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Reformulation of Regulatory Protection for Resident Doctors Against Bullying in Specialist Medical Education

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Abstract

The phenomenon of bullying against participants in the Medical Specialist Education Program within teaching hospital environments highlights structural inequalities and legal gaps in Indonesia's advanced medical education system. This study aims to analyze legal issues concerning the protection of professional education for specialist Doctor participants from psychological violence and bullying, while proposing an ideal regulatory reformulation to safeguard their rights. Employing normative legal research methods with legislative, doctrinal, and responsive legal theory approaches, the study reveals that existing regulations such as Law Number 20 of 2013 on Medical Education fail to provide explicit protections for professional education for specialist Doctor participants. Meanwhile, the Minister of Health's Instructions remain merely administrative and lack legally binding force. Regulatory reform should clearly define professional education for specialist Doctor participants' status within the national education system, specify the rights and obligations of program organizers and participants, establish an independent anti-bullying task force, and implement monitoring mechanisms and administrative sanctions. A victim-oriented, responsive regulatory framework would not only protect trainees' rights but also enhance the quality of medical education and national healthcare services. The state must act promptly through progressive legislation to eradicate bullying practices and ensure a fair, humane educational environment for professional education for specialist Doctor participants.

Keywords: Bullying, Legal Protection, Legal Reform, Normative Legal Research, Regulatory Reform.

1. Introduction

Professional Education for Specialist Doctor (*Program Pendidikan Dokter Spesialis*/PPDS) is an advanced stage of medical training designed to produce clinically competent specialists. However, the program's rigid hierarchy and demanding environment often lead to psychological violence and bullying, including verbal harassment, intimidation, discrimination, and excessive workloads. A 2022 case at Universitas Diponegoro revealed such abuses, where PPDS participants faced verbal and psychological harassment from supervisors amid weak institutional protection and fear of reporting, exposing the systemic gaps that enable recurring bullying (Fardianto, 2025).

In addition, what is not shocking is the bullying case experienced by PPDS Universitas Padjadjaran in 2023 a similar report was found, in which students experienced excessive pressure and psychological harassment from superiors that threatened the continuity of studies and the mental health of participants. This report emerged in an open forum after several participants dared to voice their experiences through social media and student discussion forums. Although Universitas Padjadjaran has relatively good ethical guidelines, this case shows the gap between written norms and implementation in the field, especially in terms of students' courage to report and protection from reprisals (Sekar, 2024).

The phenomenon of bullying in the world of medical education cannot be seen as a mere individual problem, but as a structural symptom that arises due to the imbalance of power relations in the educational environment that is hierarchical and patriarchal. This is supported by Sumantri (2022) research which shows that the power relationship between consuls and students in teaching hospitals is often a fertile ground for the practice of symbolic violence and structural violence that is legitimized by an established organizational culture. The violence experienced by PPDS participants not only causes psychological trauma, but also has an impact on the decline in the quality of education and medical services.

Unfortunately, until now there is no regulation that specifically provides legal protection for PPDS participants from psychological violence and bullying. Within the framework of national law, PPDS participants are still ambiguously positioned, namely as students in the context of education, but are treated like workers in daily practice in teaching hospitals. This ambiguity creates a void of norms in providing legal protection, both from the legal aspects of education and labor law.

Law Number 12 of 2012 on Higher Education identifies students as part of the education system but does not specifically protect PPDS participants, who are excluded from labor protections due to their non-worker status. This leaves them vulnerable and without clear legal recourse when facing violence or rights violations. Many PPDS participants remain silent about psychological abuse due to fear of retaliation, such as harsher treatment or academic setbacks. This highlights the ineffectiveness of internal complaint mechanisms, which may even lead to victim blaming. Therefore, regulatory reform is essential to establish strong legal protections that prioritize victims' rights in medical education.

