Analisis Implementasi Kebijakan Perizinan Praktik Dokter di Kabupaten Bekasi Tahun 2021: Studi Kualitatif

Analysis of Implementation of Doctor's Practice Licensing Policy in 2021: Qualitative Study

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ABSTRAK

Latar Belakang: Berdasarkan Peraturan Menteri Kesehatan Republik Indonesia Nomor 2052/Menkes/Per/X/2011 tentang Izin Praktik dan Pelaksanaan Praktik Kedokteran menyatakan bahwa dokter dan dokter gigi yang telah memiliki Surat Izin Praktik (SIP) dan memberikan pelayanan kedokteran atau memberikan konsultasi keahlian dalam hal diminta oleh suatu fasilitas pelayanan kesehatan.Namun, hal ini terdapat masalah yaitu beberapa praktik tidak memiliki SIP.

Tujuan: Penelitian ini bertujuan untuk mengevaluasi kebijakan izin praktik dokter di Bekasi menggunakan pendekatan van meter van horn

Metode: Penelitian ini penelitian kualitatif bersifat deskriptif evaluatif dengan desain penelitian studi kasus. Adapun lokasi penelitian yaitu di Kabupaten Bekasi. Evaluasi kebijakan menggunakan pendekatan van meter van horn dengan mengidentifikasi beberapa aspek yaitu indikator kinerja, sumber daya manusia, kejelasan tujuan, ketepatan dan konsistensi komunikasi, struktur birokrasi, pemahaman tentang kebijakan serta tanggapan terhadap kebijakan, pengaruh sosial, pengaruh politik dan pengaruh ekonomi terhadap pelaksanaan izin praktik dokter di Kabupaten Bekasi.

Hasil: Hasil diperoleh 12 orang informan yang berasal dari instansi yang berbeda. Indikator kinerja menunjukkan bahwa perizinan yang dilakukan oleh Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu (DPMPTSP) membutuhkan waktu yang lama. Dari sisi sumber daya manusia, hampir semua informan menyatakan bahwa terdapat perbedaan antara kebutuhan SDM antara sebelum dan pada saat Covid. Indikator komunikasi menunjukkan bahwa terdapat kendala berupa double komunikasi. Indikator kebijakan didapatkan hasil yang sudah dijalankan dengan baik serta tidak ada penolakan kebijakan yang diberikan oleh pemerintah. Sedangkan didapatkan hasil bahwa tidak ada pengaruh sosial, ekonomi dan politik dengan implementasi kebijakan saat ini.

Kesimpulan: Indikator kinerja izin praktik dokter Rumah Sakit sudah jelas, Capaian kinerja kebijakan ijin praktik dokter sudah baik, namun dalam pelaksanaan ijin praktik dokter kendala yang dihadapi yaitu kurangnya SDM pelaksana.

Kata kunci: Implementasi, Ijin Praktik Dokter, Layanan Dasar

ABSTRACT

Background: Based on the Regulation of the Minister of Health of the Republic

of Indonesia Number 2052/Menkes/Per/X/2011 concerning License to Practice and Implementation of Medical Practice states that doctors and dentists who already have a License to Practice (SIP) and provide medical services or provide expertise consultation in the event requested by a health service facility. However, there is a problem that some practices do not have a SIP.

Objectives: This study aims to evaluate the license policy of doctors to practice in Bekasi using the van meter van horn approach

Methods: This qualitative research is descriptive evaluative with a case study research design. The research location is in Bekasi Regency. Policy evaluation uses van meter van horn approach by identifying several aspects, namely performance indicators, human resources, clarity of purpose, accuracy and consistency of communication, bureaucratic structure, understanding of policies and responses to policies, social influences, political influences and economic influences on the implementation of medical practice licenses in Bekasi Regency.

Results: Results obtained by 12 informants from different agencies. Performance indicators show that licensing carried out by the Investment and One-Stop Integrated Services Agency (DPMPTSP) takes a long time. In terms of human resources, almost all informants stated that there was a difference between HR needs between before and during Covid. Communication indicators show that there are obstacles in the form of double communication. Policy indicators obtained results that have been carried out well and there is no policy rejection given by the government. Meanwhile, it was found that there was no social, economic and political influence with the implementation of the current policy.

