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Placement of Specialist Physicians in Indonesia's Primary Health Centers: Policy Challenges and Reconstruction Strategies

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ABSTRACT
Community Health Centers (*Pusat Kesehatan Masyarakat*, or Puskesmas), as primary healthcare facilities, play a strategic role as gatekeepers within Indonesia's national health system. However, the regulatory framework governing the placement of specialist physicians in Puskesmas has not been explicitly accommodated in existing health policies. This study aims to analyze the legal framework for the placement of specialist physicians in Puskesmas, identify structural, juridical, and implementation-related constraints, and formulate directions for a more adaptive and equitable policy reconstruction. This research employs a normative-empirical legal approach using qualitative methods. Data were collected through interviews with key stakeholders in the Special Capital Region of Jakarta (DKI Jakarta) and through a review of relevant legislation, policy documents, and scholarly literature. The data were analyzed using a descriptive-analytical approach. The findings reveal that the placement of specialist physicians in Puskesmas faces systemic challenges, including regulatory gaps, policy ambiguity, limited resources, and the absence of a coherent policy architecture to support the equitable distribution of medical personnel. Nevertheless, empirical evidence indicates that the presence of specialist physicians contributes significantly to improving diagnostic quality, enhancing the efficiency of the referral system, and strengthening public trust in primary healthcare services in Indonesia.

Keywords: specialist physicians; primary healthcare centers; Puskesmas; health policy; primary care; service quality

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INTRODUCTION

The right to health constitutes a fundamental component of human rights. It is globally recognized in the Universal Declaration of Human Rights and constitutionally guaranteed in Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia. Within the national legal framework, the state's obligation to provide adequate, equitable, and high-quality healthcare services is further affirmed by Law Number 17 of 2023 on Health. This law positions the state as the principal actor responsible for ensuring public access to safe, quality, and equitable healthcare services. In the context of the national health system, Community Health Centers (*Pusat Kesehatan Masyarakat*, or Puskesmas) occupy a strategic position as primary healthcare facilities and function as the frontline gatekeepers in health service delivery (Putri Amanda et al., 2024; Syah et al., 2015).

Amid increasingly complex social dynamics, the demand for healthcare services has grown both in volume and in the complexity of cases. Advances in medical technology, shifts in disease patterns, and rising public expectations regarding the quality of healthcare services require a more responsive and adaptive service delivery system. However, these developments have not been fully accompanied by a regulatory framework capable of comprehensively responding to evolving healthcare needs (Putri Amanda et al., 2024). One indication of this gap is the absence of explicit

regulatory provisions concerning the placement of specialist physicians in Puskesmas. In practice, however, the need for specialist services at the primary healthcare level continues to increase, particularly in the management of cases requiring more specific medical expertise. The absence of such regulatory provisions may create legal uncertainty and hinder efforts to optimize the quality of primary healthcare services.

From a regulatory perspective, the governance of Puskesmas has undergone significant changes, particularly through the transition from Minister of Health Regulation Number 43 of 2019 to Minister of Health Regulation Number 19 of 2024 concerning the Administration of Community Health Centers. This shift reflects the government's effort to strengthen the role of Puskesmas within the national health system. Whereas Puskesmas were previously oriented primarily toward promotive and preventive functions, the latest regulation expands their scope of services to include promotive, preventive, curative, rehabilitative, and/or palliative care. Normatively, this expansion indicates a broader responsibility for Puskesmas in delivering more comprehensive healthcare services to the public. However, the expansion of functions has not been accompanied by adequate strengthening of health human resources, particularly with regard to the regulation of specialist medical personnel (Husein, 2024; Safa Marwa, 2021).

In practice, various challenges remain in the provision of primary healthcare services in Indonesia. Although service standards have been established through statutory regulations, their implementation often falls short of normative expectations. Limitations in human resources, unequal distribution of healthcare personnel, and inadequate infrastructure constitute major factors contributing to the gap between regulatory standards and actual service delivery (Attriani, 2022; Herman & Hasanbasri, 2008; Husein, 2024). This condition has resulted in the suboptimal achievement of the primary objective of the national health system, namely the realization of equitable and just healthcare services for all members of society.

