

REGULATION OF THE INDONESIAN MEDICAL COUNCIL  
NUMBER 74 OF 2020  
ON  
CLINICAL PRIVILEGE AND MEDICAL PRACTICES  
THROUGH TELEMEDICINE DURING CORONAVIRUS DISEASE 2019  
(COVID-19) PANDEMIC IN INDONESIA

BY THE BLESSINGS OF ALMIGHTY GOD

HEAD OF INDONESIAN MEDICAL COUNCIL,

- Considering :
- a. that Coronavirus Disease 2019 (COVID-19) has been declared by WHO as a global pandemic and in Indonesia it is declared as a non-natural disaster in the form of disease outbreaks so it is necessary to accelerate countermeasure efforts including the prevention of transmission and/or management of patients with Coronavirus Disease 2019 (COVID-19);
  - b. that for the acceleration in the prevention of transmission and/or the management of patients with Coronavirus Disease 2019 (COVID-19), granting the clinical privilege for the treatment of Coronavirus Disease 2019 patients (COVID-19) and medical practices through telemedicine;
  - c. that in accordance with the provisions of Article 6 of Law Number 29 of 2004 on Medical Practice, the Indonesian Medical Council has its functions to regulate, to legalize, to stipulate, and to foster guidance for doctors and dentists who perform medical practice;

- d. that the Indonesian Medical Council regulates the privilege of Doctors and Dentists who already have registration certificate to do medical practices to improve the quality of medical services in accordance with the provisions of Article 35 of Law Number 29 of 2004 on Medical Practice;
- e. that based on the considerations as referred to in point a, point b, point c, point d, it is necessary to issue Regulation of the Indonesian Medical Council on Clinical Privilege and Medical Practices through Telemedicine during Coronavirus Disease 2019 Pandemic (COVID-19) in Indonesia;

- Observing : 1. Law Number 29 of 2004 on Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 4431);
2. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063);
3. Government Regulation Number 46 of 2014 on Health Information System (State Gazette of the Republic of Indonesia of 2014 number 126, Supplement to the State Gazette of the Republic of Indonesia Number 5542);
4. Government Regulation Number 21 of 2020 on Large-Scale Social Restrictions in Acceleration of Handling of Coronavirus Disease 2019 (COVID-19) (State Gazette of the Republic of Indonesia of 2020 Number 91, Supplement to the State Gazette of the Republic of Indonesia Number 6487);
5. Regulation of the Minister of Health Number 755/Menkes/Per/IV/2011 on Organization of Medical Committees in Hospitals (State Bulletin of the Republic of Indonesia of 2011 Number 259);
6. Regulation of the Indonesian Medical Council Number 1 of 2011 on Organization and Work Procedure of the

Indonesian Medical Council (State Bulletin of the Republic of Indonesia of 2012 Number 351) as amended several times, and last by the Regulation of the Indonesian Medical Council Number 36 of 2015 on the Second Amendment to Regulation of the Indonesian Medical Council Number 1 of 2011 on Organization and Work Procedure of the Indonesian Medical Council (State Bulletin of the Republic of Indonesia of 2015 Number 1681);

7. Regulation of the Minister of Health of Number 20 of 2019 on Implementation of Telemedicine Services between Health Care Facilities (State Bulletin of the Republic of Indonesia of 2019 Number 890);

HAS DECIDED:

To issue : REGULATION OF THE INDONESIAN MEDICAL COUNCIL ON CLINICAL PRIVILEGE AND MEDICAL PRACTICES DURING CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC IN INDONESIA.

#### Article 1

In this Regulation of the Indonesian Medical Council:

1. Clinical privilege means a special right of medical staff to perform a group of certain medical services in a hospital environment for a certain period of time by which is carried out based on clinical assignments.
2. Medical Practice means a series of activities carried out by Doctors and Dentists to patients in performing health efforts.
3. Direct Medical Service means the performance of a doctor-patient relationship given by a direct physical contact/face to face.
4. Telemedicine means a long-distance medical service provided by Doctors and Dentist, using information and communication technology, including the exchange of information on diagnosis, treatment, prevention of illness and injury, research and evaluation, as well as the

continuing education for health service providers for the benefit of improving individual and community health.

5. The Indonesian Medical Council (*Konsil Kedokteran Indonesia*), hereinafter abbreviated as KKI means an autonomous, independent, non-structural, and independent body, consisting of Medical Council and Dental Council.
6. Health Service Facility (*Fasilitas Pelayanan Kesehatan*), hereinafter referred to as Fasyankes means a place and/or mean that is used to perform promoted, preventive, curative, and rehabilitative medical service efforts which are conducted by the central government, local government, and/or community.
7. Doctors and Dentists means doctors, medical specialists, medical specialists-sub specialists, dentists, and dental specialists graduated from medical and dental education either from home country or abroad by which is recognized by the Government of the Republic of Indonesia in accordance with the provisions of the legislation.

#### Article 2

The regulation of the Indonesian Medical Council aims for:

- a. providing additional clinical privilege for Doctors and Dentists to carry out professionalism in accordance to their respective competence;
- b. improving the quality of health services, patient safety, and the safety of doctors and dentists in accordance to standards; and
- c. providing legal certainty for Doctors and Dentists, while conducting Medical Practices during the Coronavirus Disease 2019 (COVID-19) pandemic in Indonesia.

#### Article 3

- (1) Medical Practice during Coronavirus Disease 2019 (COVID-19) pandemic can be performed by Doctors and Dentists directly by face-to-face meeting and/or through

an electronic application/system in the form of Telemedicine with consideration to effective communication.

