

Limits of Authority and Competence of General Practitioners in Aesthetic Practice

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KEYWORDS	ABSTRACT
Aesthetic Practice; General Practitioner Authority; Legal Protection	The rapid development of medical aesthetic services that is not matched by the creation of governing regulations has become one of the most important issues in the field of aesthetic medicine, namely competency issues related to authority because there are still gray areas regarding the authority of general practitioners in aesthetic practice. This research aims to analyze the authority of general practitioners in aesthetic practice and legal protection for general practitioners in aesthetic practice. The research methodology used in writing this thesis is normative juridical. This approach uses a statue approach, conceptual approach, and comparative approach. The authority and competence of general practitioners in aesthetic services are limited to primary care, non-invasive, minimally invasive procedures and are only allowed to perform medical procedures in accordance with what has been obtained during the education process, and are advised to conduct additional training and make referrals to specialists if not their authority and competence. Legal protection for general practitioners in aesthetic medicine services, general practitioners must apply professional standards and standard operating procedures in carrying out aesthetic medical services is widely regulated in laws and regulations.

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Introduction

Medical services are one of the efforts to fulfill the community's need for health services, improve the health of individuals and community groups as a whole which is an important part of government. This is so important that it is contained in Article 5 of Law Number 17 of 2023 concerning Health which will hereinafter be referred to as the Health Law. Medical aesthetic services performed by doctors can be interpreted as the same as health services as stated in Article 1 of Government Regulation Number 28 of 2024 concerning Regulations for the Implementation of Law Number 17 of 2023 concerning Health (PP No. 28 of 2023), All forms of activities and or

a series of activities provided directly to individuals or communities to maintain and improve public health by means of preventive, curative, rehabilitative, and / or palliative.

In the SKDI 2012 there are several skin diseases, including facial skin, mentioned in the Integumentary System. General practitioners can diagnose and treat mild acne thoroughly. In case of moderate-severe acne and *melasma* (dark spots on the facial skin) general practitioners have the right to diagnose, provide primary care services, and then refer the patient to a specialist. If a patient is diagnosed with lentigo, a general practitioner should explain the initial diagnosis and then refer the patient to an authorized specialist for further treatment of the diagnosis.

In the SKDI, there are several disease diagnoses which are the competence of general practitioners and which disease diagnoses that general practitioners should refer to specialists. In addition to disease diagnosis, SKDI also mentions several therapeutic actions which are the competence of a general practitioner and which are not included in the competence of a general practitioner. If read further about the issue of medical aesthetics in this SKDI, there are several therapeutic actions that are included in the competence of general practitioners, including blackhead *extraction*. Related to the increasing technology in medical aesthetics, there are several actions that should be listed in the SKDI such as the use of *laser* devices on the face, *Filler* injections, *Botox* injections, and other actions that are usually carried out in medical aesthetics today which are important things to be included in a rule. One of the cases was experienced by Dr. Elisabeth Susana, M.Biomed, as a general practitioner who injected fillers in the nose of a patient, which resulted in blindness to a patient named Agita Diora Fitri in Supreme Court Decision Number 233 K/Pid.Sus/2021 (Mahkamah Agung Republik Indonesia, 2021). is an example of the importance of regulations on actions that must be stipulated in the SKDI.

With its rapid development, there is no specific law regulating aesthetic services in Indonesia. As a result, there is no clarity on the status of aesthetic services in healthcare efforts in the country. Due to the increasing needs of the public, aesthetic clinic services are growing rapidly. However, clear rules and guidelines must be applied to these services to limit specialists, general practitioners, and other health workers (Prayuti et al., 2023, p. 1933). From the above background, the author will conduct research with the title Limits of Authority and Competence of General Practitioners in Aesthetic Practice.