These issues have become increasingly complex following the implementation of the National Health Insurance program, which since 2014 has required all healthcare facilities, including Puskesmas and hospitals, to provide optimal healthcare services for participants. On the one hand, the program has expanded public access to healthcare services; on the other hand, it has also generated a substantial service burden, particularly for hospitals as referral facilities (Attriani, 2022). This condition indicates that the role of Puskesmas as primary healthcare providers has not been fully optimized in managing cases that should, in principle, be resolved at the primary care level (Attriani, 2022; Syah et al., 2015). In this regard, strengthening the capacity of Puskesmas has become an urgent necessity, including through the enhancement of available medical personnel.

Within the framework of health law, the provision of services at Puskesmas must adhere to the principles of responsibility, safety, quality, equity, and justice. Accordingly, Puskesmas are required to meet various standards, including the availability of adequate health human resources. Existing regulations classify medical personnel in Puskesmas into several categories, including primary care physicians, general practitioners, and dentists (Attriani, 2022). However, these regulatory provisions do not explicitly include specialist physicians as part of the medical personnel structure in Puskesmas. This omission indicates an inconsistency with the

broader recognition of specialist physicians as an integral component of the medical workforce.

Empirically, the involvement of specialist physicians in healthcare services at Puskesmas is not entirely new. In several cases, specialists have participated through cooperation schemes or specific assignment mechanisms. For example, the placement of specialist physicians in Puskesmas in Jakarta in 2013 demonstrated positive outcomes, particularly in significantly reducing hospital referral rates (Anis Rifatul Ummah, 2014). This suggests that the presence of specialist physicians at the primary care level can enhance the capacity of Puskesmas to manage more complex cases, thereby reducing the burden on higher-level healthcare facilities. Nevertheless, such involvement has not yet been systematically regulated within the existing legal framework, resulting in legal uncertainty and potentially hindering the sustainability of this policy (Anis Rifatul Ummah, 2014).

This issue becomes increasingly relevant when examined in the context of Jakarta as the research site. As a metropolitan area, Jakarta is expected to possess greater capacity for healthcare service provision than many other regions (Raynard Kristian Bonanio Pardede, 2023). However, empirical data indicate a situation that does not fully correspond with this expectation. According to the Indonesia Health Profile 2023, Jakarta ranks 34th out of 38 provinces in terms of the ratio of Puskesmas to sub-districts (Kementerian Kesehatan Indonesia, 2023). This suggests that public access to primary healthcare facilities remains limited despite the region's advantages in infrastructure and resources. Furthermore, the ratio of medical personnel in Puskesmas remains relatively low in relation to population size, which may affect the quality of services provided.

Moreover, the presence of specialist physicians in Puskesmas in Jakarta has not been formally recorded, despite the fact that, in practice, specialists are involved in providing healthcare services in these facilities. This condition reflects a gap between healthcare service needs, the existing regulatory framework, and the availability of medical personnel. From the perspective of legal certainty theory, such regulatory ambiguity may hinder the effectiveness of the healthcare system because it fails to provide clear guidance for service providers and medical professionals (Rahardjo, 2012). From the standpoint of distributive justice, the unequal distribution of medical personnel may also generate disparities in access to quality healthcare services (Sapsudin et al., 2025).

Based on these issues, this study aims to analyze the legal framework governing the placement of specialist physicians in Puskesmas, identify structural, juridical, and implementation-related constraints, and formulate a policy model capable of bridging the gap between normative provisions and actual practice. Through this approach, the study is expected not only to provide a comprehensive understanding of the challenges surrounding the placement of specialist physicians in primary healthcare services but also to offer a more adaptive, equitable, and implementable policy framework.

METHOD

This study employs a normative-empirical legal approach, also referred to as applied legal research, which integrates the analysis of positive legal provisions with the empirical realities of their implementation in practice (Audina Sukmawan & Damayanti, 2025). The study is descriptive-analytical in nature and applies qualitative methods (Miles et al., 2014; Siswanto & Syafi, 2023) to examine how regulations concerning the placement of medical personnel, particularly specialist physicians, are implemented in primary healthcare services.

The research was conducted in six Puskesmas in the Special Capital Region of Jakarta, purposively selected based on service performance as reflected in public assessments. These Puskesmas include Pulogadung, Kebayoran Baru, Matraman, Pancoran, Kembangan, and Koja. The data consist of both primary and secondary sources. Primary data were collected through semi-structured interviews with eleven key informants, including representatives of local government, such as sub-district heads, and leaders of healthcare facilities, particularly heads of Puskesmas. Informants were selected based on their strategic roles, direct involvement, and knowledge of the research issue.