Conclusion: The performance indicators of the Hospital doctor's license are clear, the performance achievement of the doctor's practice license policy is good, but in the implementation of the doctor's practice license, the obstacle faced is the lack of implementing human resources.

Keywords: Implementation, Doctor's Practice Permit, Basic Service

INTRODUCTION

In Law No. 17 of 2023 Health is a state of well-being of the body, soul, and social that supports everyone who lives socially and economically. It is stated that everyone has the right to health. In this case, everyone has the same right to access resources in the health sector, and has the right to obtain which services, quality, and affordable besides that he is also responsible for determining for himself the health services needed for himself. In expansion, the Law states that competence is the capacity had by a health worker based on information, aptitudes, and proficient states of mind to be able to carry out practice. Wellbeing as a human right must be realized within the shape of giving various health endeavors to the whole community through the execution of quality and reasonable wellbeing improvement for the community, the usage of medical practice which is the center of different exercises within the usage of wellbeing endeavors must be carried out by doctors and dental practitioners who have morals. and high ethics. The quality of skill must persistently be moved forward through persistent instruction and preparation, determinations, enrollment, permitting, direction, supervision, and checking so that the execution of restorative hone is in agreement with advancements in science and innovation. To supply legitimate

assurance and certainty to beneficiaries of health administrations, doctors, and dental specialists, controls regarding the execution of restorative hone are required.

The government trusts that all health workers can give ideal quality health services without being constrained to carry out their obligations, whether in government, private benefit offices, or autonomous or individual practice services which are by and large carried out by doctors. With mindfulness and compliance from Human Resources, it will be less demanding for the government to supply direction and supervision of medical services. In this respect, enactment within the health sector was made, so that all individuals or the open know that all restorative staff or therapeutic faculty are required to have least capabilities (Enrollment Certificate and Practice Permit) which are directed by Ministerial directions.

In accordance with Law No. 44 of 2009 concerning Hospitals which states that "Medical personnel who practice medicine in hospitals are required to have a practice permit in accordance with the provisions of statutory regulations." Medical practice could be an arrangement of exercises carried out by doctors and dental specialists for patients in carrying out health endeavors. The execution of restorative practice is the center of different exercises within the usage of health endeavors.

Medical practice must be carried out by specialists and dental practitioners who have high morals and ethics, skill, and authority whose quality must persistently make strides through persistent instruction and training, certification, enrollment, authorizing, as well as coaching, supervision, and checking so that the execution of the practice medicine in understanding with improvements in science and innovation. Therefore, within the medical practice law, there are numerous principal changes within the administrative order and usage of restorative hone, beginning from upstream in instruction to downstream in health services and supervision.

Regulation of the Minister of Health of the Republic of Indonesia Number 2052/Menkes/Per/X/2011 concerning Practice Permits and Implementation of Medical Practice states that doctors and dentists who have a Practical Lisences Policy (PLP) and provide medical services or provide expert consultation if requested by a health service facility in the context of To fulfill medical services of a special nature, which are not continuous or have no fixed schedule, the doctor or dentist concerned does not need a SIP at that location, but the provision of medical services must be notified to the Head of the local District/City Health Service.

The national policy that regulates doctors is Law No 36 of 2014 concerning Health Workers. In reality, this policy has not been implemented well. One of the provinces in the Java regional region that has made rapid progress in the health sector but still has rapid progress in the health field but is still experiencing problems regarding the distribution of doctors in hospitals is West Java.

Apart from this policy problem, another problem that arises is the problem of regional autonomy policy under the Ministry of Home Affairs in accordance with circular letter No. 440/895/SJ, which states that the revocation and issuance of SIPs for doctors and dentists in districts/cities is carried out by the Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu (DPMPTSP) based on recommendations from the Health Service, while licensing of doctors' practice permits still uses Minister of Health Regulation Number 2052 of 2011, which states that doctors' permits are issued by the Health Service. Of course, this is in contrast to the policies that have occurred in the field to date that the Health Service only issues letters of recommendation and the Practice Permit is still issued by the DPMPTSP.