Materials and Method

This study employs a normative juridical approach, utilizing a legislative, conceptual, and comparative method. The legislative approach is employed to analyze regulations pertaining to the authority and competence of general practitioners in medical aesthetic practices, including the Health Act and Government Regulation No. 28/2024. The conceptual approach is employed to comprehend and analyze concepts pertinent to competence and authority within the domain of medical aesthetics. The comparative approach is utilized to compare medical aesthetics regulations in Indonesia with those observed in other countries, including Singapore, Malaysia, and South Korea, thereby offering a more comprehensive perspective on the implementation of regulations in Indonesia.

Results and Discussion

A. Competence of General Practitioners in Aesthetic Practice

Competence and authority are two different terms but can be interpreted the same if they are related to ability. Both have strong, complementary ties. Competence is the ability that a person gets from education and training in a particular field. Authority or *bevoegdheid* means "*het vermogen tot het verrichten van bepaalde rechtshandelingen*", namely the ability to perform certain legal actions (P. Nicolai in Ridwan, 2016, p. 98).

In an effort to ensure the quality of higher education in the health sector, in accordance with the mandate of Law Number 12 of 2012 concerning Higher Education, the government has organized a quality assurance system for higher education in the health sector, one of the main policies is the implementation of national competency tests. Competence is the minimum ability in the fields of knowledge, skills, and professional attitudes and behaviors to be able to carry out activities in society independently (Asyhadie, 2017, p. 24). Article 581 paragraph (3) of Government Regulation No. 28 of 2024 states that: "graduate competency standards that are part of the national standards of higher education as referred to in paragraph (2) refer to the competency standards for medical and health personnel prepared by the Collegium and stipulated by the Minister." As explained in the article, similarly, a doctor who has completed his professional program must first take a competency test to obtain a certificate of competence which is later needed for the issuance of a doctor's registration certificate from the Indonesian Medical Council (KKI).

Based on Article 1 Number 33 of Government Regulation No. 28 Year 2024, namely: "Certificate of Competency is a letter of recognition of the competence of medical and health personnel who have passed the competency test to be able to practice throughout Indonesia." The statement in the article clearly illustrates the function and importance of certificates of competence for medical and health personnel in Indonesia to provide medical services.

The realm of medical competence in general has been regulated through Article 1 number 25 of the Health Law states that those assigned to regulate the competence of medical personnel are councils, the Article reads: "The Council is an institution that carries out tasks independently in order to improve the quality of practice and professional technical competence of Medical and Health Workers and provide protection and legal certainty to the public." The Council carries out its duties independently, meaning that it is free from the influence of other parties, so that it can realize its duties objectively and professionally. This independence is very important to maintain the integrity and credibility of decisions made by the council in developing the quality of practice and competence of medical and health personnel.

Regarding the competence of doctors in the field of aesthetic practice, PP No. 28 of 2024 does not describe in detail the specific competencies that must be possessed by a doctor to practice aesthetics. However, basically a doctor has competence in medical aesthetic services which of course must be in accordance with the authority and competence of a general practitioner in

accordance with the educational curriculum that has been taken during medical education. The provisions of Article 235 and Article 236 paragraph (1) of Government Regulation No. 28 of 2024 in general provide a general description that doctors who perform medical actions must have competence in carrying out health efforts obtained from education and/or training. In organizing medical services, each doctor can obtain the authority and competence obtained from the medical education curriculum, both general practitioners and specialist doctors who have different scientific levels from general practitioners in how to manage their patients, as well as clinical reasoning learned during the medical education process.

General practitioners are expected to continuously improve their knowledge and skills in medical services. This involves updating science, the latest techniques, and best practices in the health field including in aesthetic practices in accordance with technological developments in order to provide safe and effective care in accordance with their authority and competence. Article 614 paragraph (1) of Government Regulation No. 28 Year 2024, namely: "Medical and Health Workers increase competence on an ongoing basis to develop their professionalism." Furthermore, in Article 614 paragraph (2) of Government Regulation No. 28 of 2024, namely: "Continuous improvement of competence as referred to in paragraph (1) is carried out at least through improving educational qualifications." The article provides a strong foundation for general practitioners to continuously improve their competence, especially in the field of aesthetics. Increasing educational qualifications and specialized training are important steps to ensure that general practitioners can provide safe, effective, and professional aesthetic services in accordance with their authority and competence. This competency improvement can be done through formal education, attending courses, training, or certification programs recognized by the ministry of health.

