

Enhancing Competence and Legal Safeguards for Foreign Medical Professionals under the ASEAN Mutual Recognition Arrangement (MRA): A Case Study of Indonesia

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ABSTRACT

This study aims to analyze the regulation of the medical profession in Indonesia in implementing the Mutual Recognition Arrangement (MRA), as well as the legal response to violations by foreign doctors and the government's efforts to increase the competitiveness of ASEAN foreign doctors in MRA professional standards. The normative-empirical method is used by collecting data through field studies, literature studies, and qualitative analysis. The results of the study show that a number of regulations including the Medical Practice Act, the Health Law, and the Presidential Decree regarding foreign workers governs the regulation of the medical profession in Indonesia related to MRA. The government is also trying to increase the competitiveness of foreign doctors by providing quality health infrastructure and creating a conducive investment climate. Legal responsibility for foreign doctors' violations of the medical profession includes civil, criminal and administrative aspects. This research provides insight into legal protection for the medical profession in the implementation of MRA and emphasizes the importance of government steps in increasing the competence of foreign doctors to maintain professional standards in the ASEAN context.

Keywords: Medical profession, MRA, Legal protection

ABSTRAK

Penelitian ini bertujuan menganalisis regulasi profesi medis di Indonesia dalam implementasi Mutual Recognition Arrangement (MRA), serta respons hukum terhadap pelanggaran oleh dokter asing dan upaya pemerintah untuk meningkatkan daya saing dokter asing ASEAN dalam standar profesional MRA. Metode normatif-empiris digunakan dengan pengumpulan data melalui studi lapangan dan studi pustaka serta analisis kualitatif. Hasil penelitian menunjukkan bahwa regulasi profesi medis di Indonesia yang terkait MRA diatur oleh sejumlah peraturan termasuk Undang-Undang Praktik Kedokteran, Undang-Undang Kesehatan, dan Keputusan Presiden mengenai tenaga kerja asing. Pemerintah juga berupaya meningkatkan daya saing dokter asing melalui penyediaan infrastruktur kesehatan berkualitas dan menciptakan iklim investasi yang kondusif. Tanggung jawab hukum terhadap pelanggaran profesi medis oleh dokter asing mencakup aspek perdata, pidana, dan administratif. Penelitian ini memberikan wawasan mengenai perlindungan hukum bagi profesi dokter dalam implementasi MRA, serta menekankan pentingnya langkah-langkah pemerintah dalam meningkatkan kompetensi dokter asing untuk menjaga standar profesional dalam konteks ASEAN.

Kata Kunci: Profesi dokter, MRA, Perlindungan hukum

INTRODUCTION

In Indonesia itself, some regulations regulate the status of foreign doctors who will enter Indonesia for various activities (Moeliodihardjo, Soemardi, Brodjonegoro, & Hatakenaka, 2012). This regulation has been written in Law No. 29 of 2004 concerning Medical Practice, Law No. 36 of 2014 concerning Health Workers, Law No. 44 of 2009 concerning Hospitals, Presidential Regulation No. 41 of 2016 concerning

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Closed Business Fields and Open Business Fields with Requirements in the Investment Sector, Regulation of the Minister of Health No. 67 of 2013 concerning the Utilization of Health Workers of Foreign Nationals, Indonesian Medical Council Regulation No. 10 of 2012 concerning the Doctor's Profession, Indonesian Medical Council No. 41 of 2016 concerning Implementation of the Adaptation Program for Doctors and Dentists of Indonesian Citizens with Foreign Graduates (Yuningsih, 2012), Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2013 concerning the Utilization of Foreign Workers in Indonesia.