- (2) Medical Practice through the electronic application/system in the form of Telemedicine as referred to in section (1) is a consultation or teleconsultation service provided by Doctors and Dentists by abiding to principle of patient confidentiality.
- (3) Telemedicine as referred to in section (2) is carried out in the form of online modes of text, voice and/or video in order to directly obtain the information needed in the context for diagnosis as well as in the management and treatment of patients in accordance with the provisions of the legislation.
- (4) Doctors and Dentists who perform Medical Practice through Telemedicine must have a Registration Certificate and a Practice License in Fasyankes in accordance with the provisions of the legislation.

#### Article 4

- (1) Doctors and Dentists who perform Medical Practice through Telemedicine must carry out an assessments to the patient's eligibility within the Doctor's or Dentist's scope of competence and privilege.
- (2) In the event that the patient is not in an emergency condition, the treating Doctor and Dentist must assess the patient's eligibility to be handled through Telemedicine.
- (3) In the event that the result of assessment finds that the patient is in an emergency condition, require diagnostic measures, and/or needing a therapy, the Doctor and Dentist must refer the patient to any Fasyankes together with relevant information.

#### Article 5

Patients who seek treatment through Telemedicine are obligated to give their consent (General/Informed Consent) in accordance with the provisions of the legislation.

Article 6

- (1) The doctors, medical specialists or medical specialists-subspecialists are authorized to be the physician in charge of Coronavirus Disease 2019 (COVID-19) services in a Fasyankes according to their respective scope of competence.
- (2) Doctors, medical specialists or medical specialists-subspecialists are obligated to obtain additional knowledge through training material issued by collegiums, professional organizations, universities, and/or ministry administering government affairs in the field of health.
- (3) Severe cases requiring further services in the Intensive Care Unit are transferred to pulmonologists, anesthesiologists, anesthesiologists subspecialist intensive care, and other specialists-subspecialists in intensive care, internist-subspecialists in pulmonology, internist-subspecialists in tropical infectious disease, pediatric-subspecialists in respirology, pediatric-subspecialists in infection and tropical disease, and/or pediatric-subspecialists in emergency and pediatric intensive care.
- (4) In the event of increasing number of severe cases in the condition of lacking of those doctors as referred to in section (3), internists, and/or pediatrics may take the responsibility for care in accordance to the clinical privilege given by the hospital.

Article 7

- (1) Doctors and Dentists who carry out Medical Practice through Telemedicine are obligated to make medical records.
- (2) The medical records as referred to in section (1) may be in the form of text for manual medical records or in the form of transcript for electronic medical records for each individual patient and is kept in Fasyankes in accordance with the provisions of the legislation.

Article 8

- (1) Doctors and Dentists may perform diagnosis and manage the needed supporting examinations such as laboratoric, imaging/radio image, therapy, and all are recorded in medical records.
- (2) In addition to carrying out the diagnosis and procedures of supporting examinations as referred to in section (1), Doctors and Dentists may administer:
  - a. prescription of medicine and/or medical devices; and
  - b. sick letter;with the principle of high prudence and accountability.
- (3) The prescription as referred to in section (1) is excluded for narcotics and psychotropic substances.

Article 9

Doctors and Dentists who perform Medical Practices through Telemedicine are prohibited from:

- a. teleconsultation between medical personnel and patients directly without going through Fasyankes;
- b. providing dishonest, unethical, and inadequate explanation (inadequate information) to the patients or their family;
- c. performing diagnosis and management beyond their scope of competence;
- d. requesting supporting investigations that are irrelevant;
- e. doing despicable acts, acts of intimidation or acts of violence against patients while carrying out medical practices;
- f. performing invasive interventions through teleconsultation;
- g. charging fees beyond the range stipulated by the Fasyankes; and/or
- h. issuing certificate of health.

Article 10

Doctors and Dentists who perform Medical Practices through Telemedicine are entitled to the compensation stipulated by

the Fasyankes in accordance with the provisions of the legislation.

Article 11

This Indonesian Medical Council Regulation comes into force on the date of its promulgation and expires at the time the public health emergency for handling Covid-19 is announced to end by the government.



In order that every person may know hereof, it is ordered to promulgate this Indonesian Medical Council Regulation by its placement in the State Bulletin of the Republic of Indonesia.

Issued in Jakarta  
on 29 April 2020

HEAD OF THE INDONESIAN MEDICAL COUNCIL,

signed

BAMBANG SUPRIYATNO

Promulgated in Jakarta  
on 30 April 2020

DIRECTOR GENERAL OF LEGISLATION  
OF MINISTRY OF LAW AND HUMAN RIGHTS  
OF THE REPUBLIC OF INDONESIA,

signed

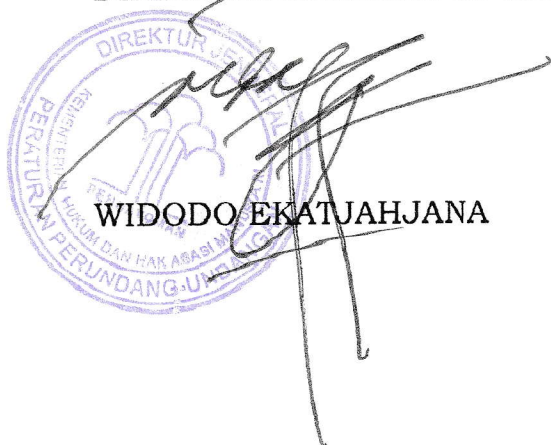
WIDODO EKATJAHJANA

STATE BULLETIN OF THE REPUBLIC OF INDONESIA OF 2020 NUMBER 428

Jakarta, 15 June 2020

Has been translated as an Official Translation  
on behalf of Minister of Law and Human Rights  
of the Republic of Indonesia

DIRECTOR GENERAL OF LEGISLATION,



WIDODO EKATJAHJANA