General practitioners who organize medical aesthetic services must have the appropriate competencies that have been regulated in legislation including the SKDI compiled by the KKI. As providers of health services to the public, the role of doctors is considered important as it relates to how services are provided as well as how well they are provided. Doctors and dentists focus on the science, technology and skills they learn from education and training when performing medical actions on patients.

Based on Article 3 of the Indonesian Medical Council Regulation Number 44 of 2011 concerning Professional Discipline of Doctors and Dentists related to the authority of the doctor's professional competence, violations of professional ethics of doctors and dentists include the following: practicing medicine that is not included in their competence, not referring patients to specialists who have the appropriate competence, when performing health services the doctor's condition is not physically or mentally healthy so that it results in an incompetent doctor and poses a risk to the patient, performing health services with scientific methods, knowledge and technology that are not taught or do not exist in health service regulations, organizing health services using fake STRs, SIPs, and / or certificates of competence and organizing health services without having SIPs based on the provisions of applicable laws and regulations.

The implementation of health efforts in primary care facilities of a general practitioner is also stated in number 29 of the KBLI Clinic Business Standard: 86105 Private Clinic Activities in the

Scope of Pratama Clinic Health Services in the attachment to the Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021 concerning Business Activity Standards and Products in the Implementation of Risk-Based Business Licensing states that: "Health Sector Medical aesthetic services in the Scope of Clinical Health Services that provide aesthetic medicine services are organized in accordance with the Indonesian Medical Council Regulations regarding Indonesian Doctor Competency Standards" Aesthetic medicine services include various procedures aimed at improving physical appearance, such as skin care where the doctor in charge has met the established competency standards in order to protect patients from potentially harmful practices.

Pratama clinics that have met the requirements in the attachment to the Permenkes above can be interpreted that general practitioners have the authority to organize medical aesthetic services and perform medical therapeutic actions based on the authority of attribution, expertise and competence possessed by general practitioners. Furthermore, when a general practitioner who provides aesthetic services gets a case outside his competence, the general practitioner must refer the patient to a specialist, this is in accordance with Article 735 paragraph (1) letter e of PP No. 28 of 2024 which states that: "Medical Personnel and Health Workers in carrying out practices are required to make referrals for patients to other Medical Personnel or Health Workers who have the appropriate competence and authority." Medical personnel in this case are doctors, in carrying out practices must refer patients to specialists who have the appropriate competence and authority.

Competency issues have been regulated and discussed by each collegium to provide legal protection, to improve, direct and provide a legal basis and reorganize the various legal instruments governing the implementation of medical practice so that they can run in accordance with the development of science and technology as occurs in aesthetic services that are highly developed and needed by the community. Through technical guidance, general practitioners can get direct direction from experts in the field of aesthetics which is useful for providing technical understanding and safety in aesthetic procedures. What is stated in Article 672 Paragraph (2) of PP No. 28 of 2024 states: "Competency improvement activities as referred to in paragraph (1) are carried out through seminars, *workshops/workshops*, technical guidance, *coaching*, mentoring, and/or other activities for competency improvement in accordance with the provisions of laws and regulations." This means that general practitioners who offer medical aesthetic services must take courses and training to be able to perform therapeutic actions and acquire the necessary skills to provide safe and effective aesthetic services.