Regulatory reform is needed to eliminate the legal vacuum and ensure legal certainty for PPDS participants as part of the legal subject whose rights must be protected in the national education system. In addition, as a country of law, Indonesia is obliged to uphold the principles of human rights as enshrined in Law Number 39 of 1999 concerning Human Rights. The right to protection from violence, the right to safe education, and the right to justice must be guaranteed by the state without discrimination (Manan, 2001). Bullying in medical education negatively impacts not only individual victims but also the broader healthcare system. Doctors who experience psychological violence during their training may carry unresolved trauma into their professional practice, potentially lowering the quality of care and perpetuating cycles of abuse. Thus, regulations that protect PPDS participants from

bullying are crucial not just for their well-being, but also for maintaining the integrity and quality of medical services.

Currently, legal provisions governing specialist doctor education are limited and inadequate. Law Number 20 of 2013 on Medical Education does not detail the procedures for implementing specialist training, especially concerning hospital placements and practice. This gap highlights the urgent need for new legal frameworks that specifically regulate specialist medical education and ensure the protection of PPDS participants. This study addresses two key issues: the legal shortcomings in protecting PPDS from bullying, and how regulatory reform can better safeguard their rights. The aim is to examine the state's responsibility in protecting PPDS from exploitation and mistreatment within the educational system.

2. Literature Review

Bullying in professional settings, including medical education, encompasses physical and psychological coercion targeting vulnerable individuals or groups. Bullying in medical education manifests as verbal abuse, excessive workloads, isolation, or threats to academic progress, leading to diminished self-confidence and mental health issues (Nurdianto et al., 2022; Fikri & Patih, 2024). These behaviors often stem from hierarchical power dynamics, where senior doctors exploit their authority over junior residents. The negative impacts include burnout and increased intent to leave, particularly when work lacks perceived meaning (Siregar & Suma, 2025). Such psychological violence not only affects individual well-being but also compromises the quality of medical training and healthcare delivery. Understanding bullying's multifaceted nature is critical for addressing its prevalence in specialist medical education programs (Hatta, 2018).

The phenomenon of bullying is not merely interpersonal but is embedded in structural inequalities within medical institutions. Sumantri (2022) highlights that bullying behaviors, such as verbal harassment or discriminatory tasks, are often normalized as part of medical culture, particularly in hierarchical settings like teaching hospitals. This normalization perpetuates a cycle of abuse, deterring victims from reporting due to fear of retaliation or academic consequences. The absence of clear definitions and categorizations of bullying in Indonesian medical education regulations exacerbates the issue, leaving victims without formal recourse. Addressing this requires a comprehensive framework that recognizes bullying as a structural issue rather than isolated incidents.

Bullying in medical education, particularly in specialist programs like PPDS, disproportionately affects vulnerable groups such as junior residents, female trainees, and international medical graduates (AlMulhim, 2018). In Indonesian residency programs, reports of verbal abuse, intimidation, and physical bullying by senior doctors create toxic learning environments, contributing to high levels of anxiety and depression (Rima et al., 2024). These acts often occur due to rigid hierarchical structures in teaching hospitals, where senior doctors wield significant authority over residents (Kandia, 2024). The lack of documentation stems from victims' reluctance to report, driven by fear of academic repercussions or victim-blaming (Fardianto, 2025). This silence perpetuates a culture where bullying is seen as an unavoidable tradition, undermining the dignity of trainees.

International studies provide further context, showing that bullying is a global issue in medical education. For instance, the Accreditation Council for Graduate Medical Education (ACGME) in the United States notes that bullying undermines trainee well-being and patient safety (Rose & Long, 2010). Similarly, the General Medical Council (GMC) in the United Kingdom highlights the need for safe reporting mechanisms to address harassment (Prihatiningsih, 2016). In Indonesia, cases at Universitas Diponegoro and Universitas Padjadjaran reveal systemic gaps, where ethical guidelines exist but lack enforcement (Sekar, 2024). These examples

underscore the need for robust institutional mechanisms to protect PPDS participants and foster a supportive learning environment. Without such measures, bullying continues to erode the quality of medical education and professional development.

