



INDONESIA MEDICAL COUNCIL

Indonesia Dentist Profession Education Standard

INDONESIA MEDICAL COUNCIL

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PREFACE
CHAIRMAN INDONESIA MEDICAL COUNCIL

Assalammu'alaikum Warrahmatullohi Wabarakatuh,

Dental education in Indonesia has been existed for more than 80 years. In recent years, the changes of conditions in Indonesia and also about to hard work of the pioneers, founders and those who are concerned dental education had influenced the development. At first, there was only dental education for dentist's degree and now we have dental education for Specialists, Master degree and Doctor of Philosophy in Dentistry. These are the collective results of joint efforts of experts and those who are involved in dental education in Indonesia.

Since the enactment of Act No. 29 year 2004 on Medical Practice, and in order to anticipate the incoming movement of foreign dentist to Indonesia, dental education (and also medical education) has undergone significant changes. However, education standards and competence standards for each dental graduates that had been previously constructed by stakeholders, still need to be evaluated and adjusted to the constantly changing condition. Furthermore the new legislation warranted changes on the accreditation system and also demanded graduates to sit for an exit exam. This revised Standard of Dentist Education was made based on consideration of the above changes and demands. And is expected to serve as a reference for those who are in charge of making policies, regulations and law related to dental education in Indonesia.

Lastly, I would like to express my gratitude and appreciation to those involved in preparing the Revised Education Standards, including the Indonesian Association of Dental Faculty (AFDOKGI) and its members, the chairman of the Executive Board of the Indonesian Dental Association (PB PDGI), Board of Indonesia Dental College (MKKGI), the Dental Collegium in Indonesia, the Association of the Dental Teaching Hospital of Indonesia (ARSGMPI) and all its members, the Division of Standardisation for Dental Professional Education, the Working Group of Standardisation for Dental Professional Education, the Registration Division of Dental Council, the Development Division of Dental Council and all the Chairmen and Members of Indonesian Dental Council.

May Allah bless our hard work and this Revised Standard for Dental Education will bring benefits for the development of the Dentist Education. Amin Ya Robbal Alamin.

INDONESIA MEDICAL COUNCIL

CHAIRMAN

Prof. dr. Menaldi Rasmin, Sp.P

PREFACE

CHAIRMAN OF DENTAL COUNCIL - INDONESIA MEDICAL COUNCIL

Assalammu'alaikum Wr. Wb.

Medical and dental professions have entered a new era since the enforcement of Act No. 29 year 2004 on Medical Practice. The presence of such act was urgently required to provide regulation on how to manage the continuity of medical and dental professions line with the development of standardized professional management procedures at the international level.

Dental education in Indonesia has taken place for more than 85 years. Dental profession has changed significantly in relation to the developments of its professional education and community needs in Indonesia. At the beginning, the establishment of dental education was aimed only to produce dentist graduates, but at present the dental education has developed to produce graduates with qualifications of Specialist, Master degree, and Doctor qualifications. These are the result of joint work between experts and those involved in dental education in Indonesia, from time to time. Indonesia Dental Council was established basically for noble purposes, which are protecting people (whereas dental services) and improving dentists' quality as well as maintaining dental profession dignity and honour.

Since the enactment of act No. 29 year 2004 on Dental Practice, and in order to anticipate the incoming movement of foreign dentist to Indonesia, education management system in dentistry and medicine have been significantly changed. The publication of the new regulations connecting calls for accreditation and demands that every graduated should undergo internship program, it is clear that dental education management system in Indonesia should always follow any conditions due to the regulations demands. The issuance of new law that calls for accreditation system as well as demands that every graduate shall follow internship program are clear evidence that dental education management system in Indonesia should always follow any condition due to the regulations demand. Therefore dental education academic document is prepared by taking into account the above changes and demands. The publication of this document as a revised standard of dental education is expected to be as a reference for those who would formulate policy, law and regulations related to dental education in Indonesia.