The profession of a doctor should be obliged to carry out health services based on the competencies that have been obtained during the education process and additional competencies obtained from training organized by the Ministry of Health. When a doctor undergoes specialized training to perform certain therapeutic actions, he or she may perform medical actions that are not within his or her professional competence. Particularly in a situation where there are no specialist doctors in the area, for example when a hospital provides special training to general practitioners on a particular disease to give them additional authority or competence. However, when the general practitioner moves to another workplace that has a specialist doctor in that field, then this training

and authority is no longer effective (Nugraha, 2020, p. 93). This is in accordance with Article 236 of Government Regulation No. 28 Year 2024 that: "Medical or health personnel must have the competence to organize health efforts obtained through education and/or training." The training is in the form of training in the field of medicine in accordance with the provisions of legislation Article 669 of PP No. 28 of 2024,

The regulation stipulates that doctors and dentists must have competence and receive training and education based on professional standards to improve the quality of health services they provide to the community, maintain and be able to provide legal certainty to the community. This education and training is further listed in Article 5 *in conjunction* with Article 6 of the Indonesian Medical Council Regulation Number 48 / KKI / PER / XII / 2010 concerning Additional Authority of Doctors and Dentists which states: an additional competence can be obtained by a doctor through specific education and / or training by institutions and institutions recognized by the government and the appropriate medical collegium with the aim of meeting and equalizing the needs of specialty medical and specialty dental services according to the needs of the community in certain areas and to keep up with advances in medical and dental science and technology.

In order to create harmonization in medical aesthetics, general practitioners and specialists in Indonesia made an effort to create an innovation to form an organization called Perhimpunan Dokter Anti Aging, *Wellness*, Estetik & Regeneratif Indonesia (PERDAWERI). The organization is a seminational organization, which is not a collegium. The organization also made several efforts in issuing specific regulations on medical aesthetics including: Indonesian Medical Council Regulation on Additional Competence in the Field of Aesthetics, Legal Handbook, Protection and Defense of Members (HP2A), and Minister of Health Regulation on Specialized Anti Aging Clinic and Aesthetics. The innovation has a purpose in the issuance of the Medical Council Regulation on Additional Competence in organizing medical aesthetic services. This activity made the IDI Executive Board then issued a Decree of the Executive Board of the Indonesian Medical Association Number 02374 / PB / A.4/09 / 2018 concerning the Indonesian Aesthetic Medicine Council on September 14, 2018. The decree issued by IDI authorized the establishment of the *Indonesian Medical Aesthetic Board* and set out the tasks to be performed by the board (Yati, 2020, p. 30). PERDAWERI's efforts and the ratification of the Indonesian Board of Aesthetic Medicine are positive steps toward regulating and improving the quality of aesthetic services in Indonesia. With clear regulations and standards, a safer and more professional practice is expected.

The regulation of aesthetic services if we look at Singapore Government established and regulated medical aesthetic services in the *Guidelines On Aesthetic Practices For Doctors* created by the *Singapore Medical Council (SMC)*. The guidelines were ratified in 2018 and there was an update in 2016. Medical aesthetic services in the form of minimally invasive and invasive may only be performed by doctors and specialists who have the authority and competence. There are two types of medical aesthetic services, namely medical aesthetic services performed by general practitioners and services performed by specialists. In Singapore, medical aesthetic services performed by general practitioners must have a special certificate of competence called a COC issued by the *Aesthetic Practice Oversight Committee (APOC)*. This certificate is required for

general practitioners to perform medical procedures, while specialists do not need to have a certificate of competence (Yati, 2020, p. 27).

The regulation of medical aesthetic services in Indonesia is very important in providing legal protection for medical personnel and patients in medical aesthetic services. Therefore, it is very important the role of responsibility of the government and the state to regulate medical aesthetic services specifically in a legislation. The regulation is expected to provide protection to doctors, and related medical personnel in medical aesthetic services which are currently in great demand by a large number of people. In addition, regulations in medical aesthetic services can be useful to provide strict sanctions in medical aesthetic services that are not included in their competence. This is useful to prevent medical malpractice from the implementation of medical aesthetics services that are not in accordance with the standards. For medical devices provided in medical aesthetics services also need to be considered because related to the safety of the use of these tools must be in accordance with certain quality standards. The more medical devices used in medical aesthetics services that are not in accordance with health standards, can be dangerous for consumers who use this service, therefore this requires monitoring from the government (Yati, 2020, p. 35).