Secondary data were obtained through a review of statutory regulations, policy documents, and relevant scholarly literature. Data analysis was conducted qualitatively through data reduction, thematic categorization, conclusion drawing, and source triangulation to ensure the validity and consistency of the findings.

Results And Discussion

1. Structural, Legal, and Implementation Constraints

The findings of this study indicate that the obstacles to the placement of specialist physicians in Puskesmas are not isolated but interrelated, forming a complex policy challenge. These obstacles can be categorized into three main dimensions: structural, legal, and implementation-related constraints. Together, these dimensions create what public policy literature describes as a wicked problem (Rittel & Webber, 1973). Such problems cannot be resolved through a single form of policy intervention because their roots extend across regulatory design, institutional capacity, and implementation practices in the field (interview, December 2025). In the Indonesian context, this condition reflects the absence of a sufficiently coherent policy architecture to support the systematic distribution of specialist physicians to primary healthcare facilities.

In the structural dimension, the national healthcare system continues to position specialist physicians primarily within secondary and tertiary healthcare services, particularly hospitals (interview, December 2025). As a consequence, the distribution of specialist physicians remains concentrated in advanced healthcare facilities, while Puskesmas, as the frontline institutions of primary healthcare, have not been prioritized as placement sites for specialist medical personnel (FGD, December 2025). This condition is influenced by the limited number of specialist physicians at the national level and their unequal distribution across regions (Kementerian Kesehatan Indonesia, 2023). In addition, the capacity of Puskesmas to provide supporting facilities for specialist services, such as diagnostic equipment and standardized service rooms, remains limited (interview, December 2025). These findings indicate

that structural barriers are not limited to the availability of human resources but also include the readiness of infrastructure and other supporting systems.

In the legal dimension, the findings reveal a significant gap between normative mandates and operational instruments. Law Number 17 of 2023 on Health provides a strong normative foundation for the equitable distribution of healthcare workers as part of the fulfillment of the right to health. However, this law has not yet been accompanied by technical regulations that specifically govern the mechanism for placing specialist physicians in Puskesmas. The absence of such technical regulations creates both a legal gap and a policy gap (Audina Sukmawan & Damayanti, 2025; Ekawati et al., 2017; Sapsudin et al., 2025), whereby general legal norms are not supported by clear operational instruments for implementation. As a result, policy implementation at the regional level depends heavily on the interpretation of each local government, which ultimately produces variation and inconsistency in implementation.

This situation is further reinforced by Minister of Health Regulation Number 19 of 2024 concerning the Administration of Community Health Centers. Although this regulation expands the functions of Puskesmas to include curative and rehabilitative services, it does not explicitly position specialist physicians as part of the core medical workforce. In practice, specialist physicians are positioned as optional additional personnel. This policy has significant implications because local governments do not have a strong legal obligation to provide specialist physicians in Puskesmas (Anis Rifatul Ummah, 2014; Attriani, 2022; Husein, 2024). Moreover, the lack of clarity regarding their position affects planning for medical personnel needs, budget allocation, and the development of service capacity at the Puskesmas level.

From an implementation perspective, this study finds that the emerging barriers derive not only from regulatory limitations but also from resource constraints and institutional capacity. One major obstacle is budget limitation, particularly within the Regional Public Service Agency (*Badan Layanan Umum Daerah*, or BLUD) financing scheme, which is not yet able to accommodate the recurring costs required for the placement of specialist physicians. In addition, the limited availability of diagnostic facilities and other supporting infrastructure in Puskesmas hinders the provision of specialist services. In this context, although the need for specialist physicians in the field is substantial, the capacity of Puskesmas to accommodate them remains limited (interview, February 2026).

The interviews further reveal that, in several cases, the presence of specialist physicians in Puskesmas is temporary or based on cooperation with hospitals or educational institutions. This pattern reflects adaptive efforts at the local level to overcome existing constraints, but it cannot yet be considered a systematic and sustainable solution. Reliance on informal or ad hoc mechanisms reinforces the indication that the existing policy system is unable to provide a stable and integrated framework for the placement of specialist physicians in primary healthcare services.

From a public policy perspective (Rahardjo, 2012), this situation indicates that the placement of specialist physicians in Puskesmas is a multidimensional issue requiring a comprehensive policy approach. Regulatory reform alone is insufficient. It must be accompanied by institutional restructuring, adequate financing mechanisms, and an integrated healthcare workforce distribution system (Ayuningtyas et al., 2018; Ekawati et al., 2017). Without integration across these dimensions, the resulting policies may be ineffective and difficult to implement.