MEA then regulates advances in technology and information in the service sector, namely in the Mutual Recognition Arrangement (MRA) (Fukunaga, 2015). MRA is an agreement between two or more countries to reach an agreement in which the interests of each country are regulated regarding a matter. MRA is applied to matters related to professionalism and professional staff. In the development of the ASEAN MRA, it has been determined that MRA regulates facilitation in 8 professions, especially Medical Practitioners (Doctor Services). It is not surprising that foreign doctors are interested in the Indonesian market with the existence of Medical Practitioners (Doctor Services), especially for the movement of skilled workers such as the medical profession. Because Indonesia still cannot meet the needs of its medical personnel. Medical Practitioners (Doctor Services) and the medical profession are still standardizing Education among ASEAN countries (Handayani, Hidayanto, Sandhyaduhita, & Ayuningtyas, 2015). This is because each ASEAN country has different regulations.

After the signing of the MRA for doctor services, Indonesia, especially North Sumatra Province, was deemed not serious enough to handle Medical Practitioners (Doctor Services), especially for the movement of skilled workers, one of which is the medical profession. Supposedly with the existence of Medical Practitioners (Doctor Services), the Provincial Government of North Sumatra and medical doctors must have preparations to implement the MRA for Doctor Services related to the movement of skilled workers such as medical personnel or doctors. Because if medical personnel or doctors in Indonesia are not prepared and have good competence and high competitiveness, then Indonesian doctors can be threatened by the liberalization of health services (Yuningsih, 2012).

The problem is that quantity and quality are the main monitoring in assessing the constraints on the services of Indonesian doctors being able to compete in the ASEAN market (Az-Zahra, Wiyasa, Adventio, & Lubis, 2022). The difference between the need for and availability of human resources will later become an issue that is related to the need to increase competitiveness and meet domestic needs. Regarding quality, we must admit that Indonesian doctors have a language weakness. In addition, national standards that have not yet become standard provisions for the medical profession, including the too-general definition of the medical profession and overlapping policies made by the government (domestic regulations), such as the certification process and medical education levels, weaken Indonesia's position and have not yet formed regulations, technically in the form of Government Regulations and Ministerial Regulations, which clearly regulate doctors' services. So that the technical regulations have not yet been formed, legal protection for foreign doctors in the face of the ASEAN economic community is very weak (Soleh, 2015). This research will provide a more comprehensive view regarding legal protection for foreign doctors, maintain the quality of the medical profession, and increase Indonesia's competitiveness in facing increasingly competitive competition in the ASEAN market.

RESEARCH METHOD

The research method in this study is normative-empirical legal research (Ali, 2021), which focuses on analyzing the implementation of positive legal provisions and contracts in real situations on legal events that occur in society, to achieve the stated goals. The normative-empirical approach involves studying the theoretical aspects of law (normative) and empirical analysis of its application in practice. This study uses a descriptive analysis approach to describe and analyze facts related to implementing legal protection for the medical profession in the context of a Mutual Recognition Arrangement (MRA) (World Health Organization, 2019). Data and sources used in this study include primary and secondary data. Primary data was obtained from field research involving direct observation and interviews, while secondary data was obtained from literature studies and references relevant to the research problem.

In collecting data, the approach used combines field research (Field Research) and library research (Library Research). Field data were obtained through direct observation and interviews with related parties, while data from literature studies were used to provide an in-depth theoretical and legal context related to the issues studied. The data analysis technique used is qualitative analysis, in which the data obtained from various sources will be analyzed in depth to identify patterns, trends and implications relevant to the implementation of legal protection for the medical profession within the MRA framework. With this holistic approach, it is hoped that this research can provide comprehensive insights into the issues studied.

RESULT AND DISCUSSION

Regulating the medical profession in Indonesia in implementing the Mutual Recognition Arrangement (MRA)

The medical profession has nobility because its main task is to provide services to meet one of the basic human needs, namely the need for health (Jonas, 2017). In carrying out his professional duties as a doctor, apart from being bound by ethical and legal norms, this profession is also bound by medical disciplinary norms, which, if upheld, will guarantee the quality of service so that the dignity and nobility of the profession are maintained (Dakhi & Telaumbanua, 2022). Implementation of the medical profession develops along with the development of science and technology in medicine, which is increasingly advanced and involves various aspects of human life. Therefore, the medical profession must always develop its knowledge by following the ongoing developments in medical science (Dakhi & Telaumbanua, 2022). The following is Table 1 of regulations regarding the medical profession in Indonesia.

