legal problems, supported by one or more normative evaluation criteria, and consistent with the hierarchy of applicable legal norms. The reconstruction model was formulated only after the identified legal problems had been connected to the applicable principles and institutional requirements.

Validity of Legal Interpretation and Research Ethics

The validity of the analysis was maintained through cross-referencing and consistency testing rather than empirical source triangulation. Cross-referencing was conducted by comparing statutory provisions with their implementing regulations, explanatory provisions, official legal documents, and relevant legal doctrines (Hrubesova, 2024). The researcher also examined whether alternative interpretations of the provisions would produce different consequences for institutional authority, procedural fairness, professional autonomy, public accountability, and patient protection. Interpretive consistency was assessed at three levels: vertical consistency between higher- and lower-level regulations, horizontal consistency among regulations of comparable status, and conceptual consistency between the proposed reconstruction model and the legal principles used in the study. The traceability of the reconstruction process was additionally assessed by ensuring that every proposed pillar could be linked to specific regulatory provisions, regulatory weaknesses recorded in the comparison matrix, and at least one relevant normative indicator. Interpretations or recommendations that could not be supported through this analytical process were not incorporated into the proposed reconstruction framework.

Any interpretation that conflicted with a higher legal norm or exceeded the regulatory authority of an institution was excluded from the proposed model. In addition, this research adhered to the principles of academic ethics by avoiding plagiarism, listing sources appropriately, and maintaining objectivity in the analysis. All legal materials and scholarly publications were cited transparently, and the proposed reconstruction model was distinguished from descriptions or interpretations derived directly from existing regulations. Because this study did not involve human participants, personal data, interviews, surveys, or clinical interventions, ethical approval for human-subject research was not required.

RESULTS

The regulatory comparison identified three principal areas of change following the enactment of Law Number 17 of 2023: institutional restructuring, changes in complaint and disciplinary examination mechanisms, and transitional regulatory uncertainty. To make the analytical process transparent, Table 1 summarizes the regulatory-comparison matrix used to compare the previous and current legal regimes. The table links the relevant regulatory arrangements to the changes identified, potential normative issues, and their legal implications.

Table 1. Regulatory Comparison of the Medical Professional Discipline System Before and After Law Number 17 of 2023

Aspect	Previous Regime	Current Regime under Law No. 17 of 2023 and Implementing Regulations	Change in Authority or Procedure	Potential Normative Issue	Legal and Institutional Implication
Institutional structure	Professional disciplinary enforcement relied predominantly on professional institutions, particularly the Indonesian Medical Discipline Honorary Council and related professional bodies under the previous statutory framework.	Professional disciplinary governance is reorganized within a stronger state-regulated institutional framework. Articles 268 and 304 provide the basis for the relevant new institutional arrangements, while Article 450 regulates the transitional continuation of former institutions.	Authority shifts from a predominantly profession-based arrangement toward a state-supervised institutional structure.	Possible overlap or uncertainty regarding the boundaries between governmental supervision, professional regulation, and disciplinary examination.	Institutional jurisdiction must be clearly allocated to prevent duplication of authority and uncertainty regarding the competent disciplinary forum.
Complaint mechanism	Complaints were processed primarily through the disciplinary mechanisms available under the previous professional regulatory framework.	Article 305 paragraph (1) expressly recognizes the right of patients or their families who consider themselves harmed to submit complaints to the professional disciplinary assembly.	Patient access to disciplinary complaints receives an explicit statutory basis within the new framework.	Accessibility alone does not resolve questions concerning admissibility requirements, case classification, competent forums, and referral procedures.	Complaint mechanisms require clear submission requirements, institutional referral procedures, and information regarding the competent forum.
Disciplinary examination	Examination of professional discipline was closely associated with professional disciplinary institutions and professional standards under the previous regime.	Articles 304–309, Government Regulation Number 28 of 2024, and Regulation of the Minister of Health Number 3 of 2025 provide the legal framework for disciplinary examination based on professional standards, service standards, and standard operating procedures.	Examination procedures become more formally connected to the state-regulated disciplinary framework.	Potential uncertainty remains regarding procedural safeguards, evidentiary standards, technical professional participation, and the distinction between disciplinary and administrative supervision.	Uniform procedural safeguards are required to protect both complainants and reported medical professionals.
Disciplinary decisions and recommendations	Disciplinary outcomes operated primarily within the professional disciplinary framework established by the previous legal regime.	Article 308 regulates the position of recommendations of the professional disciplinary assembly in relation to certain civil and criminal proceedings.	Disciplinary recommendations acquire a more explicit statutory relationship with other legal proceedings.	Ambiguity may arise regarding the precise legal effect and limits of disciplinary recommendations outside the disciplinary forum.	The legal status of disciplinary recommendations must be distinguished from judicial determinations of civil or criminal liability.
Relationship with administrative, civil, and criminal proceedings	Professional discipline and general legal responsibility existed as distinct forms of accountability, although they could relate to the same medical conduct.	The new framework expressly links certain disciplinary recommendations with civil and criminal proceedings while maintaining separate institutional functions.	The interaction between disciplinary and other legal processes becomes more explicitly regulated.	A single incident may potentially be classified simultaneously as a disciplinary, ethical, administrative, civil, or criminal matter.	An initial case-classification and referral mechanism is required to direct each issue to the institution possessing the appropriate authority.
Government supervision and	Professional institutions had a comparatively	Article 421 paragraph (2) places compliance	Governmental supervisory	Potential regulatory overlap may arise if	Administrative supervision should