Therefore, this study emphasizes the importance of multidimensional policy reconstruction. Such reconstruction should begin with the strengthening of the legal framework that explicitly regulates the position and role of specialist physicians in Puskesmas, thereby providing legal certainty for all stakeholders. In addition, adjustments to the organizational structure of Puskesmas are required to accommodate specialist services as part of the expanded primary care function. In this regard, a regional differentiation approach may serve as an appropriate strategy, whereby the obligation to provide specialist physicians is tailored to the needs and characteristics of each region (Herman & Hasanbasri, 2008).

Financing must also become a central component of policy reconstruction. Affirmative financing schemes are needed to support the placement of specialist physicians, either through central and regional government budgets or through integration with the National Health Insurance financing system (Herman & Hasanbasri, 2008; Syah et al., 2015). Without adequate financial support, the formulated policies may not be implemented optimally.

The strengthening of facilities and infrastructure is also crucial for supporting the success of the policy. Puskesmas need to be equipped with adequate facilities to support professional and safe specialist services. This includes the provision of diagnostic equipment, standardized service rooms, and an integrated referral system with advanced healthcare facilities.

Overall, the findings indicate that, without comprehensive and integrated policy reconstruction, the mandate for equitable distribution of health workers as stipulated in Law Number 17 of 2023 will not be optimally achieved. The problems identified are not merely technical but also structural. Therefore, they require strong and sustainable policy commitment. The placement of specialist physicians in Puskesmas should thus be viewed as part of a strategic effort to strengthen the primary healthcare system, which will ultimately contribute to improving the quality of healthcare services and fulfilling the public's right to health in a more equitable manner.

2. Legal Regulations and Policies on the Placement of Specialist Physicians in Community Health Centers

The need for specialist physicians in Puskesmas is not merely a policy discourse but a concrete need arising from epidemiological, social, and demographic changes, particularly in urban areas such as Jakarta. The transformation of disease patterns from infectious to non-communicable diseases, the increasing complexity of health cases, and high levels of mobility and population density have increased the need for more comprehensive healthcare services at the primary level. In this context, Puskesmas can no longer be limited to promotive and preventive functions but must also be able to provide more advanced curative services, including the management of cases requiring specialist competence.

Normatively, the legal framework governing healthcare service provision in Indonesia has developed significantly with the enactment of Law Number 17 of 2023 on Health. This law emphasizes the importance of equitable access to quality healthcare services as part of the fulfillment of citizens' constitutional rights. However, the findings of this study reveal a gap between general legal norms and operational technical regulations, particularly in relation to the placement of specialist physicians in Puskesmas. Although Minister of Health Regulation Number 19 of 2024 has expanded the functions of Puskesmas to include curative, rehabilitative, and palliative

care, it has not explicitly accommodated specialist physicians as an integral component of the medical workforce in Puskesmas (interview, January 2026).

This absence of clear regulation creates legal challenges in the form of normative uncertainty. From the perspective of legal certainty theory (Andrianto, 2020; Kurnia, 2023), this situation generates a problematic space for policy implementation because field practices are not fully supported by clear regulatory legitimacy. Interviews with stakeholders indicate that several Puskesmas have brought in specialist physicians through cooperation mechanisms or special assignments, yet their presence is often temporary, non-standardized, and dependent on local policy initiatives (interview, December 2025). This indicates a disconnect between empirical needs in the field and the existing legal framework.

From the implementation perspective, this study identifies three main obstacles to the placement of specialist physicians in Puskesmas: regulatory, structural, and operational obstacles (interview, December 2025). Regulatory obstacles relate to the absence of a strong and explicit legal basis governing the position of specialist physicians within the medical workforce structure of Puskesmas. Structural obstacles include the limited number of available specialist physicians and their uneven distribution across regions. Operational obstacles include budget constraints, inadequate infrastructure, and limited readiness of service management at the Puskesmas level.

In the budgetary context, financing represents a crucial issue affecting the sustainability of specialist physician placement policies. The placement of specialist physicians requires relatively substantial funding, both for remuneration and for the provision of supporting facilities. Without adequate budgetary support, this policy may fail to operate effectively or may remain stagnant. This is reinforced by field findings showing that most Puskesmas do not yet possess facilities that meet specialist service standards, such as adequate diagnostic equipment or standardized service rooms (interview, January 2026).