The Indonesian Doctors Competency Standards (SKDI) are the minimum standards of competence of a doctor graduate and do not include the standards of doctor's authority. The competence of doctors based on SKDI is regulated by professional organizations authorized by the Indonesian Medical Council (KKI) (Maikel, 2019). The beginning of the SKDI was approved by the KKI in 2006 which aims to form a guide in developing a competency-based curriculum (Ricky, 2020, p. 83). The clinical skills of a doctor have been arranged in SKDI very neatly to become a guide for medical education institutions in preparing resources related to the minimum skills that must be mastered by primary care doctor graduates, which also regulates some of the clinical skills that general practitioners must master in aesthetic practice to clinical skills that a general practitioner should refer to a specialist, the following levels of doctor competence based on the level of clinical ability are contained in appendix 4 of SKDI, namely:

1. Ability level 1 (*Knows*): Graduate doctors are able to master a disease case, know and explain in theory.
2. Ability level 2 (*Knows How*): Graduate doctors are able to understand *clinical reasoning* and *problem-solving*.
3. Ability level 3 (*Shows*): Graduate doctors can and have practice with tools or patients.
4. Ability level 4 (*Does*): Graduate doctors are able to independently master all theories, principles, indications, steps on how to perform, complications, and control of complications.

Appendix 3 of the SKDI explains and categorizes several diagnoses of diseases that must be mastered, from independent and complete management by general practitioners to diagnoses of diseases that must be referred to specialists. The definition of the level of competence of doctors based on the grouping of the list of diseases according to the human body system contained in Appendix 3 of the SKDI is:

1. Ability Level 1

At this level, the general practitioner is only limited to identifying and being able to explain the patient's illness without providing therapy.

2. Ability Level 2

At this level, a doctor must be able to make a clinical diagnosis of the disease and determine a referral to a specialist for further patient treatment. And also be able to follow up the patient after returning from the referral.

3. Ability Level 3

In this level, a doctor must diagnose, provide initial treatment, and refer a patient for further patient medical services. In this level there are two levels, namely level 3A and 3B, level 3A is for non-emergency patient conditions, a doctor must make a clinical diagnosis, provide initial therapy, determine the most appropriate referral for the needs of the patient's next condition and follow up the patient after returning from the referral. level 3B is for emergency patient conditions, at this level a doctor must be able to make a clinical diagnosis, provide initial therapy to save lives or prevent more severe injuries and be able to follow up after returning from a specialist referral.

4. Ability Level 4

At this level, a doctor must be able to make clinical diagnoses and treat diseases independently and completely. In this level there are two levels, namely levels 4A and 4B, level 4A is the competency achieved at the time of graduation. Ability level 4B is the proficiency obtained after completion of internship and/or Continuing Medical Education (CME).

In appendix 3 of the SKDI, for the clinical diagnosis of skin problems mentioned in the "Integumentary System", some of them are included in the ability level 4 category, namely: *mild acne vulgaris* (mild acne), *suppurative hidradenitis* (skin inflammation), *perioral dermatitis* (reddish rash around the mouth), and *miliaria* (prickly heat). Given the definition of ability level 4 above, these diseases are the competence of general practitioners without the need for referral to specialists. As for some clinical diagnoses that fall into the ability level 3 category and often appear in medical aesthetics practice services, among others: *Melasma* (black spots on the skin of the face), *moderate-severe Acne vulgaris* (moderate-severe acne), *Post-inflammatory hyperpigmentation* (blackish marks due to injury), *Post-inflammatory hypopigmentation* (pale marks due to injury).