Aspect	Previous Regime	Current Regime under Law No. 17 of 2023 and Implementing Regulations	Change in Authority or Procedure	Potential Normative Issue	Legal and Institutional Implication
disciplinary authority	stronger role in technical disciplinary assessment.	with professional standards, service standards, standard operating procedures, ethics, and professional discipline within the scope of governmental supervision, while Articles 304–309 establish a specialized disciplinary mechanism.	authority becomes broader while specialized professional disciplinary examination continues to operate.	administrative supervision and technical disciplinary examination are not operationally distinguished.	be distinguished from professional disciplinary assessment requiring technical and scientific expertise.
Transitional arrangements	Law Number 29 of 2004 on Medical Practice and Law Number 36 of 2014 on Health Workers provided the principal previous statutory framework.	Article 454 repeals the previous laws, Article 450 temporarily maintains certain former institutional functions, and Article 452 regulates cases already under examination.	The previous statutory basis is repealed while limited institutional functions and pending proceedings remain temporarily operational.	Transitional uncertainty may arise concerning the competent institution, applicable procedural rules, and the point at which authority transfers to the new institution.	Clear transitional rules and transfer-of-authority mechanisms are necessary to maintain legal certainty.

Table 1 demonstrates that the principal regulatory issue is not simply the replacement of one institution by another. The comparison reveals interconnected changes in institutional authority, complaint accessibility, disciplinary procedures, the legal position of recommendations, relationships with other legal processes, and transitional arrangements. These comparative findings constitute the analytical basis for the reconstruction model developed in this study.

Changes in the Institutional Architecture of the Medical Professional Discipline System

The first findings of this study show that Law Number 17 of 2023 concerning Health not only simplifies regulations in the health sector, but also changes the institutional structure in the enforcement of medical profession disciplines. In the previous arrangement, the enforcement of medical professional discipline was highly dependent on professional institutions, especially the Indonesian Medical Discipline Honorary Council and professional councils. The comparison of the applicable regulations shows that the new legal framework places professional disciplinary governance within a more centralized and state-supervised institutional structure. This change is reflected in Article 450 of Law Number 17 of 2023, which provides that the previous institutions may continue to perform their duties only until the new institutions referred to in Articles 268 and 304 are established. Therefore, the continuation of the former institutions is transitional rather than permanent.