At last, I would like to express my grateful and appreciation to all those who are involved in the preparation of this academic paper, such as, AFDOKGI (Association of Dental Faculty of Indonesia) and its members, the chairman of PB PDGI (Executive Board of the Indonesian Dental Association), MKKGI (Board of Dental College of Indonesia) and all the members of Dental Collegium in Indonesia, ARSGMPI (Association of Dental Teaching Hospital of Indonesia) and its member, Chairman and Members of the working group of Educational division, Chairman and Members of the Registration Division of Dental Council, the

Chairman of the Development Division of Dental Council and all the Chairmen and Members of Indonesian Dental Council.

May Allah bless our hard work so that this academic document will bring benefits for the development of Dental Education in Indonesia and is able to meet the needs of dentists and community regarding how the dental education shall be managed.

Amin, YRA.

Chairman of Dental Council – Indonesia Medical Council

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INDONESIAN MEDICAL COUNCIL REGULATION
NUMBER 30 YEAR 2014
CONCERNING
EDUCATION STANDARD OF INDONESIA DENTIST PROFESSION
BY THE GACE OF GOD ALMIGHTY
CHAIRMAN INDONESIAN MEDICAL COUNCIL

- Considering:
- a. That dental education basically aims to produce professional dentists through a standardized process based on the demand of people for health services;
 - b. That the medical profession education standards set out in the Indonesian Medical Council Decree No. 22/IMC/KEP/XI/2006 concerning Standard Endorsement of Dentist Education needs to be adjusted to the dental science and technology development;
 - c. That based on consideration as intended in letters a and b, the Indonesian Medical Council with based on the provisions of article 6 and article 7 paragraph (1) letter b of Act Number 29 year 2004 concerning Medical Practice needs to be revise The dentist Professional Educational Standard;
 - d. That based on consideration as intended the letters a, b, and c, it is necessary to stipulate Indonesian Medical Council Regulation concerning Indonesian Standard of Denal Professional Education;

- In view of:
1. Act Number 29 year 2004 concerning Medical Practices (State Gazette of Republic of Indonesia Year 2004 Number 116, State Gazette of Republic of Indonesia number 4431);
 2. Act Number 20 year 2013 concerning Medical Education (State Gazette of Republic of Indonesia Year 2013 Number 132, State Gazette of Republic of Indonesia number 5434);
 3. Indonesian Medical Council Regulation Number 1 Year 2011 concerning Organization and Working procedure of Indonesian Medical Council (Minutes of Republic of Indonesia Year 2012 Number 351) as amended by amendment of Indonesian Medical Council Regulation Number 1 Year 2011 concerning Organization and Working procedure of Indonesia Medical Council;

DECIDES:

To stipulate: **INDONESIA MEDICAL COUNCIL REGULATION CONCERNING EDUCATION STANDARD OF INDONESIAN DENTIST PROFESSION.**

Article 1

The dental profession must be conducted based on Education Standard of Dentist Professional as set out in the annex which is an integral part of this Indonesian Medical Council Regulation.

Article 2

At the time this Indonesian Medical Council Regulation comes into force, Indonesian Medical Council Decree No. 22/IMC/KEP/XI/2006 concerning Standards Endorsement of Dentist Professional Education is evoked and declared to be not applicable.

Article 3

This Indonesia Medical Council regulation comes into force on the date of promulgation.

For public cognizance, order the promulgation comes of this Indonesian Medical Council Regulation shall be published in the Gazette of Republic of Indonesia.

Stipulated in Jakarta

On May 22, 2014

CHAIRMAN

INDONESIA MEDICAL COUNCIL

Signed

MENALDI RASMIN

Promulgated in Jakarta

On June 11, 2014

MINISTRY OF LAW AND HUMAN RIGHTS

REPUBLIC OF INDONESIA

Signed

AMIR SYAMSUDIN

GAZETTE OF REPUBLIC OF INDONESIA YEAR 2014 NUMBER 7722

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INDONESIAN MEDICAL COUNCIL

Secretary of Indonesian Medical Council,

Astrid

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PART I

INTRODUCTION

1. Background

Profession education for dentist is a professional education that is directed to master dental science and its application for the community in such a way to produce dentist. Although dentist education is a professional education, is an integrated education stages consisted of academic and professional education, which are designed to produce graduates who have the competencies in medicine and dentistry, as well as dental skills, which required holistic and humanistic approach to words patients, along with high professionalism and constantly based on ethical considerations.

