



# Reconstruction of Supervision of Health Profession Student Practice in Teaching Hospitals Following the Enactment of Law Number 17 of 2023 concerning Health

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**Abstract:** Regulatory reform through Law Number 17 of 2023 concerning Health brings changes to the system of guidance and supervision of medical and health workers in Indonesia. This change has an impact on the practice of health professions education in teaching hospitals, particularly regarding the mechanism for supervising students involved in clinical services. Legally, health professions students do not yet have the authority to practice independently, but in fact they participate in service actions under supervision. This condition creates a complex legal relationship between students, clinical supervisors, educational institutions, and hospitals, especially when patient safety incidents occur. This study is a normative legal research with a statutory and conceptual approach. Primary and secondary legal materials are analyzed qualitatively through legal interpretation to identify normative gaps and inconsistencies in regulations regarding the supervision of student practice in teaching hospitals. The results show that although Law Number 17 of 2023 concerning Health emphasizes the importance of guidance and supervision of health workers, regulations regarding student practice have not been formulated explicitly. This normative gap has the potential to create legal uncertainty regarding the limits of action authority, supervision standards, and the construction of legal accountability. Therefore, it is necessary to reconstruct supervision by affirming the limits of competence-based authority, strengthening active and documented supervision, and establishing more specific implementing regulations to ensure legal certainty and patient protection.

**Keywords:** Health Profession Students; Legal Responsibility; Patient Safety; Supervision; Teaching Hospitals.

## 1. Introduction

The reform of health regulations through Law No. 17 of 2023 concerning Health marks a new chapter in the restructuring of the national health system (Widjaja, 2023). This law not only integrates various previous regulations but also reaffirms the importance of service quality, patient safety, and accountability in the provision of healthcare services (Thyness et al., 2022). These changes undoubtedly impact all elements of the health system, including teaching hospitals, as institutions that provide both service and clinical education for health profession students (Abdillah et al., 2025).

Teaching hospitals have distinct characteristics from general hospitals. In addition to providing services to the community, these institutions serve as places for health professions students to gain direct clinical experience under supervision (Adnan et al., 2023). This educational function was previously recognized in Law Number 44 of 2009 concerning Hospitals. However, in practice, student involvement in clinical procedures often raises legal issues, particularly when incidents impact patients. This situation necessitates clear, systematic, and legally sound oversight arrangements (Widagdo & Arie Mangesti, 2024) (Ridlo, Sofiana, et al., 2025).

Normatively, health professions students are not healthcare professionals with independent authority. However, during their clinical education, they participate in medical services with a certain level of involvement. This "in-between" position creates

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legal vulnerabilities (Lovinska et al., 2025). When alleged negligence or procedural errors occur, the question of who should be held responsible becomes complex (Bachriani & Wardhani, 2022). Does the responsibility rest with the student as the person performing the action, with the lecturer or clinical supervisor, with the educational institution, or with the hospital as the service provider? This unclear construction of responsibility has the potential to create legal uncertainty and conflict in the resolution of medical disputes (Wicaksono, 2025).

Following the enactment of Law No. 17 of 2023 concerning Health, the restructuring of the medical and healthcare workforce system has had consequences for the development and supervision model (Anugrah Sari et al., 2022). However, regulations specifically governing the oversight mechanism for the practice of healthcare professional students in teaching hospitals have not been explicitly and comprehensively formulated (Thahir & Tongat, 2024). This situation indicates a need for further research to reexamine the existing oversight model and formulate a more adaptive reconstruction to current developments in healthcare law (Sakti & Nugroho, 2025).