From the temporary data, it seems that it is not yet clear that the Bekasi Regency assessment follows established policies, or in other words, there has been no evaluation of the SIP policy for doctors in Bekasi Regency. Especially in public hospitals and private hospitals, what is the level of compliance between government hospitals and private hospitals. Based on these data, This study aims to evaluate with a qualitative approach and case study research design using van meter van horn approach theory by identifying from the aspects of performance indicators, resources, clarity of purpose, accuracy, and consistency of communication, bureaucratic structure, social influence, political influence, understanding of policies and responses to policies.

METHODS

This research uses a qualitative research method with the Van Meter and Van Horn (1975) policy implementation process model approach, where there are 6 variables that form a linkage between policy and performance. The analysis of policy implementation in this research is the implementation of doctors' practice permits in Bekasi Regency in 2021. This research was carried out in the Bekasi Regency Regional Health Services from July to October 2021. This research is descriptive evaluative with a qualitative approach and a case study research design. Qualitative research able to be used to determine history, behavior, community life, social movements, organizational functionalization, or kinship relationships (Strauss and Corbin, 2003). Qualitative research is expected to produce a description of writing, speech, or behavior that able to be observed from a particular individual, group, society, and/or organization in certain circumstances (Martha, 2016). Meanwhile, policy implementation is one of the stages of public policy between policy formation and the policy consequences for the communities it influences. The selection of informants in this research was based on the principles of appropriateness and adequacy. Informants were chosen using a non-random method, which was chosen intentionally (purposive sampling) based on the informant's inclusion in assessing arrangements for making grants to practice doctors in health services. The information collection process was carried out until no more variations of new information were found by all informants. The informants selected for this research were public Health Office, DPMPTSP Bekasi Regency, Private Hospital and Public Hospital.

Primary data sources were obtained using in-depth interview techniques with predetermined informants. In-depth interviews are exchanges of information and insight in the form of interview activities between interviewers and informants to explore in-depth information about the informant's knowledge, views, beliefs, and experiences regarding a research topic. In this research, if face-to-face interviews cannot be conducted, interviews can be conducted via an online meeting platform considering that the informant has quite a busy

schedule and Indonesia is still in the Covid-19 pandemic.

The stage after collecting data through in-depth interviews is to record the recordings that have been obtained and processed using a computer. The entire contents of the data recording are converted into transcripts. Then the transcript data is simplified in matrix form. The processing (coding) stage of the results is that the researcher re-reads all the interview material and looks for an outline of the interview results. Qualitative data analysis was carried out in 3 stages according to (Ghony and Almanshur, 2012), namely: Data reduction with the process of selecting, focusing, simplifying and transforming raw data from observations and notes in the field. Data presentation: presenting a well-organized set of information that allows conclusions to be drawn. Drawing conclusions and verification: researchers begin to look for the meaning of objects, patterns, regularities, explanations, cause-and-effect flow, and proportions. The final process of data processing and data analysis is presented in the form of a matrix containing quotes from the informants' answers which have been categorized into certain groups and

themes to facilitate the process of discussing and presenting the results. Data validation was then carried out by triangulation. Triangulation is carried out to look at symptoms from various angles and test findings with various sources of information and techniques (Santos *et al.*, 2020).

Before collecting data, researchers will apply for ethical clearance to obtain a recommendation from the Ethical Review Team of the Faculty of Public Health, University of Indonesia with number 309/UN2.F10.D11/PPM.00.02/2021.

RESULTS AND DISCUSSION

Informant Characteristics

In this research there were 11 informants who came from different agencies with different positions. The informants include One Stop Investment and Integrated Services Service, Bekasi District Health Service, Type B Government General Hospital, Type B Private General Hospital, Type D Government General Hospital, and Type D Private General Hospital.