The Indonesia Medical Council has the function to regulate, certify, stipulate and guide physicians and dentists who are doing medical practice in order to improve the quality of medical services as stated in the Article 6 of the Act No. 29 year 2004 on Medical Practice (UUPK). Furthermore, Article 7, paragraph 1 of UUPK stated that the main duties of KKI are: a. to register physicians and dentists; b. to certify the physician and dentist profession education standards; and c. to guide the practice in dentistry, by which is conducted with relevant institutions in accordance with their respective functions.

To perform answer to the mandate, the Indonesia Medical Council in 2006, has ratified Dentist Profession Education Standard, which are prepared by relevant stakeholders. Profession educational standard is the tool to standardize dental education quality and to ensure the achievement of the education objectives relevant to the competence. The standard provides references for the implementation of dental education in Indonesia.

Dental Council has carried out technical guidance, monitoring and evaluation on study programs and dental faculties to assess how far the Dentist Profession Education Standards have been implemented.

Although Dentist Profession Education Standards have already been applied in each of the institutions, it was found that the determined education standards have not been fully implemented.

There were many problems and obstacles faced in the implementation of these standards as the management of the curriculum changes, lack of facilities, infrastructure and human resources (HR) in terms of quantity and qualifications of teachers and the teaching hospitals have not met the specified standards.

In addition to the demands on the implementation of Standards of Education and the Standards of Competency of Professional Dentist, which is the minimum standard of the National Standards of Medical Education, another important policy that should be considered to implement Dentist Education in Indonesia, is the Indonesian National Qualifications Framework (Kerangka Kualifikasi Nasional Indonesia/KKNI). According to the Presidential Regulation No. 8 year 2012 on KKNI, KKNI is a competence qualification levelling framework that will enable to align, equalize and integrate fields of education with job training and work experience in order to give recognition on competencies in accordance to the working experience to the working structures in various sectors. KKNI provides explanations of the relationships between various education qualifications to be understood internationally.

Currently the National Higher Education Accreditation Board (BAN-PT) still has the authority to conduct accreditation on Dentist Profession Educational Program in order to evaluate and assess the educational process, and its ability to improve the educational quality. In the future, for health sciences, the accreditation will be carried out by an Independent Accreditation Agency – Higher Education and Health (LAM-PTKes).

As one of the answers in solving problems in the implementations of Dentist Profession Education Standards, and to meet the above mentioned demands, it is required to improve Dentist Profession Education Standards through revision of Dentist Profession Education Standards ratified by the KKI in year 2006. The revision was made by referring to the Dental Education Academic Paper year 2014 which have been prepared jointly and agreed upon by the AFDOKGI, KKI and other contributors.

The academic paper includes philosophical, historical, sociological and juridical basis, dental education level of explanations on specific characteristics in Dentistry (*Lex Speciales*), the implementation of Dental Education and Quality Assurance System, etc. The academic paper and Dental Education Standard year 2014 are expected to be the main reference for improvement of Dentist Profession Education Standards and to prepare the necessary guidelines for its implementation.

2. Objectives

The objectives of the Indonesia Dentist Profession Education Standards are to be as follows:

- a. Reference for Dental Education Institutions in the implementation of Dentist Profession Education.
- b. Reference for Dental Education Institutions and Dental Teaching Hospital including its network to assure the quality of education.
- c. Reference for Dental Education Institution that apply for accreditation.
- d. Reference for government or universities in opening and closing of study programs in dentistry.
- e. Reference for Indonesia Medical Council to provide recommendations for the government based on the evaluation results on the implementation of Dentist Profession Education Standards.
- f. Reference and source of information for students.
- g. Reference and source of information for people who are interested.