The regulatory framework in Indonesia fails to adequately protect PPDS participants from bullying, leaving them vulnerable in both educational and clinical settings. Law Number 12 of 2012 on Higher Education recognizes students as part of the academic system but does not explicitly address the rights or protections of PPDS participants, who operate in a unique dual role as students and clinical practitioners (Ashidiqqie, 2006). Additionally, the Manpower Law excludes PPDS participants, as they are not classified as formal workers, creating a legal vacuum that denies them labor protections (Kuswandi, 2024). This ambiguity exacerbates their vulnerability to psychological violence, as they lack clear legal recourse or institutional support when facing abuse.

The absence of specific protections in Law Number 20 of 2013 on Medical Education further highlights this gap. The law does not address bullying or psychological violence, leaving PPDS participants exposed to informal power dynamics and seniority-based abuses (Fikri, 2024). The Minister of Health's Instruction Number HK.02.01/Menkes/1512/2023, while a step toward addressing bullying, lacks binding legal force and functions only as an administrative guideline (Ul-Haq, 2025). This limitation underscores the need for formal legislation to ensure legal certainty and accountability. Drawing from responsive legal theory, the law must serve as a tool for social engineering to protect vulnerable groups and promote justice (Fuller, 1964). Without comprehensive reforms, bullying will remain normalized, undermining the integrity of Indonesia's medical education system and the well-being of future specialists.

3. Methods

This study uses normative juridical legal research that uses secondary data derived from legal literature, laws and regulations and other related legal materials. Research that uses the type of normative legal research tries to conduct studies based on legal concepts, laws and regulations, theories, doctrines and principles that apply in legal science that are relevant to the legal aspects of specialist doctor education (Marzuki, 2005).

The nature of this research is in the form of analytical descriptive, namely research that is non-procedural statistically and other numerical calculations, but in this study, it describes the legal norms related to legal theories whose implementation is found in people's lives. This research will try to describe the legal void in the regulation of PPDS protection against various acts of harassment and bullying, as well as try to criticize the position of the Minister of Health's Instruction Number HK.02.01/Menkes/1512/2023 concerning the Prevention and Handling of Bullying of Students in Teaching Hospitals which is not enough to be used as a legal basis to provide protection for current PPDS participating doctors.

The data collection technique is carried out in two ways, namely literature research is a method of data collection that aims to search for a literature data to be analyzed. The collection of literature data is in the form of books in the field of IP, patents and investments, journals, articles relevant to research problems that are also related to laws and regulations, newspapers, and other literature and document study is a data collection technique that is carried out by collecting information and documents as data to help solve research problems such as interviews, observations and documentation in the form of data or statistics. The data obtained will be analyzed qualitatively using relevant legal and regulatory theories, then described descriptively according to the main research problem.

4. Results

4.1. Regulatory Problems in PDDS Shelter

The following regulatory problems that have an impact on the emergence of bullying in medical education hospitals are as follows. First one of the root problems of bullying in the Specialist Medical Education Program in Indonesia lies in the weak institutional supervision in teaching hospitals, but also in the legal vacuum in Law Number 20 of 2013 concerning Medical Education. Although this law has become the main legal umbrella in organizing medical education, there is not a single provision that explicitly regulates the protection of PPDS participants from acts of violence, harassment, or bullying. The absence of these protection norms shows a substantial weakness in ensuring the safety and dignity of students, especially those who are pursuing advanced professional education (Fikri, 2024; Ul-Haq, 2025).

In Article 1 number 3 of the Medical Education Law, it is stated that medical students include medical education students, professional education participants, internship program participants, advanced academic education participants, and specialist doctor education program participants. However, in the section on regulating the rights and obligations of students, there is no norm that provides the right to protection from physical or psychological violence. PPDS participants have a heavy workload, long learning hours, and high psychological pressure. When legal protection is not provided explicitly, it opens up informal power space in the form of seniority that can lead to bullying practices. This legal vacuum also creates normative ambiguity that violates the principle of legal certainty. In this principle, the law must be able to provide clear guidelines regarding what the subject of law can and cannot do. which in turn increases the risk of structural injustice to PPDS participants (Ahshidiqqie, 2015; Kuswandi, 2024).