Table 1. Regulation of the Doctor's Profession in Indonesia (Putra, 2016)

No.	Constitution	No.	Regulation
1.	Law No. 29 of 2004 concerning Medical Practice Article 26	6.	Presidential Regulation No. 20 of 2018 Concerning the Use of Foreign and Labor
2.	Law No. 36 of 2014 concerning Health Workers Article 60, Article 66	7.	Regulation of the Minister of Health No. 83 of 2019 concerning the Registration of Health Workers
3.	Law No. 44 of 2009 concerning Hospitals, Article 33	8.	Regulation of the Minister of Health Number 2025 /Menkes/PER/X/ 2011 Concerning License to Practice and Implementation of Medical Practice
4.	Law Number 20 of 2013 Concerning Medical Education, Article 7, Article 13, Article 17	9.	Regulation of the Minister of Health No. 67 of 2013 concerning the Utilization of Health Workers of Foreign Citizens

5.	Law Number 36 of 2009 Concerning Health, Article 24, Article 29	10	Regulation of the Indonesian Medical Council Number 10 of 2012 concerning the Doctor's Profession
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To be able to carry out health services or efforts, doctors must first fulfil the administrative requirements: "Every foreign doctor who practices medicine in Indonesia must have administrative requirements in the form of a doctor's registration certificate and a doctor's registration certificate" (Law No. 29 of 2004 Concerning Medical Practice, Article 29 Paragraph (1) To obtain a doctor's registration certificate (STR) and a doctor's registration certificate, the following administrative requirements must be met:

1. Have a doctor's certificate and specialist doctor's certificate;
2. Have a statement letter that has taken a doctor's oath/promise;
3. Have a certificate of physical and mental health;
4. Have a competency certificate; And
5. Make a statement that they will comply with and implement the provisions of professional ethics (Law No. 29 of 2004 concerning Medical Practice, Article 29 Paragraph (3)).

Other provisions governing licenses for health workers, specifically for the medical profession, state that: "Every doctor and dentist who practices medicine in Indonesia is required to have a doctor's registration certificate and a dentist's registration certificate." (Law No. 29 of 2004 concerning Medical Practice, Article 36). Based on this article, it is concluded that doctors, as providers of medical practice, can obtain the authority to practice if they have permission from the government. The government in question is the city/district health office.

Regarding the place and validity of the doctor's Practice License (SIP), it stipulates that a doctor's practice license is only given for a maximum of 3 (three) places. One SIP is only valid for 1 (one) place of medical practice (Law No. 29 of 2004 Concerning Medical Practice, Article 41 Paragraph (2) & (3)). It is further explained that doctors who already have SIP and carry out medical practice must sign up a signboard (Law No. 29 of 2004 Concerning Medical Practice, Article 41 Paragraph (1)).

Health personnel are any person who has devoted himself in the health sector and has knowledge and skills through Education in the health sector which for certain types requires authority to carry out health efforts (Law Number 36 of 2014, Article 1 Paragraph (1)). The government and regional governments are responsible for planning, procuring and utilizing health workers according to needs (Article 7). Health workers, in carrying out their practice, have several rights, including the right to:

1. Obtain legal protection as long as carrying out tasks by Professional Standards, Professional Service Standards, and Standard Operating Procedures;
2. Obtain complete and correct information from Health Service Recipients or their families;
3. Receiving compensation for services;
4. Obtain protection for occupational safety and health, treatment by human dignity, morals, decency, and religious values;
5. Get the opportunity to develop their profession;
6. Refuse the wishes of Recipients of Health Services or other parties that conflict with professional standards, codes of ethics, service standards, standard operating procedures, or provisions of Laws and Regulations; and obtain other rights by the provisions of the Laws and Regulations (Article 57).