3. Goal

The targets of users of the Indonesia Dentist Professional Education Standards are:

- a. Dental Education Institutions.
- b. Dental Teaching Hospital.
- c. Professional and the Collegium Organizations.
- d. Government: The Ministry of Education and Culture as well as Ministry of Health.
- e. Public or other parties that are interested to establish Dentist Profession Education Program.

4. Revision of The Standard Dentist Profession Education

As has been mandated by Law No. 29 year 2004 on Medical Practice, in 2014, the revision of Dentist Profession Standards has been implemented by the Association of Dental Faculty of Indonesia (AFDOKGI) in coordination with all relevant stakeholders including elements of the Dentists Collegium, Association of Dental Teaching Hospitals, the Ministry of Health and the Ministry of Education and Culture. To revise the Education Standards, the Indonesia Medical Council has established a dental working group consisting of dental council element and the above stakeholders. All meetings of the working group and the plenary meetings with stakeholders was initiated and facilitated by the Indonesia Medical Council. After obtaining the agreement from the various parties involved, then the Standard of Indonesia Dental Professional Education is jointly between AFDOKGI and KKI, and the relevant stakeholders before eventually it is ratified by Indonesia Medical Council.

5. Legal Basis

- a. ACT NUMBER 20 YEAR 2003 ON NATIONAL EDUCATION SYSTEM.
- b. ACT NUMBER 29 YEAR 2004 ON MEDICAL PRACTICE.
- c. ACT NUMBER 44 YEAR 2009 ON HOSPITALS.
- d. ACT NUMBER 12 YEAR 2012 ON HIGHER EDUCATION.
- e. ACT NUMBER 20 YEAR 2013 ON MEDICAL EDUCATION.
- f. Decision of Minister of National Education No. 232/U/2000 on Guidelines to Prepare Higher Education Curriculum.
- g. Decision of Minister of National Education No. 234/U/2000 on Guidelines to Establish of Establish of Higher Education Institutions.
- h. Decision of Director General of Higher Education, Ministry of National Education No. 108/DIKTI/Kep/2001 on Guidelines to Open Program of Study and/or the Department.
- i. Government Regulation No. 66 year 2010 on amendment of Government Regulation.
- j. Government Regulation No. 17 year 2010 on Management of Education Implementation.

CHAPTER II

VISION, MISSION AND OBJECTIVES OF EDUCATION

Any education institution should decide its vision, mission, and goals as the basis and reference for the preparation of the respective programs in dental education. Vision, Mission, and Objectives must be in accordance with the Indonesia's ideals as a nation, as stated in the 1945-Constitution referring to the goals of National Education System National Health Development, and Education Institutions social responsibility should also be included to improve quality in public health both at the national and regional levels. Vision is the ultimate goal to achieve the jointly agreed vision. Vision and mission shall be the derivative of the vision, mission and objective education goals set by each university.

To determine the vision, mission, and objectives of dental education, the education institutions must consider the various stakeholders (contributors) as well as the community conditions so that the graduates as the education output will be able to meet the contributor expectations and give benefit to the community. In addition, this basis shall look at the global dental trend that develops at a very fast rate. And also considers the dynamic changes and developments in dentistry as well as the community demands for dental quality service within the national and global scopes.

In addition to the vision, mission and objective of education, every education institution may also decide on other components that are deemed necessary to be used as the basis of the program, such as the noble (values) or culture. All the vision, mission and objective of education goals must be clearly defined to be understood by all parties.

CHAPTER III

PROGRAM

The essence of Dentist Education is a professional education, meaning that it includes both education and training in order to obtain dental knowledge, clinical skills as well as attitude as a professional dentist. Dentist Education Program also includes *Tridharma Perguruan Tinggi* (Three Pillar of Higher Education), which are Education, Research, and Community Service. These three elements in their implementation are inter-related and difficult to separate. In these guideline, each program will be broken down into standard components;

1. Curriculum

The main element of education is curriculum. According to the PP (Government Regulation) No. 60 year 1999, curriculum is the basis to implement program of study prepared by each higher education institutions. On the other hand, program of study plan as the guideline to the implementation of academic and/or professional education is organized based on a curriculum and intended to allow students to master knowledge, skills and attitudes in accordance with the curriculum target. (Decision of Minister of National Education No. 234/U/2000)

The curriculum model of the dentist profession education is the Competence Based Curriculum (Kurikulum Berbasis Kompetensi/KBK) that is horizontally and vertically integrated, and is oriented to individuals and family and community health. Dentist Profession Education Curriculum is developed by the Dental Education Institute referring to the Dentist Profession Education Standards.