The institutional restructuring is further implemented through Government Regulation Number 28 of 2024, Regulation of the Minister of Health Number 12 of 2024, and Regulation of the Minister of Health Number 3 of 2025. Government Regulation Number 28 of 2024 provides the general implementing framework for the management and discipline of medical personnel and health workers. Regulation of the Minister of Health Number 12 of 2024 regulates the selection, appointment, dismissal, and working procedures of the new institutions. Regulation of the Minister of Health Number 3 of 2025 regulates the technical enforcement of professional discipline. The legal materials therefore identify three institutional changes. First, disciplinary authority is reorganized from a predominantly profession-based arrangement into a system established and supervised through state regulation. Second, the professional disciplinary institution is positioned in relation to the Indonesian Health Council and the broader national health administration. Third, the functions of institutional establishment, professional supervision, disciplinary examination, and the implementation of disciplinary decisions are distributed among several statutory and regulatory instruments.

As shown in [Table 1](#), the legal significance of this restructuring lies in the redistribution of functions rather than merely in institutional replacement. The comparison identifies a potential boundary problem between governmental supervision and professional disciplinary authority. This does not by itself demonstrate a direct normative conflict, but it creates a need for clearer jurisdictional allocation to ensure that administrative supervision does not replace technical disciplinary assessment requiring professional expertise. These findings show that the institutional change is not

merely a replacement of institutional names. It constitutes a restructuring of authority, institutional relationships, accountability mechanisms, and the legal basis for enforcing medical professional discipline.

Changes in Complaint, Examination, and Disciplinary Recommendation Mechanisms

The second finding suggests that the disciplinary mechanism in the new regime is no longer placed only as an internal forum of the profession, but also has a close relationship with other legal processes. In Law Number 17 of 2023 concerning Health, the regulations regarding professional discipline assemblies are contained in Articles 304 to 309. Article 305 paragraph (1) expressly provides patients or their families who feel aggrieved with the right to submit complaints to the professional disciplinary assembly. The provision gives a statutory basis to patient access and identifies the disciplinary assembly as the forum authorized to examine alleged violations of professional discipline. The examination mechanism is further detailed in Government Regulation Number 28 of 2024 and Regulation of the Minister of Health Number 3 of 2025. These regulations indicate that the principal object of disciplinary examination is compliance with professional standards, service standards, and standard operating procedures. The examination is therefore directed toward evaluating professional conduct and the quality of professional practice rather than independently establishing criminal guilt or civil liability.

The legal materials also reveal an important relationship between disciplinary proceedings and other legal processes. Article 308 paragraphs (2), (4), (6), and (7) regulate the position of recommendations issued by the professional disciplinary assembly in connection with certain civil and criminal proceedings. However, the provisions do not eliminate the distinction between a professional disciplinary assessment and a judicial determination of civil or criminal liability. Based on the regulatory analysis, three procedural issues were identified. The first concerns the accessibility and admissibility of complaints submitted by patients or their families. The second concerns the minimum standards and procedural safeguards applicable to disciplinary examinations. The third concerns the legal effect and limits of the assembly's recommendations when a case is also connected with administrative, civil, or criminal proceedings. The regulatory comparison further indicates that formal recognition of the right to complain does not, by itself, guarantee procedural accessibility or legal certainty. Effective access also depends on the clarity of complaint requirements, classification of the alleged violation, identification of the competent institution, procedural safeguards during examination, and the availability of referral mechanisms where a matter falls outside the disciplinary assembly's jurisdiction.

Similarly, Article 308 should not be interpreted as eliminating the institutional distinction between professional disciplinary assessment and judicial adjudication. The comparison instead identifies a need to clarify the legal function of disciplinary recommendations and the extent to which they interact with, but do not substitute for, determinations made by administrative authorities, law-enforcement institutions, or courts. The findings therefore show that the effectiveness of the complaint mechanism depends not only on the right to submit a complaint but also on the clarity of the authorized forum, the classification of the alleged violation, the examination procedure, the applicable evidentiary standards, and the legal consequences of the resulting decision or recommendation.

