

Analysis of Policy and Politics in Education within Medical Education Programs at Private Universities in Indonesia

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ABSTRACT

Medical education in Indonesia has experienced rapid development, marked by an increasing number of private universities opening medical study programs. However, this dynamic is inseparable from the influence of national policies and higher education politics. This article analyzes how national policies and political dynamics affect the existence, quality, and governance of medical education in private universities. The approach used is policy document analysis and literature review. The results show that government regulations, particularly Law No. 20/2003, Law No. 12/2012, and Minister of Health Regulation No. 24/2020, play a significant role in the establishment and development of medical study programs. However, political pressure, institutional competition, and higher education liberalization pose challenges to graduate quality and equitable access. Recommendations include enforcing quality standards, strengthening the accreditation system, and collaborative governance between the state and private institutions.

Keywords: education policy, higher education politics, Indonesia, medical education, private universities

INTRODUCTION

Medical education is one of the strategic sectors in the higher education system because it is directly related to meeting the demand for healthcare professionals and improving national health services. In Indonesia, medical education has expanded not only in public universities but also in private universities. This phenomenon has led to new challenges in quality governance, equitable access, and academic integrity.

Private medical education often becomes a focal point of public discourse, especially concerning high costs, graduate quality, and the involvement of political actors in the establishment and accreditation processes. Therefore, policy and political analysis is highly relevant for understanding the dynamics that shape the landscape of medical education in Indonesia's private sector.

LITERATURE REVIEW

Higher Education Policy in Indonesia

Higher education policy is regulated under various regulations, including:

- a) Law No. 20 of 2003 on the National Education System emphasizes the importance of quality and equitable education.
- b) Law No. 12 of 2012 on Higher Education provides flexibility for private institutions to develop study programs according to societal needs.
- c) Minister of Health Regulation No. 24 of 2020 on the Implementation of Medical Education, which governs collaboration between medical faculties and teaching hospitals.

Education, Politics, and Privatization

According to Rizvi & Lingard (2010), higher education politics reflect a contest of interests among the state, market, and civil society. In Indonesia, the growth of private universities has been driven by education liberalization policies but has also opened space for commercialization and local political interests (Rosser, 2016). Rosser (2016) explains that higher education liberalization in Indonesia has allowed private capital and local political interests to enter the education sector. In some cases, private universities have become vehicles for local political elites, using medical faculties as symbols of prestige and economic gain. Rizvi & Lingard (2010) highlight how political and market dynamics interact to shape education policies, including institutional establishment, resource allocation, and quality control.

Quality of Medical Education

The quality of medical education refers to the entire process, outputs, and outcomes of an educational system capable of producing physicians with professional competencies, ethics, and clinical skills in line with national and international standards. According to the World Federation for Medical

Education (WFME), the quality of medical education encompasses learning processes, curriculum, teaching staff, facilities, and evaluation systems designed to ensure graduates are competent and ready to practice medicine responsibly (WFME, 2015). A study by Susilo et al. (2019) indicates that the main challenges in private medical education include limited resources, accreditation of teaching hospitals, and compliance with the Indonesian Medical Competency Standards (SKDI).

Growth of Private Medical Education

The growth of private medical education in Indonesia is part of a broader trend of expanding higher education access influenced by education liberalization policies, demand for physicians, and public expectations for health services. The autonomy policy for higher education, introduced through Law No. 12 of 2012 on Higher Education, allows private institutions to offer medical study programs, provided they meet national standards and accreditation requirements set by the Ministry of Education, the Ministry of Health, and LAM-PTKes. According to LAM-PTKes data, more than 50% of medical education institutions in Indonesia are now private. However, only a small portion has principal teaching hospitals that meet national accreditation standards (LAM-PTKes, 2023).