Table 1. Characteristics of Informant

No.	Code	Sex	Age (Year)	Years of service (Year)	Education
1	N1	M	49	10	Bachelor of Public Health
2	N2	M	38	5	Bachelor of Management
3	N3	F	41	5	Bachelor of Public Health
4	N4	F	42	4	Master of Health Administrator
5	N5	F	50	17	Master of Management
6	N6	M	31	7	Bachelor of Psychology
7	N7	M	36	6	Profession Education
8	N8	M	43	3	Master of Health Administrator
9	N9	M	41	41	Master of Health Administrator
10	N10	F	34	4	Profession Education
11	N11	F	37	3	Profession Education

Source: Primary Data

Implementation of Doctor's License Policy

The policy that is used as a guide for doctor's license procedure is from Minister of Health regulation number 2052/Menkes/Per/X/2011 about medical practice license and implementation of medical practice valid since 6th of October 2011. This policy replaces Minister of Health Regulation No 512/Menkes/PER/IV/2007 about medical practice license and implementation of medical practice. In this study variables identified are performance indicator, human resource, clarity of goal, accuracy, and consistency of communication, bureaucracy structure, understanding of policy, response to policy, social influence, political influence, and economic influence. Mandate of law number 36-year 2009 about health in article 21 states that government arrange the plan, procurement, utilization, development, and quality control of health personnel in the context of providing health

services. In Presidential Regulation Number 72 of 2012 concerning the national health system, it is explained that to implement health efforts in the context of health development, health human resources are required that are sufficient in number, type and quality and distributed fairly and evenly. Health human resources include groups of health workers, consisting of medical personnel, pharmaceutical personnel, nursing and midwifery personnel, public health personnel, environmental health personnel, nutrition personnel, physical therapy personnel, medical technician personnel, and other health personnel.

One of the elements that play a role in accelerating health development is health workers who work in health service facilities in the community, in 2019 the number was 10,723. Bekasi Regency's health human resources in 2020 were recorded at 11,835 people consisting of 9,036 health

workers and 2,799 non-health workers. Health workers consist of 964 specialist doctors, 636 general practitioners, 170 dentists, 3,811 nurses, 1,623 midwives, 746 pharmacists, and other health workers. The ratio of general practitioners is 22.08 doctors per 100,000 population, the number of midwives in 2020 was recorded at 1623 people, so the ratio to population is 56.35 midwives per 100,000 population. The number of nurses in 2020 was recorded at 3,811 people, so the ratio to population was 132.31 nurses per 100,000 population. The number of health and non-health workers in Bekasi Regency and the ratio can be seen in the following table. The worker with the lowest ratio is a sanitarian with a ratio of 2.1.

Performance Indicator

Indicator can be identified through number and distribution of doctor in hospital across Bekasi Regency. As for the distribution of doctors in Bekasi Regency can be seen in Table 2 and 3.

"... so far licensing performance is doing great, and the scope of doctor's permit is appropriate and has been registered in public health office..." (N4
)

In this process, permit that has been held or distributed by public health office since 2019 is transferred to DPMPTSP. Public health office only issued recommendation. During this transitional period, obviously there are many problems arising from each agency. Other than the problems that has existed prior to the pandemic, there are new problems arising during pandemic that causes the time needed to obtain a practice permit to be longer.

Table 2. Distribution of Doctors in Bekasi Regency

No	General Practitioner		Medical Specialist	
	Private Hospital	Government Hospital	Private Hospital	Government Hospital
Amount	689	39	1006	49
Total	728		1055	

Table 3. Amount of Health Worker in Bekasi Regency

No	Description	Amount
1	Total of active healthcare workers	2481
2	Total of active healthcare workers who have registration certificate	1930
3	Total of healthcare workers who have practice permit	1676

" ...the procedure of obtaining a practice permit should have been easier after it was taken over by PTSP. But in reality, it's the opposite because it took a long time to verify data..." (N3)

"...the problem is during offline procedure, we can check the administration files on site and inform the applicant if there are files missing, so in a way it is more efficient, in contrast when sending those administration files via e-mail, if there are files missing, it will take some time for us to receive e-mail back from the applicant..." (N2)

"...since we have redirected all inflow into one direction, it should have been faster, but in truth it took longer, and with e-mail we couldn't know where we stand in our procedural step..." (N9)

"...so far the problem is because we didn't know where we stand in our procedural step, unlike in Jakarta where there is an app so we can track our progress..." (N4)

Policy implementation performance is measured by the level of success and also policy measures and objectives that are realistic to the socio-culture that exists at the policy implementing level. When measurements and goals are too ideal (Utopian), then the policy will be difficult to implement. Van Meter and Van Horn have argued that to measure the performance of policy implementation of course by using certain standards and targets that must be achieved by policy implementers, policy performance is an assessment of the level of achievement of the standards and those targets.