Nevertheless, empirical evidence indicates that the presence of specialist physicians in Puskesmas has a significant positive impact on the quality of healthcare services (Anis Rifatul Ummah, 2014). One of the most prominent indicators is the reduction in hospital referral rates. With the presence of specialist physicians, many cases that previously required referral can be managed directly at the Puskesmas level. This not only improves the efficiency of the referral system but also reduces the burden on hospitals and accelerates public access to needed healthcare services. In addition, the presence of specialist physicians enhances the quality of diagnosis and case management, thereby contributing to the overall improvement of service quality.

From the perspective of distributive justice (Sapsudin et al., 2025), the placement of specialist physicians in Puskesmas has important implications for the equitable distribution of healthcare services. Access to specialist services has tended to be concentrated in hospitals, particularly in urban areas. This condition creates disparities in access for communities facing economic or geographic barriers. By placing specialist physicians in Puskesmas, healthcare services can become more accessible, affordable, and inclusive. In this context, the placement of specialist physicians can be viewed as an instrument for realizing the principle of justice in public services (Atmojo & Tjahjono, 2016; Sapsudin et al., 2025), whereby every citizen has an equal opportunity to obtain quality healthcare services.

However, achieving this objective requires comprehensive and integrated policy reform. Policy reform should not only involve the addition of provisions concerning specialist physicians to existing regulations but should also include restructuring the primary healthcare system as a whole. This includes strengthening the legal framework, providing sustainable financing, increasing human resource capacity, and developing infrastructure to support specialist services at the Puskesmas level. In addition, a more effective coordination mechanism between the central and regional governments is needed in both policy planning and implementation.

Policy reconstruction must also be based on actual needs in the field. This means that the placement of specialist physicians should not be uniform across all regions but should instead be tailored to regional characteristics, disease burden, and existing service capacity. Such an approach allows for policies that are more flexible, adaptive, and responsive to community needs. Thus, the resulting policies are not merely normative but also implementable and outcome-oriented.

Furthermore, the success of policy reconstruction depends heavily on political commitment and good governance. Without strong commitment from both central and regional governments, formulated policies are likely to be ineffective. Therefore, synergy among various stakeholders, including government institutions, healthcare workers, academics, and the community, is necessary to promote a more inclusive and equitable healthcare system.

Overall, the findings confirm that the placement of specialist physicians in Puskesmas constitutes a strategic measure for improving the quality of primary healthcare services in Indonesia. However, this effort continues to face multidimensional challenges. Accordingly, a holistic and evidence-based policy approach is needed to address these obstacles. With clear regulatory support, adequate financing, and an effective implementation system, Puskesmas have considerable potential to develop into comprehensive, efficient, and equitable primary healthcare centers for all communities.

3. Contribution of Specialist Physicians to Improving the Quality of Primary Care

The presence of specialist physicians in Puskesmas contributes significantly to improving the quality of primary healthcare services, both by strengthening human resource capacity and by increasing public trust in healthcare services (Anis Rifatul Ummah, 2014). In practice, specialist physicians function not only as providers of clinical services but also as agents of capacity building through clinical supervision and mentoring for general practitioners and other healthcare workers. This process enables the direct transfer of knowledge and skills in the workplace, thereby improving the competence of medical personnel in Puskesmas on a sustainable basis. Thus, the presence of specialist physicians not only directly improves service quality but also strengthens the long-term foundation of the primary healthcare system.

From a service delivery perspective, the involvement of specialist physicians enables the management of more complex cases at the Puskesmas level, which previously required referral to hospitals (Andi et al., 2018). This has implications for improving the efficiency of the referral system and reducing the service burden on advanced healthcare facilities. Furthermore, the community benefits from faster and more convenient access to quality healthcare services, without the cost and time

constraints often associated with the referral process. This directly contributes to increased public satisfaction and trust in Puskesmas as primary healthcare facilities.

The findings also indicate that the presence of specialist physicians has an impact on strengthening the professional image of Puskesmas (Andi et al., 2018; Raynard Kristian Bonanio Pardede, 2023). Puskesmas have often been perceived as health facilities with limited services, particularly in handling cases requiring specialist competence. However, with the presence of specialist physicians, this perception begins to shift. Puskesmas are no longer viewed solely as providers of basic services but also as facilities capable of delivering more comprehensive healthcare services. This shift in public perception is important for building trust, which may ultimately increase the utilization of primary healthcare services.