Some therapeutic measures related to aesthetic practice that can be performed thoroughly by general practitioners are blackhead extraction and *excision of* benign skin tumors. These two actions are often performed by general practitioners in aesthetic practice. Some of the actions listed, such as injecting *fillers*, using *laser* devices, injecting *botox*, and other actions that are widely developed in the world of medical aesthetics are not listed in the 4th sheet of the SDKI. *Injections* are also listed in appendix 4 of the SKDI which is skill level 4, in which case a general practitioner must be able to independently perform these therapeutic actions. However, the problem in this case may be about the medicinal material injected in the patient's facial skin which can cause blindness, so it requires special skills to do so. Therefore, considering that *filler* injection is not listed in the SKDI and this *filler* action has a fairly high medical risk, it is necessary to add to the regulation of

medical aesthetics which aims to protect doctors in carrying out medical aesthetic services and protection of patients who receive aesthetic services.

One of the most crucial issues in the field of aesthetic medicine is the issue of competence, which is related to authority. The implementation of medical aesthetic services by general practitioners has also been mentioned in Permenkes No. 14 of 2021 and SKDI that general practitioners who provide aesthetic services must carry out in accordance with competency standards. A certificate of competency or additional certificate of competency from recognized training is written evidence that an aesthetic doctor has certain competencies related to medical aesthetic services. An action in medical services performed without competence will pose a risk of failure and a risk to patient safety. A doctor can obtain basic abilities through formal medical education that must be passed the Indonesian Medical Council Regulation Number 48 / KKI / PER / XII / 2010 concerning Additional Authority of Doctors and Dentists stipulates education creating regulations on special training required to obtain additional competencies which of course must be in accordance with the level of education that has been passed. Furthermore, based on the scope, aesthetic services by general practitioners are at the level of non-invasive and minimally invasive procedures, which in the SKDI states that the competence of general practitioners is at ability level 3 and ability level 4.

B. The Authority of General Practitioners and its Limits in Aesthetic Practice

The authority of a person in a profession, whether individually or collectively, is where responsibility begins. A doctor has the legal authority to treat patients and carry out treatment in accordance with his expertise in his scientific field. Based on the theory of authority, there are three types of authority sourced from legislation, the authority includes the authority of attribution, delegation, and mandate (Ridwan, 2016, p. 104).

The authority of attribution is an absolute authority that comes from the mandate of a particular law or article. The authority of attribution will remain attached as long as the legislation does not change. Law Number 30 of 2014 concerning Government Administration reads that the authority obtained through attribution is the authority given to government organs / agencies and / or officials by the 1945 Constitution of the Republic of Indonesia, the authority of attribution may not be delegated unless regulated by the Constitution (Gandara, 2020, p. 94).

The attribution authority of a doctor to organize health services as a medical personnel is stated in Article 285 Paragraph (1) of the Health Law which reads: "Medical and Health Personnel in carrying out their practice must be carried out in accordance with the authority based on their competence". Based on the above provisions, this administratively authorizes doctors to perform medical actions according to their profession to provide medical services to patients based on the scientific knowledge obtained. Doctors have professional authority, namely the right and power to take medical action against their patients to prevent disease, improve health, treat disease, and restore health. After going through the education process, a doctor gains expertise and skills that far exceed other people. Because of this expertise and skill, doctors are able to perform their profession (Seran & Setyowati, 2006, p. 316).

Based on Article 260 *in conjunction* with Article 264 of the Health Law, it explains the administration that must be fulfilled before practicing medicine, starting from the requirements of having a medical education certificate, an STR issued by the council, having a SIP and having a place of practice. Article 1 point 31 of Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning Regulations for the Implementation of the Health Law (PP No. 28 of 2024) reads: "Registration Certificate, hereinafter abbreviated as STR, is written evidence given to medical personnel and health workers who have been registered." A doctor can practice medicine if he/she has a registration certificate issued by the Indonesian Medical Council (KKI) as stipulated in Article 260 paragraph (2) of the Health Law. The KKI was established to protect the public receiving medical services and improve the quality of services provided by doctors and dentists. KKI is also responsible for registering doctors and providing guidance to the implementation of health services.