To address the issue temporarily, the Minister of Health issued Instruction Number HK.02.01/Menkes/1512/2023 on the Prevention and Handling of Bullying in Teaching Hospitals. While this reflects a normative response, the instruction lacks binding legal force and functions more as an administrative directive. As a result, it does not provide legal certainty for PPDS participants, who occupy a legally ambiguous position neither fully students nor formal workers leaving their protection weak and inconsistent. The Minister of Health's Instruction is an internal administrative tool used to guide ministry personnel. However, under Indonesian law specifically Article 8(1) of Law Number 12 of 2011 (as amended by Law Number. 13 of 2022) ministerial instructions are not part of the formal hierarchy of laws and thus lack general binding legal force. They apply only internally within the issuing ministry. Therefore, from a hierarchical point of view, ministerial instructions are not laws and regulations in the formal sense, but are included in the category of administrative policies (policy rule) (Ashidiqqie, 2006).

The Constitutional Court, in Decision Number 85/PUU-XI/2013, affirmed that any regulation with normative and general content must be based on higher legal authority. Thus, a ministerial instruction with binding provisions requires formal legal backing to be enforceable. Without it, the instruction lacks legal force. Additionally, under administrative law, ministerial instructions cannot be subject to judicial review by the Supreme Court, as they are not included in the recognized hierarchy of laws under Article 8(1) of the Law on Lawmaking. They can only be revised or revoked administratively by the issuing authority.

On the other hand, from the perspective of the principle of legality in administrative law, any governmental action must be based on law. Therefore, ministerial instructions that are technical must still refer to normative provisions sourced from laws and regulations. This is to avoid the occurrence of administrative actions that exceed the authority (ultra vires). As explained by Hadjon (2013), the principle of legality requires that administrative actions not only have a legal basis, but also be carried out within the limits of the authority given. Therefore, although

ministerial instructions may be issued as a form of administrative discretion, their use must be subject to the provisions of applicable law and must not conflict with the norms established by higher regulations.

The need for comprehensive regulation in PPDS aligns with modern legal theory, which views law as a tool for social engineering not just reflecting norms, but shaping a just society. The absence of clear protections for PPDS participants reflects a failure of the state to legislate responsively and protect vulnerable groups in education (Fuller, 1964). Bullying in PPDS must no longer be treated as a "public secret." The state must urgently create regulations that define the legal status of PPDS, provide protection mechanisms, and ensure institutional accountability. These rules must be drafted inclusively, involving PPDS participants to ensure their effectiveness.

4.2. Ideal Regulatory Reform for Protecting PPDS Participants from Bullying

Bullying in the Specialist Medical Education Program in Indonesia has been in the serious spotlight in recent years. Reports from various medical education institutions and hospitals show that PPDS participants often experience verbal violence, intimidation, disproportionate assignments, and even physical violence from superiors, supervisors, and senior colleagues. This shows that there is a normative vacuum and weak implementation of supervision in the advanced medical education system.

Regulation of the Minister of Education, Culture, Research, and Technology Number 46 of 2023 concerning the Prevention and Handling of Violence in Education Units is the first step in establishing a protection system for victims of violence in the world of education. However, its implementation has not touched specifically on the characteristics of specialist medical education, especially those carried out in the teaching hospital ecosystem with rigid hierarchical structures (Fuady & Rakhmad, 2025). In practice, the participation of the public or non-academic actors in the formation of the Task Force for the Prevention and Handling of Violence is still very limited, so that external supervision of ethical violations and structural violence is weak. The hospital setting, as the main learning environment for PPDS, reinforces hierarchical power structures, where residents are fully subject to the authority of consuls, seniors, and supervisors. A culture that glorifies discipline and personal sacrifice often justifies verbal and psychological abuse. The lack of a safe, effective reporting system perpetuates silence, as many residents fear academic repercussions. This highlights the weakness of current anti bullying mechanisms in PPDS. To address this, PPDS should be formally integrated into the National Education System, ensuring oversight by education authorities. Additionally, an independent national task force formed by the Ministry of Health and Ministry of Education should be established to investigate and act on bullying in medical education.