Curriculum development should be directed to produce dentist in order to:

- a. Fulfil graduate competence to provide health care related to the individual, family and community;
- b. Fulfil special competence in accordance with the needs of health services in a particular area;
- c. Answering the needs of dentist as educator, researcher, and developer of science.

The development of dentist profession education curriculum was carried out with the diversification principle to meet the dentists local content and regional potency and global needs.

1.1 Curriculum Components

The Curriculum consists of components, as follows:

a) Graduates competences

This competence should be determined in advance jointly by all contributors and will become the output of the graduates. The jointly determined competence includes Domain, Main Competence and Supporting Competence. This book includes the Domain and Main Competence of Indonesia Dentist (Appendix 1).

b) Learning outcome

In addition, supporting competence that has been prepared will be broken down into foundational abilities by each educational institutional which eventually will become the ability that has to be owned by every dentist should they open a practice. This ability will become the target of the learning program.

c) Learning material

Learning material is prepared in accordance with education objectives/graduate competence and teaching strategy. This material should be in form of subjects or integrated modules. The subject shall refer to the progressive development of dental science and technology.

d) Teaching strategies

1. Structure/Curriculum Design the curriculum design is determined by each education institution and can be adjusted to the institutional conditions. The design should also be prepared in such a way that the students' achievement can be evaluated every semester/year. Today's medical and dental curriculum emphasize on early clinical exposure related to the the clinical problems which should be understood as early as possible by students as their learning basis.
2. Learning method: in accordance with the government policy, dental education institutional shall apply the active learning methods included are: Small Group Discussion, Role Play and Simulation, Discovery learning, Self-directed learning, Cooperative learning, Collaborative learning, Contextual instruction, Problem-based learning, Case studies and Case reports, Skills lab, Scientific session. This type of learning method will help students to develop self-learning quality, life learning, critical and analytical thinking based on evidence based dentistry.

e) Evaluation

Learning evaluation is a very important part in education. Learning evaluation does not only describe the students' ability achievement but it is also a feedback to the educational process:

- 1) Evaluation method must be determined by each education institution and adjusted to the learning methods applied.
- 2) Evaluation is conducted by lectures on a regular basis to observe the development of competence achieved by students, and with good administration.
- 3) Learning evaluation shall be based on determined competence standards, and able to indicate the achievement in mastering the science and technology.
- 4) Scope and scale of learning evaluation must be clear and understood to all concerned parties.

1.2 Curriculum Management

In addition to the curriculum component, curriculum standard covers the management of curriculum, which includes:

- a. Planning and organizing the curriculum: education institutions plan the curriculum which will be used and form the body/unit whose duty is to manage the curriculum. The position of the curriculum body/team shall be clear within the organizational structure of educational institutions.
- b. Implementation: Education institutions implement curriculum that has been jointly agreed and monitor its implementation consistently and continuously.
- c. Evaluation: Evaluation of curriculum implementation is performed by educational institutions through a monitoring by internal audit department and external audit agency.
- d. Curriculum correction and improvement must be conducted by educational institutions in accordance with the recommendations from monitoring and evaluation team.

2. Research and Community Service

Research activities are part of the education in higher educational institution. This activity is generally institutional demand conducted by the lecturers as their contribution to develop science and technology, and at the same time to improve community service quality. In its implementation, this activity is also used as a way for students to learn to do simple research.