By looking at the several obstacles faced by each agency regarding how to obtain a doctor's practice permit, it will of course have an impact on the policy's performance indicators. Obtaining a permit takes a long time and the processing process is unclear because we don't know where the permit processing process is.

Apart from that, as previously mentioned, there is a policy gap regarding regional autonomy which is under the Ministry of Home Affairs, but the regulation used is the Minister of Health Regulation. Meanwhile, the Ministry of Health explains that permits are issued by the Health Service by PMK No. 2052/MENKES/PER/X/2011 article 2 (2) SIP as referred to in paragraph (1) is issued by the Head of the District/City Health Service. This is of course in contrast to the Circular Letter of the Minister of Home Affairs No. 440/895/SJ concerning the Supervision of Licensing for Doctors and Dentists in

Regions, that the issuance and revocation of SIPs for doctors and dentists in Districts and Cities is carried out by the One Stop Investment and Integrated Services Service based on recommendations from the Health Service.

Another obstacle that happens is due to the gap in directions which are diverse from occasions within the field. With the OSS application which needs that all grants go through OSS, this cannot be done for permitting therapeutic practice licenses or other health worker practice licenses. If there are differences or gaps like this, the regulations used should be adapted to what is happening in the field, namely that the Health Service only issues Technical Recommendations, and the one that issues practice permits is the First Integrated Services Investment Service. Bekasi Regency applies this policy with no difference in the flow of processing a doctor's practice permit during a pandemic and not yet a pandemic. The only thing that has changed is the process of submitting application files to the DPMPTSP which previously could be done face to face, with the pandemic this has been made easier by email, but this Still experiencing problems, which will make things difficult for each agency.

Human Resource

A policy should be supported with an adequate resource, such as human resource, financial resource, and infrastructure. The adequacy of the quality and quantity value of the implementor can be seen from its human resources. Meanwhile, financial resources are the capital adequacy of a policy so that it can be implemented properly (Indiahono, 2009). In the practice permit licensing system experience a shortage in human resource during pandemic because there is reduction in working hour to process those permits. But it can be solved by taking care of the administration procedure via e-mail.

"...there were some difficulties in obtaining permit in 2021 because human resource shortage but it has been solved using e-mail..." (N1)

Other than that, sometimes policy implementer knows they have a shortage in human resource, but they can do nothing about it. Mostly it is because the agency are managed by the government that can't increase the number of employees freely, hence why they can only do their best with the current resource they had.

"...in here, doctor's permit is being taken care of by one people, and it's our medical committee secretary..." (N5)

From the human resource perspective, almost all informants state that there are differences in the need of human resource before and during Covid Pandemic. Each agency stated that the need of human resource varies according to the job and function of each agency. Just like how PTSP and public health office needed longer time. The same thing happened to PTSP Johar Baru Sub-District Office, admitting that it was overwhelmed in handling various licensing services that could be taken care of all-in-one door. Many complaints from the public about the slow service often make service bureau personnel roam around the PTSP environment (Harsono, 2019).

Policy implementation has the main resources, namely human resources consisting of policymakers and policy implementers (Puspitasari and Sri Pancawati Martinigsih, 2023). The failure that often occurs in policy implementation is inadequate human resources. Apart from that, the competence or expertise of the human resources themselves is also very necessary so that the policy runs as intended. In arranging the practice permit, human resources who work and dedicate themselves to arranging the doctor's practice permit are expected to understand and be able to understand the flow of obtaining a doctor's permit and the need for new innovations to improve the performance indicators for implementing this policy. In line with what is happening in the field, the processing of doctors' practice permits is carried out by individuals, not institutions, so it would be better if the doctor's permits were carried out by individuals, this will also reduce misperceptions of the relevant agencies. Because the hospital's true authority is to provide referral services, not to handle administration.

Clarity of Goal

Implementation of a policy is an important step in a public policy procedure. Policy as a result of political process needs to be translated into real action through the process of implementation so that it gives the wanted result and goal.

"...measurable achievement is when all doctors have their STR and SIP when they are doing a medical practice in a hospital." (N7)

Implicitly the implementer knows that the goal of those policy in the end is for patient safety.