However, the findings also reveal that this significant contribution has not been matched by adequate structural and regulatory support. The presence of specialist physicians in Puskesmas remains sporadic and has not been systematically integrated into the national policy framework. This indicates a gap between field practice and the formal regulations that should serve as the basis for policy implementation. Without clear recognition and regulation, the continuity of the role of specialist physicians in Puskesmas remains uncertain and highly dependent on local initiatives.

Therefore, policy restructuring is required to more comprehensively accommodate the strategic role of specialist physicians in primary healthcare. One crucial step is the establishment of minimum standards for the placement of specialist physicians, particularly in areas with high population density or a significant prevalence of chronic diseases. This approach allows for a more needs-based distribution of medical personnel, making policies more targeted and effective.

The financing aspect also requires serious attention. The placement of specialist physicians in Puskesmas requires adequate budgetary support; therefore, affirmative financing schemes involving central and regional governments are needed (Raynard Kristian Bonanio Pardede, 2023). Such schemes may take the form of special subsidies, medical personnel assignment programs, or rotation mechanisms between regional hospitals and Puskesmas. With clear financial support, the policy of placing specialist physicians can be implemented more sustainably.

In addition, restructuring the organizational structure of Puskesmas is crucial for supporting the integration of specialist physicians as part of the core workforce in primary care. An adaptive organizational structure would allow for a clearer division of roles and responsibilities, as well as more effective coordination among different types of healthcare workers. This is important to ensure that the presence of specialist physicians is not merely supplementary but is genuinely integrated into the service system.

The use of technology, particularly through the development of telemedicine systems, may also serve as a strategic solution to expand access to specialist services. Telemedicine enables more flexible consultation between general practitioners and specialists, thereby addressing the limited number of specialists without compromising service quality. However, the development of such technology must continue to consider the role of general practitioners as the frontline providers of primary care, in order to avoid disruption to existing service systems.

Finally, strengthening a two-way referral system constitutes a crucial element in improving the effectiveness of healthcare services. Under this system, specialist

physicians in Puskesmas not only contribute to the management of initial cases but may also follow up on patients who have been referred to hospitals. This arrangement ensures continuity of care and enables patients to receive more integrated healthcare services.

Overall, the findings confirm that specialist physicians make an important contribution to improving the quality of primary healthcare services. However, to maximize this contribution, strong, integrated, and sustainable policy support is required. Without comprehensive policy reform, the considerable potential of specialist physicians in strengthening primary healthcare services will not be optimally utilized.

4. The Urgency of Placing Specialist Physicians in Community Health Centers within the Framework of Asta Cita

The urgency of placing specialist physicians in Puskesmas cannot be separated from the broader direction of national development as formulated in the concept of Asta Cita, which encompasses Indonesia's eight transformation missions (Ministry of Health, 2025). Asta Cita serves not only as a normative development framework but also as a strategic roadmap that integrates various sectors, including health, in efforts to improve the quality of life of the population. In this context, the policy of placing specialist physicians in Puskesmas has broad relevance, both directly and indirectly, to the achievement of national development goals.

Substantively, the strongest connection can be found in the fourth mission of Asta Cita, namely the strengthening of human resource development. Health constitutes a fundamental foundation for the development of quality human resources because healthy individuals possess greater capacity to learn, work, and contribute to development. Within this framework, Puskesmas, as primary healthcare facilities, have a strategic role as the frontline institutions for maintaining and improving public health. However, without adequate support from medical personnel, particularly specialist physicians, this strategic function is difficult to realize optimally, especially in the face of increasingly complex public health challenges.

The placement of specialist physicians in Puskesmas is important because it can expand both the scope and quality of primary healthcare services (Anis Rifatul Ummah, 2014). With the presence of specialist physicians, Puskesmas do not merely function as providers of basic services but can also manage more complex cases that would otherwise require referral to hospitals. This has a direct impact on improving the efficiency of the healthcare system, reducing the burden on hospitals, and accelerating public access to quality healthcare services. In the long term, such improvements may contribute to increased community productivity and the strengthening of national human resources.