2.1 Research quality standard consist of:

- a) The research standard, that include:
 - 1) Clear research proposal/protocol.
 - 2) Research team.
 - 3) Student involvement.
 - 4) The presence of research ethical team.
 - 5) National or international scientific publication.
- b) The standard of research management, which includes:
 - 1) Long, medium and short termed plan.
 - 2) Management/organization structures.
 - 3) Funding used.
 - 4) Research facilities.
 - 5) Cooperation with the agency/other institutions.
 - 6) Training, workshop and research seminars.

Community service activity is a part of the educations in a higher educational institution. This activity is generally done by lecturers and their students that are coordinated by educational institutions. Community service is the lecturers' activity to apply their knowledge and expertise to solve the problems in a society. This activity should be done in cooperation with the various agencies having the same objectives.

2.2 Community service quality standards consist of:

- a) Community service standards, which consist of:
 - 1) The clear proposal.
 - 2) Unit and implementation team.
 - 3) Reports and publications.
- b) Management standard of community service, which consist of:
 - 1) Long, medium and short termed plan.
 - 2) Management/organization structures.
 - 3) Source of fund used.
 - 4) The developed areas.
 - 5) Cooperation with other institutions.
 - 6) Training and seminars for the involved teams.

CHAPTER IV

STUDENTS

Student is an important component of education as well as being the stakeholders of an education institution. The dental education institution should provide standard and characteristics of student candidates in reference to the current accepted standard of competence of graduating dentist. The standards related to student are as follows:

1. Students characteristic

As part of the educational input, characteristics of students which consist of standards and criteria of students are determined by the institution which further will determine student entry selection.

2. Recruitment system

Dental education institution must set up and determine the recruitment system for the new students. The recruitment and admission system is carried out through an entry selection based on principles of relevance, transparency, accountability, as well as academic and social responsibility, without violating the government regulation.

3. Number of students

Dental education institution shall determine the number of new students for each batch based on the capacity of the institution in relation to appropriateness and adequacy of that of human resources and facilities as well as infrastructure, and educational efficiency the ratio of all students and lecturers with equivalent full teaching time for the academic phase is 10:1, and for the professional phase is 5:1 depending on the related discipline.

4. Academic counselling

Dental education institution should appoint academic supervisory for students during their dental education process

5. Non-academic counselling

Dental education institution should have a student counselling unit. The activities shall be addressed in accordance to the advantage of this student counselling unit for assistance in solving non-academic matters including personal, health, and sociocultural problems as well as career planning after graduation.

6. Extracurricular

Extracurricular activities provide student with opportunities outside of their scope of study. This ability eventually increases students' thinking abilities and their way of study, the institution should provide opportunities of extracurricular activities. Trine allocation and facilities should be actually provided by education institutions.

CHAPTER V RESOURCES

Dental education should provide resources and funds to support the education process. The standard component for resource and funds is as follows:

1. Governance

- a. Organization: education institution should have an organizational structure along with the supportive management principles to meet institutional vision and mission. Job description of each chairman/organizational unit must be clearly written.
- b. Development of the master plan (Rencana Induk Pengembangan): the education institution shall have the Rencana Induk Pengembangan (RIP) as the planning umbrella development of its strategic plan.
- c. Annual work and budgeting plan (Rencana Kerja Anggaran Tahunan) : education institution must prepare the Rencana Kerja Anggaran Tahunan (RKAT) by which it is the elaboration of the strategic plan (Rencana Strategis).

2. Lecturer

Based on the Act of the Republic of Indonesia number 14 year 2005 in teachers and lecturers, it is stated that lecturers are professional educators as well as scientist with main tasks of transformation, development, as well as dissemination of science, technology, and art through education, research, and community services.

Administratively, lecturers are those based on their academic qualification and expertise appointed by the education institution to assist the institution in performing the function of Tridarma Perguruan Tinggi (The Three Pillars of Higher Education), which are: education, research, and community services. However, every lecturer are made possible to be involved in the academic and professional development as well as to participate in the governance of the institution.

a. Lecturer task

In the implementation of Tridarma Perguruan Tinggi (Three Pillars of the Higher Education), lecturers roles are:

- 1) Facilitator for student learning
- 2) Researcher and expert in their respective area of sciences with its purpose of development of science technology, culture and art.
- 3) Community service by implementation of expertise for the community wellbeing.