Professional organizations like Indonesian Doctors Association, collegiate colleges, and specialist associations must help develop ethical guidelines that emphasize non-violence and respect for student dignity. Existing ethics codes largely ignore the clinical supervisor–student dynamic, which needs clearer regulation. Teaching hospitals and educational institutions must establish internal codes of ethics and safe, independent reporting systems, with whistleblower protections to prevent retaliation. Oversight can be handled by hospital ethics committees and faculty supervision units. Bullying and structural violence should be addressed in the PPDS curriculum. Clinical supervisors need training in humane, dialogue-based supervision and trauma-informed, educational psychology approaches to foster a respectful learning environment.

All of these reformulations cannot be separated from the administrative law aspect. The government must immediately draft a Government Regulation or

Presidential Regulation as a follow-up to Regulation of the Minister of Education, Culture, Research, and Technology Number 46/2023 which specifically regulates hospital-based education, including PPDS. The regulation must contain provisions for administrative sanctions against educational institutions or hospitals that are proven to allow or fail to handle bullying cases professionally. at least there are several points that need to be emphasized by the government through Presidential Regulation to strengthen the position of prohibition and protection of PPDS participants.

As institutions responsible for PPDS participants, organizing universities must have clearly defined rights and obligations, especially in clinical practice settings. These provisions should be strictly regulated in government policy to guide implementation and ensure accountability. The organizer's rights include setting curricula and academic standards, enforcing discipline, regulating clinical practice governance, and evaluating participant performance.

At the same time, organizers are obligated to ensure legal and social protection for PPDS participants by fostering a safe learning environment free from violence, establishing an independent bullying reporting system, and providing adequate educational facilities and fair access to learning resources. Additionally, they must ensure proper compensation, health and employment insurance, reasonable working hours, rest time, and academic leave. All clinical activities should be supervised by clinical educators to uphold educational standards and prevent exploitation. A clear regulatory framework will promote a professional, ethical, and humane medical education system.

Teaching hospitals have a dual role as medical service institutions and health worker education center. In carrying out this role, interactions between various parties both vertical and horizontal occur intensely and complexly. Unfortunately, in practice, teaching hospitals have not been completely free from discriminatory, subordinate, and bullying actions that are often justified in the name of "medical culture" or "seniority system". In fact, both in national and international law, the prohibition against discrimination and bullying has become a norm that must be upheld to ensure human rights, justice, and legal certainty. However, the legal arrangements related to this matter in the teaching hospital environment still seem partial and have not touched all aspects thoroughly.

5. Discussion

The Specialist Doctor Education Program implementation faces serious regulatory issues, particularly the recurring bullying by seniors in teaching hospitals. This problem has escalated from a social issue to a legal concern due to the lack of comprehensive, binding protection for PPDS participants (Kurniawan, 2022). From the perspective of distributive justice theory, the absence of regulations on the protection of PPDS participants is a form of legal policy inequality that does not provide fair treatment for vulnerable groups in the education system. In fact, they are an important pillar in national health development. The state should provide legal affirmation to PPDS participants, not allow them to become victims in a hierarchical and repressive system.

Bentham (1789), in his theory of social engineering underlined that laws must be instruments of social change that are adaptive to reality. Therefore, the absence of a regulation in the Medical Education Law regarding the protection of PPDS participants can be considered a failure in making the law a tool for change. This is compounded by the fact that many cases of bullying that occur do not receive strict sanctions due to the absence of a strong legal basis to take action against the perpetrators. Many teaching hospitals and medical schools still lack effective, independent mechanisms to handle bullying reports. Protecting PPDS participants from bullying is not just ethical, but a constitutional obligation of the state (Dworkin,

1986). Revising the Medical Education Law is urgent. It must strengthen PPDS rights, prohibit violence in education, and ensure accessible reporting systems. Legal reform cannot be delayed, as each delay prolongs injustice. Responsive, victim-centered legislation that upholds human dignity is essential to a just legal system (Budianto, 2021; Tuliakov, 2023).