The enactment of Law Number 17 of 2023 concerning Health (the Omnibus Health Law) brought significant changes to the governance of health profession education and practice in Indonesia. Although aimed at integrating the system, this transition created several normative gaps (legal gaps) and legal uncertainty in the regulation of clinical supervision for health profession students (co-ass/residents/young nurses). The following are the main normative gaps in the regulation of clinical supervision after Law No. 17 of 2023: 1) Unclear Limits of Student Clinical Privilege. For example, the 2023 Health Law focuses on simplifying STR to be lifetime and strengthening independent health worker practice, but does not regulate in detail the limits of independent actions of professional students compared to actions that must be supervised. 2) Shifting Legal Responsibility (Liability) during Supervision, namely Article 193 of Law No. 17/2023 emphasizes legal responsibility on health service facilities (Fasyankes) for health worker negligence. 3) Uncertainty of the Role of Collegium and Professional Education Standards, namely Law No. 17/2023 changes the role of the collegium which was previously autonomous (under professional organizations) to be under the Council/Ministry of Health. 4) Weak Legal Protection for Students in Supervision, namely the Focus of legal protection (Article 273) is more directed at Medical Personnel and Health Workers who already have STR/SIP. 5) The Need for Incomplete Derivative Regulations, namely the 2023 Health Law revokes many old laws (Nursing, Midwifery, Hospitals) (Thahir & Tongat, 2024).

In Law No. 17 of 2023 concerning Health, the regulation of clinical practice supervision for health profession students is highly relevant to the principles of due diligence, legal responsibility, and patient protection. This aims to ensure patient safety and the competence of future healthcare professionals. The relevance of these three principles is as follows: Due Diligence: This law emphasizes the importance of continuous mentoring and monitoring of students practicing (supervision). Healthcare facilities and clinical supervisors are required to ensure that students only perform actions in accordance with their level of competence and applicable standard operating procedures (SOPs), to avoid malpractice. Legal Liability: Law No. 17 of 2023 emphasizes that if negligence occurs in clinical practice, legal responsibility can be imposed not only on the student but also on the clinical supervisor or healthcare facility (hospital/community health center) that failed to provide supervision (the doctrine of corporate liability or joint and several liability). Patient Safety: The primary focus of supervision in this law is to ensure that healthcare services provided by students do not harm patients. Patients have the right to be informed that the procedure is being performed by a student and to have their physical safety guaranteed by a medical/health professional who is fully responsible. Therefore, clinical supervision is a crucial legal instrument in the new Health Law to balance the educational needs of students with patient safety.

From a health law perspective, student practice supervision should not be understood solely as an administrative obligation, but rather as part of a legal protection system for patients and a risk management instrument for hospitals (Alhumaid & Said, 2025). The precautionary principle, the principle of responsibility, and the concept of vicarious liability are relevant for analysis to clarify the relationship between authority and responsibility between parties (Rahman & Sapsudin, 2025). Administrative and civil law approaches can be used to develop a more comprehensive analytical framework (Arifin & Yustitianoingtyas, 2020).

Based on this description, this article aims to review the construction of supervision of health professions student practice in teaching hospitals following the enactment of Law Number 17 of 2023 concerning Health and to propose a reconstruction model that provides legal certainty, strengthens patient protection, and clarifies the division of responsibilities among the legal entities involved. Therefore, this paper is expected to provide academic contributions to the development of health law as well as normative recommendations for policymakers and health education institutions.

## 2. Materials and Methods

This research is a normative legal study focusing on the legal norms and regulations related to the supervision of health professions students' practice in teaching hospitals following the enactment of Law Number 17 of 2023 concerning Health. This study aims to examine the appropriateness, gaps, and potential inconsistencies in these regulations that impact legal certainty and patient protection.

The approaches used include a legislative approach and a conceptual approach. The legislative approach is carried out by reviewing relevant regulations, including Law Number 17 of 2023 concerning Health, Law Number 44 of 2009 concerning Hospitals, and Law Number 12 of 2012 concerning Higher Education. Meanwhile, the conceptual approach is used to analyze the principles of legal responsibility, prudence, and patient protection in healthcare practices.