"...understand, one of the goals is patient safety, making sure doctor that gives medical services to patient actually has practice permit. If a doctor has more than 3 practice place, I will be hard to adjust arrival time and reduces focus in treatment of patients as there are too many clinical practice places, there may be bound to be malpractice" (N3)

Policy objectives are very important. In line with the review of working hour regulations, medical error factors can be influenced by increased workload, increasing physician workload, including an increased number of patients, uneven distribution of doctors, higher complexity of patient diseases, and an increasing number of physician research projects (Baharuddin, Lefrandt and Santosa, 2017). Policy implementation will usually fail (frustrated)

when the executors (officials), are completely unaware of the standards and targets of policy objectives. Standards and policy objectives have a close relationship with attitudes towards implementers (implementors). The direction of the attitude (disposition) of the implementers (implementors) to standards and policy objectives is also something that is "crucial". Implementors may fail in realizing policies because they reject or do not understand the aims of a policy. In general, all agencies accept this policy, and good acceptance will of course influence the results of this policy. With implementers who can accept the goals, it will also influence the results of implementing the policy.

Accuracy and Consistency of Communication

Communication transmission is a communication distribution from one party to the other. A good distribution of communication can result in a good implementation. In medical practice policy, the implementation system involves online media because of the need to social distance during Covid Pandemic. Media used were e-mail and whatsapp. These can both be a positive and negative thing for the implementation. A positive because it can easily be done whenever and wherever needed, a negative cause often time there are issues in internet connection or misinpretation between employees of the same or different aggencies. In line with the study of the performance of the state civil apparatus in public services during the Covid-19 pandemic at the Sleman Regency Population and Civil Registration Office, services were hampered due to the Covid-19 pandemic (Sarel and Atmojo, 2021). Although the existence of this online service, according to the expressions of some people, this service is not fully reliable because to take care of the paperwork still has to come and wait a long time.

"...communication transmission can be done through internet, such as whatsapp, e-mail..." (N1)
"...one of the difficulties is there may be double communications or double perceptions between employees so there needs to be a discussion or a meeting..." (N5)
"...the difficulties are now we can only do it via e-mail, and there is no contact person available. Unless you have acquintance in those agencies that can give you answer about your permit progress..."

The goal of policy can be socialized to the policy implementer to avoid distortion of the policy. A clear procedure of policy is extremely important for policy implementer so that when those policy is being implemented, there are no mistakes resulting in loss. Communication is important in implementation. Successful implementation can be determined from effective communication. Effective

communication can occur if the decision makers understand what is being done and the implementers also understand what should be done in carrying out the implementation (Rokhmah and Anggorowati, 2017). Their knowledge of the depth of implementation can occur only if communication goes well. Policies must be communicated precisely, accurately, and consistently so that there are no misperceptions between policy implementers and the policymakers themselves.

Bureaucracy Structure

The implementation of bureaucratic reform has an important role in supporting the implementation of national development in the health division (Dora and Sulistiadi, 2019). Policy implementers require to be a competent person so that the implementation can be effective, resulting in no bias. Choosing the right person in the formation of bureaucracy structure is also very important.

"...all practice permit is done online, there are no special guideline other than PMK..." (N2)
"...guideline that is being used is only PMK..." (N1)

Fragmentation or distribution of responsibility has the goal of distributing task, workload, or events that needs to be done in implementing policy in accordance to each respective fields in hope that every policy implementer can do the job that correspond to each of their competence.

"...there are no changes in organizational structure before and after Covid, because the task remains the same, only needs additional workload..." (N1)

Common problems arising from bureaucracy fragmentation is that it is difficult to coordinate between units. Often time some tasks is being handled by one person, while the others didn't know the details of those work even if they are from the same division. Service management needs to be improved. Something similar happened to the licensing of a doctor's license to practice at DPMPTSP in the city of Pekanbaru that the results of category service satisfaction were quite good (Nengsih and Herman, 2018). It is necessary to improve the quality of service regarding this.

Understanding of Policy

There are three elements of response that can influence ability and willingness to implement a policy, one of them are cognition, comprehension and understanding of policy. Meanwhile the other is the direction of their response, whether it's an acceptance, neutrality, or rejection, lastly response of agency towards a policy.