Theoretically, the urgency of regulating this sanction system is in line with the theory "Law as Social Control" of Roscoe Pound, who states that law serves as a means to direct social behavior in society. In the context of PPDS, the law must establish a structure of fair relations between institutions, teachers, and students. This approach is also reinforced by the theory (Pound, 1922). Procedural Justice of John Rawls, who emphasized the importance of due process in law enforcement and the imposition of sanctions. In addition, the theory (Rawls, 1971). Autopoiesis of the legal system by Luhmann (2004) explained that the legal system can only function effectively if it has a sanction mechanism that can enforce norms independently and consistently. The regulation of the sanction system in PPDS in the future should ideally be regulated in regulations at the level of government regulations or implementing regulations of the Medical Education Law, and strengthened by independent supervisory institutions that have investigative and recommendatory authority on violations.

International standards, such as the ACGME in the United States, GMC in the United Kingdom, and AMC in Australia, mandate anti-bullying policies, independent monitoring, and strict sanctions to protect medical trainees (Rose & Long, 2010; Prihatiningsih, 2016; Paramata et al., 2024). Adopting similar measures in Indonesia would strengthen PPDS regulations and align with responsive legal theory that prioritizes individual dignity (Nurvidyaning et al., 2025). The urgency of the formation of this Task Force is in line with Responsive legal theory of Philippe Nonet and Philip Selznick, who emphasized that the law must be present as an instrument capable of responding to social needs in an ethical and progressive manner. In this context, the Task Force is not just an administrative complement, but a reflection of the law's alignment with the protection of individual dignity and the prevention of abuse of power in educational institutions. In addition, from the perspective of (Nonetz, 1978). Procedural Justice Theory According to Fuller (1964), the existence of a transparent and fair reporting mechanism is the foundation in building legal legitimacy and trust in educational institutions.

6. Conclusion

Bullying in the PPDS program is a serious, multidimensional issue rooted in regulatory gaps and weak oversight. Current laws, including the Medical Education Law and ministerial instructions, fail to provide sufficient legal protection. Comprehensive legislative reform is urgently needed to explicitly prohibit bullying, ensure effective reporting mechanisms, and guarantee fair treatment for PPDS participants. To address this, PPDS must be integrated into the National Education System and supported by clear government regulations. An independent national task force should be established to monitor bullying cases, supported by professional organizations and internal codes of conduct. Education on anti-violence and humane supervision must be part of the curriculum. These efforts are crucial to building a just, safe, and dignified medical education environment.

Bullying in the PPDS program remains a critical issue due to a lack of specific regulations, weak oversight, and an entrenched hierarchical culture within teaching hospitals. Existing policies, such as ministerial instructions, lack binding legal force, leaving PPDS participants vulnerable. Reform is urgently needed through legislative changes that explicitly regulate the rights, protections, and complaint mechanisms for PPDS participants. Integration of PPDS into the National Education System and the formation of an independent anti-bullying task force are

key steps. Institutions must also establish confidential reporting systems, enforce ethical codes, and promote human clinical supervision through targeted education and training. This study only focuses primarily on normative and institutional aspects and does not empirically assess the psychological or social impacts of bullying on residents across regions or specialties. Field-level variations and perspectives from teaching hospital administrators are also not deeply explored. Future studies should include empirical research involving interviews or surveys with PPDS participants, educators, and hospital management to assess the real-world implementation of antibullying measures. Comparative studies with international medical education systems may also provide valuable insights for policy development in Indonesia.

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Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement
The data that support the findings of this study are available from the corresponding author upon reasonable request.