The STR issued is one of the mandatory requirements that must be present to complete the requirements for the issuance of a practice license (SIP). As stated in Article 263 paragraph (1) of the Health Law that: "Certain types of Medical Personnel and Health Personnel in carrying out their professional practices must have a license". Every doctor who runs a medical practice must have a SIP issued by the local / city government. This SIP is valid for five years and is issued by the head of the district/city health office or the head of the district/city one-stop service and investment office. Article 1 point 29 of the Health Law explains that: "A license to practice is written evidence given to medical and health personnel as a grant of authority to practice." This means that medical personnel and health workers who have SIP, have the authority to practice medicine in accordance with their education and competence.

Some types of doctor authority are described in terms of the relationship between the type of authority and the way it is obtained: (Komalawati & Kurniawan, 2018, p. 161)

1. Independent Authority

Doctors who have an STR have independent authority, which is evidence of the acquisition of authority attributively. Doctors who have STRs are fully responsible for their medical practice. This independent authority is limited by competencies obtained from the level of medical education and training recognized by the collegium.

2. Limited Authority

Basically, limited authority is an attributive authority that in its implementation requires guidance or supervision from the authorities. Attributive authority in this case is the authority given after the doctor has a special STR, for example Interns STR and PPDS STR-P.

3. Additional Authority

This additional authority can be classified as attributive authority according to Article 12 paragraph (1) of the Indonesian Medical Council Regulation Number 48 of 2010 concerning Additional Authority of Doctors and Dentists, which states that: "Doctors and dentists who have obtained additional competency certificates as referred to in Article 8 are authorized to practice certain medical practices independently in accordance with the additional competencies stated in the certificate". Unlike the STR, independent authority is indicated by a certificate of additional

competence granted by a particular medical collegium after the individual has completed specialized education and training.

4. Clinical Authority in Hospitals

The regulation of clinical authority in hospitals is part of the hospital's internal regulations (*hospital by laws*). Clinical authority is obtained through *clinical appointment* by the head or director of the hospital after credentialing by the medical committee.

Medical personnel in this case general practitioners, it can be said that general practitioners who organize medical aesthetic services must also have STRs and SIPs according to statutory regulations. If a general practitioner in the practice of aesthetic services has an STR and SIP, thus attributively has the authority to perform medical actions. And based on the expertise possessed by a doctor obtained from medical education, the doctor has the authority to organize medical services in accordance with the level of education that has been achieved. The authority and competence of general practitioners in aesthetic services are health services that are limited to primary services and are not advanced services or referral services. While advanced service medical actions are carried out by authorized and competent specialist doctors in accordance with the provisions contained in the legislation.

In the implementation of health efforts, especially in the field of beauty, it requires tools and materials, among others: implants in the form of materials or medical devices that are implanted into body tissues for the purpose of beautifying the shape of the face, in addition to implants there are also pharmaceutical preparations in the form of drugs, and cosmetics, as well as medical devices in the form of instruments and other medical devices. Therefore, the doctor's profession is a profession that requires mastery of a number of clinical knowledge and skills including high standards of appropriate habits and behavior, therefore it is very important for a doctor to make efforts to learn or education before carrying out the profession which will later apply professional behavior as expected (Purnamasari et al., 2015, p. 1).

In addition to having a license to practice, general practitioners who have an interest in organizing aesthetic services must attend various aesthetic treatment trainings such as facial *laser* training, training in facial *filler* injection techniques, facial *botox* injections, *threadlift* and *microneedling*. The aesthetic training is evidenced by a certificate of completion of training in the field of aesthetics (Bimbel Kedokteran, n.d.). This is stated in Article 258 of the Health Law, namely: "In maintaining and improving the quality of medical personnel and health personnel, it is necessary to conduct training and/or competency improvement activities that support continuity of practice."

