

RINGKASAN

Pelaksanaan masa bakti bagi dokter gigi sudah diberlakukan mulai tahun 1961 yang dahulu biasa disebut Wajib Kerja Sarjana. Seiring dengan berjalannya waktu dan perkembangan situasi kondisi di Negara ini maka istilah Wajib Kerja Sarjana diganti dengan masa bakti. Pada tahun 1993 oleh karena keadaan ekonomi Negara ini sudah tidak sanggup mengangkat setiap lulusan dokter gigi menjadi Pegawai Negeri Sipil maka dokter gigi tetap harus menjalankan masa bakti sebagai Pegawai Tidak Tetap. Dengan pemberlakuan otonomi daerah maka ditetapkan Keputusan Menteri Kesehatan RI No. 1540 / Menkes / SK / XII / 2002 tentang Penempatan Tenaga Medis melalui Masa Bakti dan Cara Lain. Masalah yang ditemukan adalah rendahnya dokter gigi lulusan Fakultas Kedokteran Gigi di Propinsi Jawa Timur yang melaksanakan masa bakti tahun 2003. Tujuan dari penelitian ini adalah melakukan evaluasi Keputusan Menteri Kesehatan RI No. 1540 / Menkes / SK / XII / 2002 dan pelaksanaannya, sebagai bahan untuk menyusun rekomendasi penyempurnaan kebijakan masa bakti bagi dokter gigi.

Rancangan penelitian ini adalah evaluasi pelaksanaan dan review Keputusan Menteri Kesehatan RI No. 1540 / Menkes / SK / XII / 2002. Sasaran penelitian adalah Lulusan dokter gigi tahun 2003 dari Fakultas Kedokteran Gigi di Propinsi Jawa Timur, Dinas Kesehatan Propinsi Jawa Timur, Fakultas Kedokteran Gigi di Propinsi Jawa Timur. Responden lulusan dokter gigi sebanyak 88 orang, Dinas Kesehatan Propinsi Jawa Timur sebanyak 3 orang yang terdiri dari Kepala Seksi Peningkatan Mutu Nakes dan Akreditasi, Sub Bagian Kepegawaian, dan Sub Bagian Hukum dan Tata Laksana, Pembantu Dekan I Fakultas Kedokteran Gigi Universitas Airlangga, Universitas Jember dan Universitas Hang Tuah. Metode pengumpulan data dilakukan secara *mailing system*, sedangkan untuk Dinas Kesehatan Propinsi adalah wawancara yang dipandu dengan kuesioner. Waktu pengumpulan data pada bulan Juni sampai dengan Agustus 2004. Teknik analisis data dilakukan secara diskriptif yang ditampilkan dalam bentuk tabel distribusi frekuensi.

Hasil penelitian adalah sebagai berikut : 1) Ada beberapa pasal yang bermasalah pada Keputusan Menteri Kesehatan RI No. 1540 / Menkes / SK / XII / 2002 ; 2) Dinas Kesehatan Propinsi membuat kebijakan pelaksanaan berupa alur, prosedur dan persyaratan pelaksanaan masa bakti dokter gigi yang sulit ditempuh dan dilengkapi ; 3) Sosialisasi sudah dilakukan dengan baik oleh instansi terkait; 4) Koordinasi belum dilakukan dengan baik oleh instansi terkait; 5) Pengetahuan Fakultas Kedokteran Gigi baik, tetapi perhatiannya masih kurang; 6) Pengetahuan lulusan dokter gigi mengenai masa bakti baik, yang didapat dari kakak kelas atau alumni, lulusan dokter gigi tidak pernah mendapat sosialisasi mengenai masa bakti dari Fakultas Kedokteran Gigi, Dinas Kesehatan Propinsi maupun PDGI, lulusan dokter gigi wanita lebih banyak yang melaksanakan masa bakti, mencari tempat masa bakti sulit dan prosedur, prasyarat sulit; 7) Dinas Kesehatan Kab./Kota 79 % belum melaksanakan kebijakan tersebut; 8) Organisasi Profesi (PDGI) 50 % sudah melaksanakan kebijakan tersebut; 9) Rumah Sakit Umum 13,6 % mengontrak dan mengangkat dokter gigi untuk menjalankan masa bakti.

Dari hasil penelitan, Focus Group Discussion dan telaah pakar dihasilkan kesimpulan sebagai berikut :

1. Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/XII/2002 di dalamnya ada pasal yang bermasalah dan belum jelas maksudnya, implementasinya sulit ditempuh dan prediksi keberhasilan pelaksanaan kebijakan tersebut kecil.

