

ABSTRAK

REGULASI PEMBUATAN SURAT IZIN PRAKTIK DOKTER UMUM DI KOTA BANDUNG, KABUPATEN BANDUNG, DAN KABUPATEN BANDUNG BARAT

Setiap dokter di Indonesia wajib memiliki Surat Izin Praktik (SIP) sebagai perlindungan hukum dalam menjalankan praktiknya, sebagaimana diatur dalam Undang-Undang Nomor 29 Tahun 2004 tentang Praktik Kedokteran dan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. Regulasi pembuatan SIP bersifat desentralisasi, sehingga terdapat perbedaan dalam pelayanan, persyaratan, dan waktu penyelesaian di tiap daerah. Penelitian ini bertujuan untuk mengidentifikasi regulasi dan pembuatan SIP di Kota Bandung, Kabupaten Bandung, dan Kabupaten Bandung Barat, serta perbedaannya.

Metode penelitian menggunakan pendekatan kualitatif deskriptif dengan teknik purposive sampling. Sampel terdiri dari unit perizinan Dinas Kesehatan dan DPMPTSP di masing-masing daerah. Data dikumpulkan melalui wawancara dan analisis dokumen sekunder.

Hasil menunjukkan bahwa pembuatan SIP dilaksanakan secara online melalui DPMPTSP masing-masing daerah dengan proses verifikasi oleh DPMPTSP (administrasi) dan Dinas Kesehatan (teknis) hingga penerbitan digital. Persyaratan telah sesuai dengan Undang-Undang Nomor 17 Tahun 2023, namun terdapat perbedaan persyaratan tambahan yang disesuaikan dengan kebutuhan daerah berdasarkan otonomi daerah. Kendala yang ditemukan mencakup masa transisi aturan SKP, permohonan mendekati tenggat waktu, serta tingginya jumlah permohonan di tengah keterbatasan SDM, yang menyebabkan keterlambatan penerbitan SIP.

Disimpulkan bahwa regulasi SIP serupa di ketiga daerah dengan perbedaan persyaratan tambahan. Diperlukan penyamarataan kebijakan dan sistem terintegrasi antara Dinas Kesehatan, DPMPTSP, dan SI-SDMK untuk meningkatkan efisiensi.

Kata kunci: Otonomi Daerah, Surat Izin Praktik

ABSTRACT

REGULATION OF GENERAL PRACTITIONERS' PRACTICE LICENSE ISSUANCE IN BANDUNG CITY, BANDUNG REGENCY, AND WEST BANDUNG REGENCY

Every doctor in Indonesia is required to possess a License to Practice (SIP) as legal protection in conducting their medical practice, as mandated by Law No. 29 of 2004 on Medical Practice and updated in Law No. 17 of 2023 on Health. The regulation of SIP issuance is decentralized, resulting in variations in services, requirements, and processing times across regions. This study aims to identify the regulations and processes of SIP issuance in Bandung City, Bandung Regency, and West Bandung Regency, as well as to analyze their differences.

The study employs a descriptive qualitative approach with purposive sampling techniques. The sample consists of licensing units from the Health Office and DPMPTSP (Investment and One-Stop Integrated Service Agency) in each region. Data were collected through interviews and secondary document analysis.

The results reveal that SIP issuance is conducted online through the DPMPTSP in each region, with verification processes handled by DPMPTSP (administrative verification) and the Health Office (technical verification) until the SIP is issued digitally. The requirements comply with Law No. 17 of 2023, but additional requirements vary according to the regional needs based on local autonomy. Challenges include the transition period for SKP (Continuing Professional Development Credit) regulations, applications submitted close to the deadline, and high application volumes amidst limited human resources, causing delays in SIP issuance.

In conclusion, SIP regulations are generally consistent across the three regions, with differences in additional requirements. Policy standardization and an integrated system between the Health Office, DPMPTSP, and SI-SDMK are needed to improve efficiency.

Keywords: Regional Autonomy, License to Practice.