The medical profession is considered practising medicine compared to related healthcare professions. The medical profession is the social structure and work of a group of formally educated people who are given the authority to apply medical science (Fred, 1991).

Legal limits exist in many countries and jurisdictions on who can practice medicine or a health-related field. Therefore, the medical profession has characteristics that are different from health workers in general, such as the Law on Health Personnel. In other words, even though doctors and dentists as 'medical personnel' are part of the health workforce, due to their specificity, especially about the existence of KKI and Physician Competency Tests, it turns out that this material has been specifically regulated in the Medical Practice Law (Ekaputri et al., 2023).

It can be said that almost all medical practice is directed towards mastering knowledge and skills in making a diagnosis and making scientific decisions. There is very little formal Education and training in decision-making and ethical assessment so that they can be accounted for, and many do not even get it. Therefore, ethical decision-making needs to be familiarized, and it must be in formal medical Education with a rational reasoning method (Braschi, Stacey, Légaré, Grad, & Archibald, 2020).

To produce medical graduates who are professional, competent, ethical, have health managerial skills and have the expected leadership attitude to be able to provide assurance and standard services in the medical field, it is necessary to produce a book on Indonesian Doctors' Professional Education Standards (Komalawati, 1989). Education Standards The Indonesian medical profession is dynamic following developments in medical technology education so that every five years, a review and revision will be carried out by developments.

Every medical education institution must meet at least the Indonesian Doctor's Professional Education Standards in implementing medical education programs. Provisions regarding conformity with the Indonesian Doctor's Professional Education Standards are carried out through the accreditation mechanism for medical Education (Prihatiningsih, 2016). The implementation of dental Education is regulated by the Indonesian Medical Council Number 10 of 2012 Concerning Profession and must comply with these established standards. Regulations Further information regarding the implementation of continuing Education and training in dentistry can be found in the guidebook and instructions for implementing medical professionalism education (National Library: 2012).

Agreements in the form of cooperation between countries have been implemented, including agreements in the health sector (doctor's profession). For example, 10 ASEAN countries, including Indonesia, have implemented MRAs, which in turn have the potential to become Movement of Natural Persons (MNP). This means that workers from ASEAN countries, including Indonesia, will be able to work in ASEAN countries (Kesrawati, 2022). MRA is an agreement to recognize a professional's educational qualifications and experience. MRA is used to facilitate the movement of professional workers between ASEAN countries, especially in the market integration framework, while maintaining each country's specificity (Papademetriou, Sugiyarto, Mendoza, & Salant, 2016).

MRA implementation should be carried out in stages. One of the strategies undertaken is to practice the implementation of MRA in small ASEAN countries, for example, between two countries. If that goes on, then its application can be expanded in stages to be implemented throughout the ASEAN region. This agreement facilitates the movement of professional workers between ASEAN countries. In addition to the field of labour, MRA is defined as an agreement on mutual recognition of certain products between ASEAN countries. This is to expedite the export-import process so that there is no need to go through a process that is too long and convoluted.

Based on the explanation above, in regulating the medical profession in Indonesia regarding the implementation of MRA, several regulations have been issued, including the Medical Practice Law, Health Law, Hospital Law, Medical Education Law, Health Personnel Law, Presidential Decree on Closed Business Fields and Open Business Fields with conditions, in the Field of Investment, Presidential Decree on the Use of Foreign Workers and Council on the Doctor's Profession. Meanwhile, a competency test is carried out in Indonesian to get the STR as stated in the Minister of Health concerning the Utilization of Health Workers for Foreign Citizens.

Forms of criminal liability for foreign doctors who violate health law in Indonesia

In carrying out health management at the hospital, there is management related to three things: the hospital's responsibility in general. These three things are hospital management related to personnel, hospital management related to task implementation, and management related to duty of care (Kerbala, 1993). Therefore, in carrying out hospital activities, some activities give rise to responsibility for management or hospital management and the responsibilities of health professionals at the hospital, which consist of responsibility for hospital management; and the responsibility of health workers (doctors, nurses) (Jayanti, 2009).