Potential Normative Tensions, Regulatory Overlap, and Transitional Uncertainty

The third finding concerns potential normative tensions, regulatory overlap, and transitional uncertainty rather than a demonstrated direct conflict of norms. The regulatory comparison does not establish that all relevant provisions are legally contradictory. Instead, it identifies areas in which the interaction among repeal provisions, transitional rules, governmental supervision, professional disciplinary authority, and implementing regulations may generate ambiguity or overlapping institutional functions. The first potential normative tension appears in the relationship among Articles 450, 452, and 454 of Law Number 17 of 2023. Article 454 repeals Law Number 29 of 2004 on Medical Practice and Law Number 36 of 2014 on Health Workers. At the same time, Article 450 allows the former institutions to continue performing certain duties until the new institutions are established, while Article 452 regulates the settlement of cases that were already being examined.

These provisions create a transitional legal arrangement in which the former statutory framework has been repealed, but certain institutional functions and pending proceedings remain temporarily operational. The resulting legal issue concerns which institution is authorized to handle a case, which procedural rules apply, and at what point authority must be transferred to the new institution. This situation is more accurately characterized as transitional uncertainty unless a direct contradiction between applicable legal commands can be demonstrated. The principal issue is the operational interpretation of continued institutional functions after repeal of the previous statutory framework. The second form of potential regulatory tension concerns Article 421 paragraph (2), which places compliance with professional standards, service standards, standard operating procedures, ethics, and professional discipline within the scope of government supervision. This broad supervisory provision must be read together with Articles 304 to 309, which establish a specialized professional disciplinary mechanism.

The relationship between these provisions is not automatically contradictory. However, the absence of a clearly operational distinction between governmental supervision and professional disciplinary examination may generate overlapping authority. Government supervision may concern compliance with health administration and public accountability, whereas a professional disciplinary examination requires technical assessment of whether medical conduct complies with applicable professional standards. Accordingly, the problem identified here is a potential overlap of regulatory functions rather than a proven conflict between Article 421 paragraph (2) and Articles 304–309. The legal concern arises if governmental supervisory powers are interpreted so broadly that they enter the domain of technical disciplinary assessment assigned to specialized professional mechanisms.

A third potential normative issue appears in the relationship between Law Number 17 of 2023 and its implementing regulations. Government Regulation Number 28 of 2024 and Regulations of the Minister of Health Numbers 12 of 2024 and 3 of 2025 provide operational details, but their provisions must remain within the authority delegated by the Law. The implementing regulations cannot independently expand, restrict, or alter the institutional authority, procedural rights, or legal consequences established by Law Number 17 of 2023. Therefore, the analytical concern is primarily one of vertical consistency and delegated regulatory authority. A finding of actual normative conflict would require evidence that a specific implementing provision exceeds, contradicts, or modifies a statutory norm. In the absence of such direct evidence, the more appropriate characterization is potential normative tension or risk of regulatory inconsistency. Accordingly, the principal normative problem identified in this study is not the absence of regulation. It is the need for fuller synchronization and operational clarification of repeal provisions, transitional provisions, institutional establishment, governmental supervision, professional disciplinary examination, and the relationship between disciplinary recommendations and general legal proceedings.

Components of the Medical Professional Discipline System Reconstruction Model

Based on all of the above findings, this study derives a normative reconstruction model for enforcing the discipline of the medical profession after the enactment of Law Number 17 of 2023 concerning Health from the recurring regulatory problems identified in the comparison matrix. The connection between the analytical findings and the proposed pillars is summarized in [Table 2](#).