Furthermore, this policy has important implications for reducing inequality in access to healthcare services. Specialist services have tended to be concentrated in hospitals, which are generally located in urban areas or economic centers (Raynard Kristian Bonanio Pardede, 2023). As a result, communities with geographic or economic limitations often face difficulties in obtaining adequate healthcare services. By placing specialist physicians in Puskesmas, healthcare services can become more accessible, affordable, and inclusive. This is consistent with the principle of social justice, a fundamental value of national development, and supports efforts to equalize the quality of healthcare services across regions.

The placement of specialist physicians in Puskesmas also contributes to the strengthening of public services. From a governance perspective, the quality of public services is an important indicator of the state's performance in meeting the basic needs of society. As the frontline providers of health services, Puskesmas play a central role in building public trust in the healthcare system. Improving service quality through the presence of specialist physicians is expected to increase public satisfaction with healthcare services. This has implications not only for the health sector but also for the legitimacy of and public trust in government institutions.

In addition, this policy encourages the development of a more adaptive and competitive healthcare system. Advances in science and technology in the health sector require increased service capacity at all levels, including primary care. By integrating specialist physicians into Puskesmas, knowledge transfer and competency enhancement among other healthcare workers can be facilitated, thereby strengthening the overall capacity of the healthcare system. Furthermore, service integration between Puskesmas and hospitals can become more effective, creating a more efficient and coordinated referral system.

However, translating this urgency into an effective policy requires comprehensive policy reconstruction. This reconstruction should encompass not only regulatory aspects but also institutional strengthening, financing, and the provision of supporting facilities and infrastructure. Without a comprehensive approach, the policy of placing specialist physicians may fail to operate effectively and may remain merely a normative discourse. Therefore, strong government commitment and synergy among stakeholders are needed to ensure the sustainable implementation of this policy.

Overall, the placement of specialist physicians in Puskesmas represents a strategic measure with broad implications for national development. This policy contributes not only to improving the quality of healthcare services but also to strengthening human resources, reducing social inequality, and building an inclusive and equitable healthcare system. Accordingly, the implementation of this policy can be viewed as an important part of Indonesia's pathway toward the broader vision of Golden Indonesia 2045.

CONCLUSION

This study demonstrates that the legal framework governing the placement of specialist physicians in Puskesmas remains inadequate to bridge empirical needs and operational policy instruments. Although Law Number 17 of 2023 on Health emphasizes the importance of the equitable distribution of health workers as part of the fulfillment of the right to health, this normative mandate has not yet been translated into technical regulations that specifically govern the mechanism for placing specialist physicians in primary care. This situation is reinforced by Minister of Health Regulation Number 19 of 2024, which does not yet position specialist physicians as core medical personnel in Puskesmas but rather treats them as optional additional personnel. Consequently, legal and policy gaps have emerged, creating legal uncertainty and variation in implementation at the regional level. Thus, there is a normative disconnect between the policy mandate and the operational design required to support the integration of specialist services into Puskesmas.

Furthermore, this study identifies that the obstacles to the placement of specialist physicians in Puskesmas are complex and include interrelated structural, legal, and implementation-related aspects. Structurally, the national healthcare system continues to position hospitals as the centers of specialist services, resulting in the concentration of specialist physicians in secondary and tertiary care facilities. This complexity is further influenced by the limited number of specialists and their uneven distribution across regions. Legally, the absence of clear regulations generates uncertainty in planning and budgeting. From the implementation perspective, budget constraints, inadequate infrastructure, and limited institutional capacity at the Puskesmas level constitute major obstacles to the sustainable provision of specialist services. In practice, the presence of specialist physicians remains sporadic and is often based on ad hoc collaboration, indicating the absence of a stable and integrated policy architecture.

Nevertheless, the empirical findings confirm that the presence of specialist physicians in Puskesmas contributes significantly to improving the quality of primary healthcare services, particularly by enhancing diagnostic accuracy, improving the efficiency of the referral system, and strengthening the capacity of healthcare workers through clinical supervision. Therefore, this study emphasizes the importance of multidimensional policy reconstruction through the strengthening of the legal framework, restructuring of the organizational structure of Puskesmas, and provision of sustainable affirmative financing schemes. This reconstruction should also be based on regional needs through a differentiated approach and should be supported by infrastructure strengthening and technological integration, such as telemedicine. With comprehensive and coordinated measures, the placement of specialist physicians in Puskesmas can become a key strategy for strengthening primary healthcare services that are more effective, inclusive, and equitable.

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