Based on KKI data (2022), there have been over 30 new medical faculties established since 2005, most of them in the private sector, concentrated in major cities and regional education centers. Susilo et al. (2019) note that clinical learning quality in private institutions is often suboptimal due to limited facilities and permanent specialist staff. This growth has positively impacted and widened access to medical education, but also raised several challenges:

- a) Uneven Education Quality: Some private institutions face limitations in human resources (permanent clinical teaching staff), facilities, and principal teaching hospitals.
- b) Higher Education Costs: Private medical education is generally expensive, which can reduce equitable access (Susilo et al., 2019).
- c) Concerns About Quality Standards: Some private medical faculties are established with local political support or foundation backing without long-term planning for academic quality.

Political Intervention Patterns in the Establishment of Private Medical Faculties

Rosser & Fahmi (2018) identify political intervention patterns, including:

- a) Political lobbying of the Ministry of Education and the Ministry of Health.
- b) Use of local political actors to expedite the licensing process.
- c) Profit-based student quota approaches, rather than merit-based selection.

Governance and Accreditation Challenges

Accreditation of private medical study programs often faces two main issues:

- a) Teaching hospital support (many are still in partnership status, not principal teaching hospitals).
- b) Low ratio of permanent teaching staff according to SKD and SKDI requirements.

According to Handoyo (2020), many institutions cannot meet the indicators for superior accreditation due to limited human resources, lack of permanent clinical staff, and weak internal quality assurance systems.

METHOD

This research uses a qualitative approach with policy document analysis and literature review methods. Data sources consist of:

1. Government policy documents (Laws, Government Regulations, Minister of Health Regulations, Minister of Education Regulations)
2. LAM-PTKes accreditation reports
3. Scientific publications and evaluation reports from the Ministry of Health and the Ministry of Education
4. Relevant journal articles on medical education and education politics

The selection criteria for sources are based on direct relevance to the research topic, with no limitation on publication year. The search process was conducted in several steps, including searching databases such as Google Scholar, JSTOR, PubMed, and Scopus. After the initial search, screening was done based on abstracts and summaries to identify articles meeting the selection criteria. After collecting relevant literature, the analysis involved categorizing selected articles by theme and subtopic to facilitate information synthesis, followed by synthesizing results by comparing findings from various studies, identifying patterns, similarities, and differences. Each source was also evaluated to identify strengths and weaknesses in the methodologies used by previous researchers. By using a comprehensive literature review, the researcher could evaluate connected study results and highlight patterns. Data were analyzed thematically with a focus on three main aspects: (1) policy regulations, (2) political influences, and (3) quality governance challenges.

RESULTS AND DISCUSSION

Role of Policy in Establishing Private Medical Programs

Government policies provide opportunities for the private sector to contribute to medical education. However, the complex, multi-stage licensing process (involving the Ministry of Education, the Ministry of Health, and LAM-PTKes) is often vulnerable to political and bureaucratic interests (Handoyo, 2020).

Commercialization and Political Intervention

Many private universities establish medical study programs as a branding strategy and main revenue source. This creates a situation where the education process is more profit-oriented than social-professional mission-driven. Local political elite interventions have also been noted in some cases of establishing medical faculties that do not meet national standards (Rosser & Fahmi, 2018).

Quality and Access Challenges

The main challenges in private medical education include:

- a) Limited human resources: Not all private medical faculties have permanent teaching staff with specialist qualifications.
- b) Unaccredited teaching hospitals: Affecting students' clinical learning experience.
- c) Inefficient national recruitment system: Private medical student selection still tends to rely on financial capability rather than academic merit (Susilo et al., 2019).

CONCLUSION

Medical education in Indonesia's private universities has grown in a complex landscape filled with various interests. State policies that allow privatization of higher education open opportunities for innovation but also pose risks of commercialization and quality degradation. Political influences in the licensing, accreditation, and internal governance processes are critical issues that need joint oversight.

Recommendations include:

- a) Enforce regulations based on quality evaluation, not political interests.
- b) Strengthen collaboration between medical faculties, teaching hospitals, and regulators.
- c) Reform student selection to be more equitable and merit-based.
- d) Improve faculty capacity and establish a stringent, transparent accreditation system.

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