"...implementation of those policy has been done well, especially in regional public hospital, that has been the role model of other hospital in Bekasi regency, if we did not obey it, imagine how other hospital will be..." (N3)

"...so far hospitals in Bekasi regency obey those policies, all of them are registered in public health office..." (N2)

"...our hospital obeys all policies, our general practitioners, sub specialist, and specialist has their permits in accordance to those policy..." (N5)

An understanding of the general intent of a standard and the policy objectives is important. Because, no matter how successful policy implementation is, it can fail (frustrated) when the implementers (officials) are not fully aware of policy standards and objectives. Direction of disposition of executors (implementors) against standards and policy objectives. The direction of disposition of executors (implementors) to standards and policy objectives is also something that is "crucial". Implementors may fail to implement policies because they reject the aims of a policy.

Response to Policy

Understanding the general meaning and goal of a standardized policy is important. Successful policy implementation cannot be done if officials do not fully understand it.

"...there is no resistance, if there is a policy from government of course we need to obey it, and the government must have thought about the policy carefully..." (N4)

"...the faster the better, if before we need 2 weeks to process, now we hope that it can be done in 3 days..." (N9)

"...for sub specialist and rare specialist, maybe there are some policies from the government to help the shortage in priortiy B private hospital..." (N8)

Widespread and deep acceptance of policy standards and objectives among those responsible for implementing the policy is a great potential for successful policy implementation. Ultimately, the intensity of the implementers' disposition (implementors) can influence the implementer (performance) policy. The lack or limited intensity of this disposition can cause policy implementation to fail (Hidayatullah and Noer, 2021).

Social Influence

The creation of environmental situation and condition of policy is needed to give it influence, even though the influence can be both positive and negative. Hence why, it is assumed that if people have a positive view of an policy it will result in a positive support that makes a successful policy implementation.

"...there are no changes in organizational structure before and after Covid, because the task remains the same, only needs additional workload..." (N1)

The final thing that needs to be considered to assess the performance of public implementation from the perspective offered by Van Meter and Van Horn (1975) is the extent to which the external environment contributes to the success of the public policies that have been established. A political, social, and economical environment that is not conducive can be the cause of failure in policy implementation performance. Therefore, efforts to implement policies must also pay attention to the conducive conditions of the external environment. This also happened in the implementation of the doctor's practice permit policy in Bekasi Regency, where social influences were very important in the implementation of the doctor's practice permit.

Political Influence

External environmental conditions that is not conducive can result in policy implementation failure. That is why we need to make them conducive so that policy implementation can be done successfully.

"...there is no influence between politic and the policy" (N1)

Unconducive politics can be the cause of failure in policy implementation performance. Therefore, efforts to implement policies must also pay attention to the conducive conditions of the external environment. The political process can be seen through the process carried out to make a decision which always involves various policy stakeholders who have an interest in a policy or decision to be taken. Politics has a big influence on implementation because the real impact of policy is one of them.

Economic Influence

Economy that is not conducive able tothe culprit of policy implementation failure. That is why to implement a policy we need to observe external environmental conditions.

"...economic influence is big, especially if there has been an agreement with BPJS that a doctor has to have SIP" (N1)

In the agreement with BPJS, document requirements are required, one of which is a doctor's license to practice (Mahendra and Inayah, 2019). A non-conducive economy can be the cause of failure

in policy implementation performance. Therefore, efforts to implement policies must also pay attention to the conducive conditions of the external environment. This centralized implementation of course has an impact on the economy.

Research Limitations

The permit application process takes a long time due to the pandemic so the number of employees at the relevant agency is limited, making the process take longer. Some informants are very difficult to contact because they do not respond when applying for a permit, so it takes longer.

CONCLUSION

The policy environment in implementing the medical practice permit policy in Bekasi Regency can be said to be good in several aspects, namely public support. The commitment and leadership skills of implementing officials are optimal in carrying out their respective main duties and functions and leading with two-way communication. Apart from that, there is also no influence from socio-economic and political aspects.

Author Contributions

EMS: conceptualization, data curation, funding acquisition, investigation, methodology, formal analysis, project administration, resources, supervision, software, validation, and visualization. FR, ATP, and SR: writing-original draft, writing-review & editing.

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