General practitioners who have a special interest in aesthetic services must have a certificate, diploma, or Master's qualification to provide services in this field, which includes non-invasive and minimally invasive procedures such as *Botulinum toxin* injections, *dermal fillers*, *chemical peels*, and aesthetic *lasers*. Aestheticians cannot perform major surgeries such as breast implants. Their area of focus is the rejuvenation of aging or damaged skin, such as wrinkles, volume loss, sagging skin, acne, *rosacea*, and pigmentation disorders like *melasma* (Skincancercentres, 2019).

In contrast to specialist doctors, skin and genital specialists are doctors who pursue the treatment of skin and genital diseases through specialist education. After graduating from medical and specialist education, they are fully focused on treating skin conditions (Skincancercentres, 2019). In the educational curriculum, skin and genital specialists have a broader and more specific insight into skin problems, which will be a referral service from primary care.

Aesthetic services are quite broad in scope, reconstructive and aesthetic plastic surgeons are also authorized in this service, which in this case is mentioned in Article 137 of the Health Law. According to the Kamus Besar Bahasa Indonesia, plastic surgery is surgery that deals with the reshaping of deformed or damaged parts of the body (especially the skin) so that they are close to normal (Departemen Pendidikan dan Kebudayaan, 1989, p. 256). A specialist in plastic and aesthetic surgery is a doctor who specializes in reconstructive surgery, which aims to improve the function of body parts so that they can be used for work, obtain the best possible cosmetic effect within the limits of ordinary human abilities, have a good influence on the development and formation of the patient's psyche so that he can plunge into society as a person who is capable and has a personal economic life, not dependent in his life on others (Prasetyono, 2011).

Plastic surgery can be divided into 2 (two) types, namely reconstructive plastic surgery which aims to improve body functions that have abnormalities or certain body parts and body appearance caused by defects or tumor removal. Aesthetic plastic surgery aims to improve body parts that are less harmonious or perfect in accordance with the wishes of patients who feel dissatisfied with their physical form, such as one of the organs or body tissues that are not optimal (Istikharoh et al., 2024). In practicing medicine, each doctor has the authority and competence learned during the education process. This means that general practitioners and specialists have different knowledge on how to handle patients and clinical reasoning that they learned during the education process.

Thus, the limits of authority and competence of general practitioners in the field of aesthetics are generally explained in the Health Law, PP No. 28 of 2024, Permenkes No. 14 of 2021 and SKDI 2012 that the authority of doctors is given based on the level of medical education, through the issuance of a Registration Certificate (STR), Certificate of Competence from the Indonesian Medical Council (KKI), Practice Permit (SIP) and additional recognized certificates of competence. Based on the description described above, the limitations of the general practitioner's authority in aesthetic practice services broadly speaking have the authority to carry out skin health efforts, which in this writing are specifically in aesthetic services, but as a general practitioner in aesthetic services, of course, it is only limited to primary services, which in turn must refer patients to further services if the patient is not in accordance with the authority and competence possessed by the general practitioner according to the level of education. besides that general practitioners can have additional authority as evidenced by additional competency certificates obtained from certain medical colleges after the person concerned has graduated from special education and training in medical aesthetics:

Conclusion

Based on the results of this study, it can be concluded that the authority and competence of general practitioners in medical aesthetic practices in Indonesia is still limited to primary health services and non-

invasive and minimally invasive procedures. Although existing regulations provide guidance on the authority of general practitioners, there are still gaps in the regulations governing medical aesthetic procedures, such as the use of lasers, filler injections, and Botox, which require further expertise. This study also shows that legal protection for general practitioners in medical aesthetic practices is very important to ensure patient safety and avoid malpractice.

As a recommendation, there needs to be an update in the regulations that are clearer regarding the limits of the authority of general practitioners in medical aesthetics, especially related to high-risk actions, such as filler injections and the use of medical devices. In addition, legal protections for general practitioners need to be strengthened with stricter operational standards, as well as additional nationally recognized training and certification to improve the competence of general practitioners in this field. Clear and detailed regulations will help maintain the quality of medical aesthetic services, as well as protect both patients and medical service providers from potential legal risks.

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