2. Kebijakan pelaksanaan Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/ XII/2002 yang dibuat oleh Dinas Kesehatan Propinsi Jawa Timur berupa prosedur dan prasyarat untuk melaksanakan masa bakti sulit untuk ditempuh dan dilengkapi oleh lulusan dokter gigi, kendala terutama untuk memperoleh Surat Penugasan karena harus ada tempat melaksanakan masa bakti terlebih dahulu. Kebijakan pelaksanaan tersebut tidak tertulis dan disyahkan oleh yang berwenang.
3. Sosialisasi Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/ XII/2002 dilihat dari sisi lulusan dokter gigi yang dilaksanakan oleh Fakultas Kedokteran Gigi, Dinas Kesehatan Propinsi Jawa Timur serta Persatuan Dokter Gigi Indonesia belum dilaksanakan. Tetapi sosialisasi untuk instansi terkait sudah dilaksanakan.
4. Koordinasi yang dalam hal ini adalah komunikasi dan informasi antara Dinas Kesehatan Propinsi Jawa Timur dengan Fakultas Kedokteran Gigi, Dinas Kesehatan Kabupaten / Kota di Propinsi Jawa Timur belum berjalan dengan baik, demikian juga antara Dinas Kesehatan Kabupaten / Kota dengan Organisasi Profesi (PDGI) dan Rumah Sakit Umum.
5. Pengetahuan lulusan dokter gigi mengenai Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/XII/2002 baik, oleh karena peran kakak kelas atau alumni. Lulusan dokter gigi yang tidak melaksanakan wajib lapor dan registrasi dikarenakan tidak tahu adanya peraturan tersebut. Pelaksanaan masa bakti dokter gigi tidak dipengaruhi oleh jenis kelamin wanita. Lulusan dokter gigi banyak yang memilih masa bakti PTTD dan Cara Lain, tetapi kesulitan mencari tempat untuk melaksanakan masa bakti cara tersebut, sehingga banyak yang tidak mempunyai Surat Penugasan dan tidak melaksanakan masa bakti.
6. Dinas Kesehatan Kabupaten / Kota, Fakultas Kedokteran Gigi, Organisasi Profesi (PDGI), dan Rumah Sakit Umum di Propinsi Jawa Timur belum melaksanakan Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/XII/2002 dengan baik.

Sedangkan rekomendasi dan sarannya adalah sebagai berikut :

Rekomendasi

1. Departemen Kesehatan RI hendaknya meninjau kembali Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/XII/2002, tentang penempatan tenaga medis melalui masa bakti dan cara lain.
2. Dinas Kesehatan Propinsi Jawa Timur meninjau kembali kebijakan pelaksanaan yang telah dibuat terutama mengenai prosedur dan prasyarat untuk mendapatkan Surat Penugasan.
3. Fakultas Kedokteran Gigi memberikan sosialisasi yang internisf mengenai Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/ XII/2002 kepada lulusan dokter gigi pada momen penyempahan lulusan dokter gigi.
4. Dinas Kesehatan Kabupaten / Kota, Fakultas Kedokteran Gigi, Organisasi Profesi (Persatuan Dokter Gigi Indonesia) dan Rumah Sakit Umum di Propinsi Jawa Timur melaksanakan Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/ XII/2000 sesuai dengan isi kebijakan tersebut.
5. Koordinasi yang baik dalam hal ini adalah komunikasi dan informasi antara Dinas Kesehatan Propinsi Jawa Timur dengan Fakultas Kedokteran Gigi, Dinas Kesehatan Kabupaten / Kota di Propinsi Jawa Timur dalam melaksanakan Keputusan Menteri Kesehatan RI No. 1540/Menkes/SK/

XII/2000, demikian juga antara Dinas Kesehatan Kabupaten / Kota dengan Organisasi Profesi, dan Rumah Sakit Umum.