Table 2. Analytical Basis of the Four-Pillar Reconstruction Model

Finding from Regulatory Comparison	Normative Problem Identified	Relevant Evaluation Principle	Derived Reconstruction Pillar
Redistribution and potential overlap of institutional functions	Unclear jurisdiction and boundaries between supervision, professional discipline, ethics, licensing, and judicial functions	Legal certainty; professional autonomy; public accountability	Clarity of institutional authority
Variation and uncertainty concerning complaint and examination procedures	Potential deficiencies in notice and response rights, evidence, examination standards, reasoned decisions, and completion periods	Due process of law; legal certainty	Fair and transparent procedures
Statutory recognition of patient complaints but continuing procedural complexity	Potential barriers in identifying the competent forum, complaint requirements, referral mechanisms, and available remedies	Patient protection; legal certainty; accountability	Accessible public complaint mechanisms
Stronger governmental supervision combined with specialized professional disciplinary assessment	Risk of inappropriate administrative or organizational influence over technical disciplinary judgment	Institutional independence; professional autonomy; public accountability	Independence of professional disciplinary councils

[Table 2](#) makes explicit that the four pillars were not selected independently of the legal findings. Each pillar corresponds to recurring regulatory problems identified through the comparison between the previous and current regimes and evaluated against the normative criteria established in the Method section. The first pillar is clarity of institutional authority. This pillar requires an explicit distribution of functions among institutions responsible for professional coaching, registration, licensing, administrative supervision, ethical assessment, disciplinary examination, and judicial adjudication. Each institution must have a clearly defined jurisdiction, and cases outside its authority must be referred to the appropriate forum through an established mechanism.

This pillar is derived principally from the identified redistribution of authority, potential overlap between governmental supervision and professional disciplinary examination, and uncertainty regarding institutional competence during the transition period. The second pillar is the guarantee of fair, open, measurable, and time-bound procedures. This pillar includes clear requirements for receiving complaints, notifying the reported medical professional, examining evidence, providing an opportunity to respond, involving appropriate professional expertise, issuing reasoned decisions, and completing cases within a specified period. This pillar responds directly to the procedural issues identified in the comparison of complaint and examination mechanisms, particularly uncertainty concerning admissibility, evidentiary standards, response rights, professional participation, legal consequences, and case-completion periods.

The third pillar is patient protection through simple access to complaints and the assurance that any complaint is handled by an authorized forum. Accessible complaint mechanisms must provide clear information regarding the competent institution, submission requirements, stages of examination, expected completion periods, and remedies available to patients or their families. This pillar derives from the distinction between formal statutory recognition of the right to complain and the broader normative requirement that the complaint mechanism be understandable, accessible, procedurally clear, and connected to an effective referral mechanism. The fourth pillar is the independence of the professional disciplinary assembly so that the examination process is not considered an extension of the government bureaucracy. Institutional independence requires protection from inappropriate administrative, political, organizational, or professional interference. Nevertheless, independence does not remove accountability because disciplinary decisions must remain reasoned, legally reviewable, and consistent with applicable professional standards and statutory provisions.

This pillar responds to the potential overlap between broad governmental supervisory authority and the specialized technical function of disciplinary examination. Independence is therefore understood as functional protection of professional disciplinary judgment rather than institutional isolation from public accountability. The model was developed through four consecutive analytical stages. The first stage mapped the legal arrangements before and after Law Number 17 of 2023. The second identified changes in institutional authority, complaint procedures, examination mechanisms, and the legal position of disciplinary recommendations. The third evaluated normative gaps, overlapping authority, potential normative tensions, and transitional uncertainty. The fourth translated those findings into the four pillars of institutional reconstruction. The analytical trail presented in [Tables 1 and 2](#) therefore demonstrates how specific regulatory materials produced identifiable legal problems and how those problems, after normative evaluation, generated the four reconstruction pillars. The model should consequently be understood as a normatively derived reconstruction framework rather than an empirically validated institutional model.

DISCUSSION

The enactment of Law Number 17 of 2023 reflects a shift from a predominantly profession-based disciplinary system toward stronger state supervision. This transformation is consistent with broader developments in health practitioner regulation, where professional self-regulation is increasingly combined with public accountability and external oversight ([Gershuni et al., 2023](#)). Stronger state involvement may improve transparency, accountability, and patient protection, but excessive administrative intervention may also affect professional autonomy. Professional autonomy should therefore be understood as the preservation of qualified technical and scientific judgment within an accountable regulatory framework. The principal legal issue is not whether the state or the profession should exercise exclusive control, but how their respective functions should be proportionately distributed. Accordingly, an effective disciplinary system requires both public accountability and sufficient professional independence in technical disciplinary assessment.