Based on the Hospital Act, hospitals are responsible for all losses that befall a person due to the negligence of health workers, as stipulated in Article 46 of Law No. 44 of 2009. The provisions of Article 46 are the juridical basis for someone to hold the hospital responsible if a health worker's negligence occurs, which causes a loss. Based on the formulation of Article 46, several things can be interpreted. First, the hospital is responsible for losses, limited to the result of the negligence of the health workers at the hospital; secondly, the hospital is not responsible for all of a person's losses if it is proven that there was no negligence on the part of the health workers at the hospital; third, the hospital is not responsible for the intentional actions of health workers who cause harm to someone that is not the responsibility of the hospital; and fourth, the hospital is responsible for the negligence of health workers, if the negligence is committed and occurs in the hospital.

The placement of hospital criminal responsibility (corporations) as subjects of criminal law or perpetrators of criminal acts in criminal law seems to have become an inevitable demand to increase state responsibility in managing an increasingly complex society (Törölä & Rautanen, 2023). The current Criminal Code (KUHP) only recognizes that individuals can commit criminal acts. Criminal acts (criminal acts) can not only be committed by natural humans (*natuurlijk persons*), but legal entities (corporations) can also commit criminal acts. Even corporate actions can result in more severe losses to people's lives.

In principle, in the context of criminal liability for hospitals that commit criminal acts of health services, proving whether or not errors/negligence have been committed by health workers or health service facilities (hospitals) is the main requirement for accountability for the health services they have performed. The *Res Ipsa Loquitur* doctrine (the thing that speaks for itself) can easily prove that there were mistakes made by health workers and healthcare facilities (hospitals). The *Res Ipsa Loquitur* Doctrine is only applied if the facts happened based on public knowledge that the incident would not have occurred without carelessness or negligence by health workers or healthcare facilities (hospitals). In the context of hospital criminal liability for medical malpractice in health services, what must be proven is a professional error, for example, a misdiagnosis or an error in the method of treatment or care (Muchtari, 2020).

Within the scope of criminal law, the accountability of foreign doctors has become a subject of interest, particularly in light of the growing public awareness of legal matters. As this awareness has gained momentum, the question of the criminal liability of foreign doctors has emerged, with a specific focus on cases of negligence. This emphasis on negligence aligns with the theories of error within criminal law. Criminal responsibility arises if, first of all, it can be proven that there was a professional error, for example, an error in diagnosis or the methods of treatment or care. Criminal liability to foreign doctors for mistakes and negligence in providing medical services at hospitals, where the responsibility of foreign doctors in the field of criminal law for an act can be categorized as criminal malpractice if it fulfils the formulation of a criminal offence, namely: The act must be a disgraceful act, and a mental attitude is committed what is wrong is in the form of intentional, careless or laziness (Erdiansyah, 2020).

Legal protection for patients who are victims of malpractice to claim compensation is regulated in Article 58, paragraph (1) of the Health Law, which states, "Everyone has the right to claim compensation against a person, health worker, and/or health provider who causes losses due to errors or negligence in health services." However, this article does not further stipulate how much compensation must be paid to patients related to the level of mistakes made by a foreign doctor. To get compensation for the negligence of a foreign doctor, he must be able to prove that there is a doctor's obligation to the patient, the foreign doctor has violated the usual medical service standards, the patient has suffered a loss that can be claimed for compensation, in fact, an act below standard caused the loss.

The government's efforts to improve the competitiveness of ASEAN foreign doctors regarding the medical professional standards in the MRA

The competitiveness of health workers in Indonesia based on formal Education and competency-based job training can be seen that the workforce plays an important role in the implementation of the AEC free market, thus demanding ASEAN countries to stipulate an agreement on reducing technical barriers to trade in services and general requirements for service sector liberalization for the sake of creating harmonization of service trade standards. This is stated in the Mutual Recognition Arrangements (MRA). Of the seven service sectors recognized by the MRA, one is health workers, both medical and foreign workers.