Saran :

1. Untuk Departemen Kesehatan RI hendaknya dalam waktu dekat menerbitkan petunjuk teknis pelaksanaan kebijakan tersebut
2. Dinas Kesehatan Propinsi Jawa Timur membuat kebijakan pelaksanaan secara tertulis mengenai Surat Penugasan dapat diperoleh setelah mendapatkan tempat masa bakti.
3. Dinas Kesehatan Propinsi Jawa Timur bersama-sama dengan Fakultas Kedokteran Gigi memberikan sosialisasi kepada mahasiswa FKG mengenai peraturan yang berkaitan dengan pelaksanaan masa bakti dokter gigi.
4. Pada tingkat Kabupaten / Kota, Dinas Kesehatan Kabupaten / Kota mau memfasilitasi tempat masa bakti dokter gigi baik untuk PTTD atau Cara Lain.
5. Dinas Kesehatan Kabupaten Kota mengupayakan untuk meningkatkan peran dan komitmen organisasi profesi (PDGI), dengan cara selalu mengajak organisasi profesi dalam pelaksanaan pembinaan dan pengawasan terhadap dokter yang melaksanakan masa bakti dan praktik mandiri.
6. Rumah Sakit baik pemerintah maupun swasta di Kabupaten / Kota dihimbau untuk mau menerima dokter gigi melaksanakan masa bakti.

SUMMARY

Evaluation on the Policy of the Republic of Indonesia Health Minister Legislation (Keputusan Menteri Kesehatan RI No.1540/Menkes/SK/XII/2002) on the Implementation of Dentist Internship-Term

Formerly designated as Graduate Obligatory Internship, dentist internship-term has been implemented since 1961. Along with the recent State developments, the term Graduate Obligatory Internship was replaced by Internship-Term. As of 1993, given economic conditions, the State can no-further afford to initiate all dentistry graduates into service as State Civil Servants; effecting in dentists serving their internship-terms as Temporary Employees. With the implementation of regional-autonomy, in 2002, the Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) was passed. The issue of the low-number of graduates of Dentistry Schools in the East-Java Province who fulfill their 2003 internship-term, was observable. The objective of this research was to perform an evaluation on the above legislation as well as its implementation, as a foundation on which to ground a recommendation for improvements on the policy of dentist internship-term.

This research was an operational evaluation and a review on the 2002 Legislation on Medical-Professional Employment via Internship-Term and Other Means passed by the Republic of Indonesia Health Minister (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*). The target respondents of this research were 2003 dentistry graduates out of the East-Java Province, the East-Java Provincial Health Office, and Dentistry Schools in the East-Java Province. The respondents were: 88 dentistry graduates; three East-Java Provincial Health Office officials comprising of a Health-Care Professional Quality Improvement and Accreditation Section Head, a Personnel Affairs Sub-Division Head, and a Rules and Regulations and Legal Affairs Sub-Division Head; and first vice-deans of Dentistry Schools at Airlangga University, Jember University, and Hang Tuah University. A mailing system was utilized as the data-collection method, while questionnaire-guided interviews were utilized at the Provincial Health Office. Data collection was performed starting in the month of June until August 2004. A descriptive data analysis technique with a frequency distribution table was utilized.

The research found: 1) that several articles in the 2002 Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) passed by the Republic of Indonesia Health Minister were conflicting; 2) that operational policies in the form of procedures and requisites, formulated by the East-Java Provincial Health Office, caused difficulties in implementation; 3) that the socialization was properly executed by integrated offices; 4) that coordination was not properly performed by integrated offices; 5) that Dentistry Schools' knowledge of Internship-Terms was sufficient, but attention was not sufficient; 6) that dentistry graduates knowledge of Internship-Terms was sufficient obtained

from seniors or alumnus, that dentistry graduates had never accepted any socialization about Internship-Terms from the Dentistry School, nor from the Provincial Health Office neither from the Indonesian Dentist Association (IDA), that more female than male graduates fulfilled their Internship-Terms, that Internship placements was difficult, and that procedures and prerequisites were complicated; 7) that Municipal Health Offices, at a ratio of 79%, did not implement the 2002 Legislation; 8) that the professional organization of Indonesian Dentist Association, at a ratio of 50%, did not implement the 2002 Legislation; and 9) that in 2003 at a ratio of 13.6%, General Hospitals employed/hired dentists to fulfill their Internship-Terms.