Article 305 paragraph (1) of Law Number 17 of 2023 strengthens patient protection by expressly providing patients or their families with access to professional disciplinary complaints. However, a formal right to complain is insufficient if patients cannot clearly identify the competent institution, submission requirements, examination process, or possible outcomes. At the same time, reported medical professionals must receive procedural safeguards, including notification of allegations, access to relevant evidence, an adequate opportunity to respond, impartial examination, and reasoned decisions. Article 308 also requires a clear distinction between professional disciplinary recommendations and determinations of civil or criminal liability ([Sari & Udiana, 2025](#)). Different forms of professional and legal responsibility should therefore be classified according to the appropriate forum, examination standard, and legal consequence ([Shapovalov & Veits, 2024](#)). A clear complaint-classification and referral mechanism is necessary to protect patients while maintaining due process for medical professionals.

The transition from the previous disciplinary regime to the system established under Law Number 17 of 2023 also creates legal uncertainty. Article 454 repeals Law Number 29 of 2004 and Law Number 36 of 2014, while Articles 450 and 452 allow certain former institutional functions and pending proceedings to continue during the transitional period. Under the principle of *lex posterior derogat legi priori*, the new Law prevails over the previous statutory regime, while the principle of *lex superior derogat legi inferiori* requires implementing regulations to remain within the authority delegated by the Law. These circumstances are more accurately characterized as transitional uncertainty or potential normative tension rather than automatic normative disharmony. A direct normative conflict should only be concluded when applicable provisions cannot be reconciled through hierarchy, scope, or systematic legal interpretation. Therefore, the central requirement during the transition is regulatory synchronization and greater clarity regarding institutional authority, applicable procedures, and the transfer of pending cases.

Another important issue concerns the distinction between governmental supervision and professional disciplinary examination. Article 421 paragraph (2) places professional standards, service standards, standard operating procedures, ethics, and professional discipline within the scope of governmental supervision, while Articles 304–309 establish a specialized disciplinary mechanism. These functions should not be treated as identical because governmental supervision primarily concerns administrative compliance and public accountability, whereas disciplinary examination requires technical assessment of professional conduct. Regulation of the Minister of Health Number 12 of 2024 and Regulation of the Minister of Health Number 3 of 2025 further demonstrate the need for coordination among health regulatory and disciplinary institutions. Such coordination should not eliminate the functional boundaries between administrative supervision and specialized professional disciplinary assessment. An initial case-classification and referral mechanism is therefore required to prevent overlapping authority and ensure that each matter is handled by the institution possessing the appropriate statutory competence.

The findings support a four-pillar reconstruction framework consisting of clarity of institutional authority, fair and transparent procedures, accessible patient complaint mechanisms, and institutional independence. These pillars are consistent with previous approaches to professional regulation, but they are integrated here within the specific context of Indonesia's post-2023 legal transition. Previous co-regulatory approaches emphasize shared disciplinary responsibility between professional and external institutions, while contemporary health practitioner regulation also emphasizes complaints, procedural fairness, transparency, and accountability (Freiberg, 2022). The contribution of this study therefore does not lie in claiming that each individual principle is entirely new. Rather, its contribution lies in integrating these four principles into a single normative framework that responds directly to redistributed authority, procedural restructuring, transitional uncertainty, and the interaction between disciplinary and other legal proceedings. The proposed framework should consequently be understood as a normatively derived reconstruction model rather than as an empirically validated alternative to existing regulatory systems.