Medical Education does not teach how to ask patients for money (K Ahmed, 2002). Foreign doctors are only taught to provide standard medical services and are sworn to prioritize the interests of patients. Before the Medical Education Law was passed, the government arbitrarily granted lenient permits for establishing medical schools regarding the national standard of medical Education (SNPK). Maybe not too special because any education must have standards to maintain the quality of Education. However, due to the special reasons I have previously explained, the SNPK must be prepared jointly with the government (through the ministry of Education), teaching hospital associations, medical education institutions, and professional organizations (IDI and PDGI). This policy has implications for each of these elements having collective and synergistic responsibilities to advance and achieve the goals of medical Education in Indonesia (Menon & Melendez, 2017).

Professional standardization of foreign doctors is assessed based on performance reports obtained at the Health Office in Indonesia (Mahendradhata et al., 2017). The measure of professional standardization can be seen from knowledge (aspects of knowledge), skills (skills), professional attitude (professional behaviour) and relevant work attitudes. The competitiveness of health workers based on competency certification and professional standardization can be seen in the MRA on nursing services. A person is referred to as a competent health worker if they have expertise in the field of health services

(doctors in the field of medical services and nurses in the field of nursing services) which is obtained formally and Administratively, they have received recognition and licenses from the authorities appointed by their respective countries (BPPSDMK Depkes). Recognition and licenses by the Indonesian government are given to health workers in the form of a Registration Certificate (STR) as written evidence provided by the government to health workers with the competence to provide health services to the community. All medical personnel in Indonesia have competency certificates, as evidenced by the existence of the STR. Medical personnel in Indonesia are considered capable of practising and opening clinics for individuals and groups to provide health services to the community.

To increase the competitiveness of Indonesian health workers from the possible entry of foreign health workers, the Government of Indonesia has issued several regulations, including a) Law of the Republic of Indonesia Number 36 of 2014 concerning Health Workers; b) Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2013 concerning the Utilization of Health Workers of Foreign Nationals in Indonesia; and c) Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals. Meanwhile, to increase the competitiveness of Indonesian professionals, including health workers, the Government of Indonesia has issued Presidential Regulation Number 8 of 2012 concerning the Indonesian National Qualifications Framework (KKNI). To obtain a Registration Certificate (STR) as stated in the Law of the Republic of Indonesia Number 36 of 2014 and Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2013, a competency exam is carried out in Indonesian.

In addition to regulations and policies that the central government has developed, the role of provincial/district/city governments and educational institutions is also very important to increase the competitiveness of health workers. First, developing a monitoring system (surveillance) for foreign workers in their respective regions, in collaboration with relevant agencies, especially the immigration authorities. Even though there has been a Law on the Utilization of Health Workers by Foreign Nationals in Indonesia, illegal entry of foreign health workers is still very possible (Loganathan, Rui, Ng, & Pocock, 2019). Second, the provincial/district/city governments, especially the health office in collaboration with related agencies, also need to closely monitor the quality standards of graduates of health education institutions in their respective regions so that they comply with the competency standards that have been set. This is by the responsibilities and authorities of the provincial/district/city governments as stipulated in Articles 6 and 7 of the Law of the Republic of Indonesia Number 36 of 2014. Third, to increase the opportunity for health workers to work abroad, regional governments, especially the Ministry of Manpower, must establish relations with the consulates of friendly countries in their respective regions and with the Implementers of Private Indonesian Worker Placement (PPTKIS).

This aligns with the Health Workforce Development Plan of the Ministry of Health. Fourth, provincial/district/city governments, especially the health office, need to establish relationships and conduct outreach with health education institutions in their respective regions regarding the standards and qualifications of health workers in ASEAN countries. This aligns with the objectives of the ASEAN MRA on Nursing Services, namely the points on the exchange of information and expertise on standards and qualifications. Fifth, provincial/district/city governments, as well as all educational institutions in the health sector, need to establish relations with ASEAN countries to increase the capacity of health workers, which is in line with the objectives of the ASEAN MRA, namely the objective of providing opportunities for capacity building and training of nurses. Sixth, all educational institutions in the health sector must improve the competence and skills of English or other foreign languages for their students.