The conclusions were as follows:

1. The 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*), had conflicting articles, unclear intention, difficult implementation and low prediction of successful accomplishment.
2. The operational policies of the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*), formulated by East-Java Provincial Health Office in the forms of procedures and prerequisites to fulfill the Internship-Term, were difficult to execute and unfeasible to be complied by the graduates, with a major obstacle of a definite post of Internship prior to acquiring a Letter of Assignment. This specific policy was not written and neither ratified by the authorities.
3. No socialization of the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) was done by the School of Dentistry, the East-Java Provincial Health Office and by the Indonesian Dentist Association viewed by the dentistry graduates, but there was a socialization by interrelated institutions from central to province and from province to municipality/regency health institutions.
4. Coordination (communication and information) according to staff-and-line from East-Java Provincial Health Office to the Dentistry School and to the Municipal/Regency Health Office was not working well, ditto from the Municipal Health Office to the professional organization (Indonesian Dentist Association) was not running well either.
5. Graduate's knowledge of the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) was good due to the role of seniors/alumnus. The graduates did not report or register simply because they were not aware of the legislation. The fulfillment of Internship-term was not influenced by gender (female dentist). The graduates chose more to do their Internship Term at municipality or regency (Temporary Employed by municipality or regency) or other means (private or civil servants), and yet they found difficulties to find

placement for doing the term, resulting in not obtaining Letter of Assignment and did not fulfill the Internship-Term.

6. The Municipal/Regency Health Office, the Dentistry School, the Indonesian Dentist Association and the General Hospitals in East Java province had not well executed the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*).

This research result, the Focus Group Discussion, and the researcher observation resulted in recommendations as follows:

1. The Ministry of Health should review the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*).
2. The East-Java Provincial Health Office should review the implementation policy of procedures and requisites for acquiring a Letter of Assignment
3. At the time of taking dentist professional oath, the Dentistry School was expected to socialize the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*).
4. The Municipal/Regency Health Offices, the Dentistry School, the Indonesian Dentist Association and East-Java General Hospitals to execute the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*), according to its policy content.
5. In an effort to implement the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*), a good coordination (communication and information) among the East-Java Provincial Health Office, the Dentistry School, Municipal/Regency Health Offices, the Indonesian Dentist Association and East-Java General Hospitals should be maintained.

The suggestions:

1. For the Ministry of Health to publish in very short time, a manual for technical operational policies of the 2002 Republic of Indonesia Health Minister Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*).
2. For East-Java Provincial Health Office to formulate a written operational policy about Letter of Assignment which could be obtained after acquiring the Internship placement.
3. The East-Java Provincial Health Office along with the Dentistry School to do a socialization to Dentistry students about the Legislation of Internship-Term.

4. The Municipal/Regency Health Office provided a facilitation for graduate's Internship-Term both for Temporary Employee or other means.
5. The Municipal/Regency Health Office to do constant attempt to enhance the role and commitment of the professional organization (Indonesian Dentist Association) by involving the organization to do supervision and surveillance towards dentists who are doing their term and private practice.
6. An appeal to private or government-owned Hospitals to receive graduates to do their Internship-Term.

ABSTRACT

Evaluation on the Policy of the Republic of Indonesia Health Minister Legislation (Keputusan Menteri Kesehatan RI No.1540/Menkes/SK/XII/2002) on the Implementation of Dentist Internship-Term

The objective of this research was to perform an evaluation on the 2002 Legislation on Medical-Professional Employment via Internship-Term and Other Means passed by the Republic of Indonesia Health Minister (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) as well as its implementation, as a foundation on which to ground a recommendation for improvements on the policy of dentist internship-term.

This research was an operational evaluation and a review on the above legislation. The target respondents were 2003 dentistry graduates out of the East-Java Province, the East-Java Provincial Health Office, and Dentistry Schools in the East-Java Province. The respondents were: 88 dentistry graduates; three East-Java Provincial Health Office officials and first vice-deans of Dentistry Schools at Airlangga University, Jember University, and Hang Tuah University. A mailing system was utilized as the data-collection method, while questionnaire-guided interviews were utilized at the Provincial Health Office. Data collection was carried out from June until August 2004. A descriptive data analysis technique with a frequency distribution table was utilized.

The research found: 1) that several articles in the 2002 Legislation on Medical-Professional Employment via Internship-Term and Other Means (*Keputusan Menteri Kesehatan RI No.1540 Menkes SK XII 2002*) passed by the Republic of Indonesia Health Minister were conflicting; and 2) that the operational implementation of the Legislation by the Provincial Health Office, the Dentistry School, the Municipal/Regency Health Office and by the Indonesian Dentist Association was not optimal.

The conclusion showed that: 1) the implementation of the Legislation was difficult due to conflicting articles, unclear intention and low accomplishment prediction; 2) acquiring a Letter of Assignment was difficult due to a major obstacle of a definite post of Internship; 3) no socialization for the implementation of the Legislation; and 4) coordination was not running well and the knowledge of the Legislation was simply because of senior's/alumnus' notification.

Key words: policy implementation evaluation, policy review