The legal materials used consist of primary, secondary, and tertiary legal materials obtained through literature studies. All materials were analyzed qualitatively using legal interpretation and legal argumentation methods to formulate a clearer, more systematic, and more certain model of supervisory reconstruction.

The selection of legal sources in a normative study of student clinical practice in a teaching hospital meets the criteria of authority, relevance, currency, and validity. In a normative legal study, legal materials are divided into three main categories to analyze applicable legal norms, principles, and regulations.

## 3. Results and Discussion

The results of the normative review in this study indicate that the clinical practice of health professions students in teaching hospitals is in a complex legal position. Legally, students do not yet have the authority to practice independently because they do not have a Registration Certificate (STR) or Practice Permit (SIP) (Rahman & Sapsudin, 2025). Therefore, their involvement in clinical services remains dependent on the supervision of authorized health professionals (Candido et al., 2023). This aligns with the finding that the legal relationship between students, clinical supervisors (DPJP), educational institutions, and hospitals has implications for legal liability in the event of service errors (Dahlan, 2025).

The reconstruction of health professions student practice supervision following the enactment of Law No. 17 of 2023 concerning Health requires a shift from the traditional model to an integrated, competency-based supervision model (clinical-academic partnership). The goal of this reconstruction is to clarify the boundaries of authority (what students may and may not do) and legal responsibility (who bears the risk in the event of negligence) between students, clinical preceptors, and educational institutions.

Student clinical supervision is closely related to patient safety. A recent systematic review demonstrated that effective clinical supervision practices improve patient safety,

reduce complications, and enhance the quality of care (Gresfullah et al., 2023). Furthermore, a qualitative study found that students' sense of psychological safety during supervision influences their engagement in clinical practice, which is directly related to learning effectiveness and patient safety (Thyness et al., 2022).

In the context of health law, Law Number 17 of 2023 concerning Health emphasizes the importance of guidance and supervision, but does not specifically regulate the supervision mechanism for student practice in teaching hospitals (Hasibuan et al., 2025). Consequently, a normative gap remains regarding the limits of student authority and the supervisory standards that must be applied (Lovinska et al., 2025). This lack of clarity has the potential to create legal uncertainty, as hospitals, educational institutions, and supervising healthcare professionals may face interrelated accountability demands (Thahir & Tongat, 2024).

Another problem lies in the lack of internal standardization regarding the limits of student clinical practice (Yuriah et al., 2023). Studies in various clinical education contexts have shown that limitations on student authority, when not clearly defined in SOPs or academic guidelines, potentially increase the risk of actions beyond competence and risk patient safety (Nurdin & Asmar, 2022). Empirical research in clinical obstetrics also shows that unclear limits of authority can pose medical risks if procedures are performed without close supervision (Ridlo et al., 2024).

Furthermore, ethical and safety culture factors also significantly influence the effectiveness of clinical supervision (Ridlo, Arsila, et al., 2025). Research in medical education programs demonstrates a strong need for preventive and corrective efforts to create a culture that respects safety and ethics, as weak oversight systems are often associated with bullying and professionalism risks (Lovinska et al., 2025)<sup>10</sup>.

These conditions indicate that the reconstruction of supervision needs to focus on three main aspects: (1) affirming the limits of student clinical action authority based on competency and educational stage, (2) strengthening standards for active and documented supervision by licensed healthcare professionals, and (3) establishing implementing regulations for Law Number 17 of 2023 concerning Health that specifically regulate student practice in teaching hospitals (Beatrice Anastasya Secillia A. et al., 2025). This approach not only strengthens legal certainty but also supports patient safety, effective student learning, and hospital institutional responsibility (Anugrahsari et al., 2022). Furthermore, the legal relationship between clinical supervision and institutional responsibility is emphasized by the theory of institutional responsibility, which requires hospitals to ensure a safe supervision program that meets professional standards (Nurdin & Asmar, 2022). This approach aligns with recommendations in the international literature that emphasize expanding clinical development through structured and ongoing supervision practices to improve service quality and patient safety (Pool et al., 2024).