One of the advantages that Indonesia can use to deal with MRA is the large number of skilled workers owned by Indonesia. This can be achieved because of the many schools that open majors and

skills programs in Indonesia. However, Indonesia is experiencing several dilemmas in liberalizing its skilled workforce, such as nurses. The first problem faced by the Indonesian government is the lack of skilled labour absorption in both public and private institutions.

To deal with some of these problems, the Indonesian government has implemented several policies related to the MRA framework, including Increasing the number of qualified, skilled workers by granting licenses to skilled workers. This is useful for increasing their competitiveness with fellow skilled workers from fellow ASEAN member countries. This can be seen in the increase in the number of holders of nurse registration certificates, which is a legal reason whether a foreign doctor or other health worker is a skilled worker.

The next problem experienced by Indonesian workers in the context of readiness for competition for the liberalization of ASEAN skilled workers is the diverse educational background to be categorized as skilled (Loganathan et al., 2019), which is different from Thailand and the Philippines. In these two countries, skilled workers are foreign doctors, in the sense that registered foreign doctors are nurses who have a bachelor's degree. In the case of Indonesian foreign doctors, foreign doctors have diverse educational backgrounds. However, they are still allowed to obtain a foreign doctor's registration letter proving that they are foreign doctors as skilled workers. Like foreign doctors with D3 education, they also have registration certificates as foreign doctors. At the level of ASEAN competition, of course, this will be detrimental to Indonesian workers because their qualifications and abilities may be lower than those of skilled workers who have official qualifications compared to workers in other countries.

The second policy carried out by the Indonesian government to increase the competitiveness of its skilled workforce to compete with skilled workers from countries in ASEAN is to open many international classes in schools with a focus on skills. Thus, it is hoped that graduates who leave will have qualifications and be able to compete internationally. In addition, the government also provides several training courses managed by government agencies to organize training or courses for skilled workers, such as preparing more qualified health skilled workers by organizing training organized by PPSDM of the Ministry of Health of the Republic of Indonesia (Gunawan & Aunguroch, 2015).

The third policy carried out by the Indonesian government in preparation for AEC with the MRA scheme is to conduct outreach to create public awareness of MRA and related regulations. In this regard, several ministries have carried out socialization in various regions with the aim of high schools to create awareness of the workforce. They are willing to improve their qualifications and the framework they must understand in the MRA. One of the activities like this is carried out by the Ministry of Tourism and the creative economy by visiting most of the provinces in Indonesia and continuing to travel around to provide socialization regarding tourism regulations in Indonesia, government policies related to tourism and qualifications or levels of education and legal documents that must be owned by a worker who wants to work in the tourism sector (AADCP, 2015).

CONCLUSION

As a whole, regulations related to the medical profession in Indonesia in the context of the Mutual Recognition Arrangement (MRA) are reflected through a series of laws which include the Medical Practice Act, Health Law, Hospital Law, Medical Education Law, Law on Health Personnel, as well as various implementing regulations. Regarding criminal liability, the response to health law violations committed by foreign doctors has serious implications, with criminal sanctions including imprisonment and compensation for damages resulting from such violations.

The Indonesian government's efforts to strengthen the competitiveness of foreign doctors in the ASEAN region are reflected in various concrete actions. This includes improving health infrastructure and human resources in the regions, creating a conducive investment environment for establishing foreign hospitals or clinics, providing competency tests and professional certification with deadlines for working, facilitating the latest medical technology, and legal protection while carrying out tasks according to standards. Prevailing profession. This concrete step underscores the government's determination to maintain medical professional standards, safeguard patient safety, and ensure the continuity of quality health services in line with the implementation of MRA within the framework of ASEAN integration. By strengthening regulations and implementing these strategic measures, Indonesia continues to move towards providing high-quality medical services and strengthening its position in the regional healthcare market.

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