Theoretically, the framework conceptualizes medical professional discipline as a differentiated form of co-regulation rather than a binary choice between professional self-regulation and direct state control. Professional autonomy is preserved through qualified technical and scientific judgment, while state oversight provides statutory accountability and public protection. In practical terms, the Ministry of Health should ensure regulatory synchronization and clarify the operational boundary between governmental supervision and specialized disciplinary examination. The Professional Disciplinary Assembly should ensure transparent procedures for complaint admission, examination, decision-making, review, recommendations, and appropriate case referral. Relevant health regulatory institutions should coordinate their functions without merging the distinct responsibilities of regulation, professional development, and disciplinary assessment. Law-enforcement institutions and courts should remain responsible for determining criminal and civil liability, while professional experts may provide technical assessments without compromising the independence of disciplinary decision-making.

The educational implications of disciplinary governance should remain secondary to its primary legal and regulatory functions. Anonymized disciplinary findings may nevertheless identify recurring problems in professional practice and may inform continuing professional development, remediation priorities, and patient-safety education (Zhou et al., 2024; Eloranta et al., 2026). Such educational use should remain separate from the determination of legal liability and must protect confidentiality, personal data, and the procedural rights of the professionals involved. Overall, the four-pillar framework seeks to balance public accountability, professional expertise, patient protection, procedural fairness, and functional disciplinary independence within Indonesia's restructured system. It does not support unrestricted professional self-regulation or complete state centralization, but instead proposes a differentiated relationship between public oversight and professional judgment. Because the framework is derived from normative legal analysis, however, its practical effectiveness should be examined through future empirical research involving medical personnel, patients, regulators, professional organizations, disciplinary institutions, and law-enforcement authorities.

CONCLUSION

This study concludes that Law Number 17 of 2023 has shifted Indonesia's medical professional discipline system from profession-based regulation toward stronger state supervision. The main challenges lie in overlapping institutional authority, transitional uncertainty, and uncertainty regarding the relationship between disciplinary recommendations and administrative, civil, and criminal proceedings. The normative analysis indicates that these challenges require clearer differentiation between governmental supervision, professional disciplinary assessment, and other forms of legal accountability.

The proposed reconstruction model is based on clear institutional authority, fair and transparent procedures, accessible complaint mechanisms, and independent professional disciplinary councils. These four pillars constitute a normatively derived reconstruction framework based on the comparison and interpretation of the previous and current regulatory regimes. They should not be interpreted as an empirically validated or universally applicable model of professional disciplinary governance. Its implementation would require harmonization between the Law and its implementing regulations, clearer complaint classification and referral procedures, uniform examination standards and deadlines, and a definite legal status for disciplinary recommendations. Professional experts should remain responsible for technical and disciplinary assessments, while law-enforcement institutions and courts retain authority over civil and criminal liability. Accordingly, the proposed framework supports a differentiated co-regulatory arrangement in which stronger state accountability is balanced with procedural fairness, patient protection, professional expertise, and functional independence in disciplinary assessment.

This study has several limitations. As a normative legal study, its findings are based on the legal materials and scholarly literature available and analyzed within the scope of the research. The study does not examine how the new disciplinary framework is implemented in practice, nor does it assess institutional performance, stakeholder experiences, or the practical effectiveness of the proposed four-pillar framework. The model has also not been subjected to expert validation, systematic cross-country comparison, or empirical testing. Consequently, its generalizability is limited to its function as a normative framework for interpreting and reconstructing Indonesia's post-2023 medical professional disciplinary system. Further research should evaluate the implementation, independence, and effectiveness of the new disciplinary institutions through empirical and comparative studies. Such research should examine the experiences and perspectives of medical personnel, patients and their families, regulatory institutions, professional organizations, disciplinary council members, and law-enforcement officials. Empirical evaluation is particularly necessary to determine whether the proposed framework can effectively clarify institutional jurisdiction, ensure procedural fairness, improve access to complaint mechanisms, and preserve independent professional disciplinary assessment in practice.

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HDI conceptualized the study, conducted the research, analyzed the data, wrote the manuscript, and approved the final version.

AI DISCLOSURE STATEMENT

The author declares that this research was prepared, researched, written, and edited without the aid of artificial intelligence (AI) techniques.

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