In the context of Law Number 17 of 2023 concerning Health, the relationship between safety culture, professional ethics, and the clinical supervision system forms a crucial systematic whole to minimize the risk of medical errors and improve service quality. These three elements support each other as a preventive measure against malpractice: 1) Safety Culture as the Foundation. A work environment that prioritizes patient safety, information transparency, and learning from mistakes, rather than a no-blame culture. Relationship to Law 17/2023: This law encourages hospitals to implement risk management inherent in service operations. A strong safety culture ensures healthcare workers are willing to report near-misses to prevent fatal errors. 2) Professional Ethics as a Guide to Behavior. Healthcare workers' compliance with professional standards, service standards, and codes of ethics. Relationship to Law 17/2023: This law emphasizes that legal protection for healthcare workers is provided as long as they act in accordance with professional standards and ethics (Article 273). Professional ethics ensure that medical actions are based on legitimate competence, thereby reducing the risk of malpractice due to negligence. 3) The Clinical Supervision System as a Supervisory Bulwark. This is an oversight mechanism by senior healthcare

workers or medical committees over junior healthcare workers or those undergoing internships. Relationship to Law 17/2023: Law 17/2023 strengthens the role of healthcare facilities in clinical supervision to ensure patient safety, including through credentialing (competency assessment). Strict clinical supervision ensures healthcare workers act within their competence (without over-delegation), which is often a cause of medical errors.

The relationship between these three elements in Health Law 17/2023 works as follows: Clinical supervision (technical bulwark) ensures healthcare workers work in accordance with Professional Ethics (standard guidelines). A Culture of Safety (environment) creates transparency if supervision or ethical standards are violated, so that corrections can be made before patient harm occurs. These three elements shift the focus from mere punishment (repressive) to prevention and continuous quality improvement, which aligns with the spirit of improving healthcare facility governance as outlined in Law No. 17 of 2023. Thus, strengthening these three aspects will increase the legality of health facilities and health workers, while simultaneously reducing the number of patient safety incidents.

#### 4. Conclusions

Based on the analysis, it can be concluded that the clinical practice of health professions students in teaching hospitals has complex legal consequences. Although students do not yet have the authority to practice independently, their involvement in healthcare services places them in a legal relationship involving clinical supervisors, educational institutions, and hospitals as service providers. In this context, supervision is not merely an academic aspect, but also part of the legal protection and risk management system for healthcare services.

The enactment of Law No. 17 of 2023 concerning Health has strengthened the general framework for the development and supervision of healthcare workers, but it does not specifically regulate the oversight mechanism for professional student practice in teaching hospitals. This regulatory gap has the potential to create legal uncertainty, particularly regarding the limits of student authority and the construction of accountability in the event of a patient safety incident.

Therefore, a reconstruction of student practice supervision is necessary, including defining the boundaries of authority based on competency level, strengthening active and documented supervision standards, and establishing a clear division of responsibilities between hospitals and educational institutions. Further regulation through implementing regulations is urgently needed to ensure legal certainty, protect patients, and provide proportional protection for students in their clinical education.

With this reconstruction, the student practice monitoring system in teaching hospitals is expected to not only fulfill administrative compliance aspects, but also be able to strengthen patient safety and the integrity of health profession education within the framework of national health law.

The main legal implication of the regulatory gap regarding the supervision of clinical practice of health profession students in Law Number 17 of 2023 concerning Health is the need for immediate and detailed derivative regulations (Government Regulations/Minister of Health Regulations) to define the limits of authority, supervision mechanisms, and collective legal responsibilities between health facilities and educational institutions to protect both students and patients.

Based on Law Number 17 of 2023 concerning Health, the legal policy direction needed to clarify the relationship of responsibility between teaching hospitals and educational institutions in student clinical practice must focus on the integration of service and educational functions, clear division of legal risks, and affirmation of competency and supervision standards.

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