Specifically the task of lecturers can be described as follows:

- a. To facilitate students in acquiring knowledge, in their respective field of expertise.
- b. To guide students to think critically and analytically to be able to independently implement their acquired knowledge.

- c. Being intellectual advisor and counsellor for the student
- d. To apply concepts, theories, and methodologies of their respective field of study by which at the same time develop further concepts, theories, operational methods in the areas of scientific activities
- e. To conduct researches whereby results are published by means of peer group discussion, seminars, scientific journals, or in the science and technology exhibition
- f. To implement knowledge for community service and development
- g. To work as team with others and stakeholders in the academic management to achieve the institution vision
- h. To take active role in the respective professional organization for professional development.

b. Lecturer standard

The role of lecturer is central for the success of education. Therefore, education institution should provide lecture standard which includes:

- a. Professionalism of lecturer
 - 1) Lecturer must show ethical behaviour and conduct set by the education institution.
 - 2) Every lecturer is expert in his/her respective field of study
 - 3) Have competences in the area of :
 - i. Education and teaching-learning process
 - ii. Research
 - iii. Community services
- b. Qualification standard of lecturer:
 - 1) Expertise standard in its own field of science. Every academic staff should own an academic qualification with a minimum degree of second strata (S2) or specialist.
 - 2) Expertise standard in dental education. In this regard, a lecturer must own a certificate for teaching granted by a recognized education institution.
- c. Standard for lecturer management, which includes:
 - 1) Recruitment lecturer candidate system
 - 2) Career and lecturer development system
 - 3) Reward and remuneration system
 - 4) sanction and dismissal system

3. Educational personal

The number and qualification for educational personal should be able to support the educational activities, which includes: librarian, laboratory and academic administration, finance and general administration.

4. Infrastructure and facility

- a. Facilities and infrastructure covers the need of lecture halls, tutorial room, laboratory room, clinical skills room, computer room, library, lecturers rooms, education management rooms, student activities supporting areas. The size of such rooms shall meet the ongoing regulations ; and each education institution shall document and provide inventory of all its facilities used in the educational process
- b. Every dental education institution must guarantee the availability of clinical education facilities for the students of the profession education stage to achieve the competence according to the development of the dental science and technology. Each institution should have main educational facility such as Rumah Sakit Umum Pendidikan (RSUP) or RSGMP that meet the education facilities requirement for the dentist profession education stage.
- c. In addition to the main education facility, the education institution must have other health-care facilities such as Puskesmas (community health centre), and other facilities besides the teaching hospital.
- d. RSGMP used for clinical education must have operating permit to ensure the ongoing service and the educational process ; as well as students standards competence achieved.
- e. The availability of the clinic educational facilities regarding hospital network must be declared by cooperation agreement between the educational facility network and the dental faculty which at least covers the rights, responsibilities and authorities of each party who ensure the educational process and health care to be implemented optimally.

The standards for hospital of education of dental and oral health are further described in appendix 2 of this book.

5. Information Technology

Education institutions must develop information technology facilities to support the smoothness of educational process. The developed information technology is used for educational administration activity, library and managements of the institution.

6. Library

Educational institutions shall manage fund according to the principles of honesty, transparency, accountability and relevant financial principles.

7. Funding

Educational Institutions shall manage funds according to the principles of honesty, transparency, accountability, and relevant financial principles.

Educational institutions must least provide explanation regarding:

- a. Source of fund
- b. Plan, utilization and method of reporting
- c. Execution of accountability in accordance with the respective university and government regulation

CHAPTER VI

QUALITY ASSURANCE AND ACCREDITATION

1. Revision of The Dental Professional Education Standard

In general dental education quality assurance can be defined as the activities carried out continuously and sustained by an internal quality assurance system of the dental education institutions, as well as those other parties outside the institution as external stakeholder in charge for the improvement enhancing the education quality. Every education institution must conduct the quality assurance activities which reflect their commitment and concern on education quality. Internal quality assurance is carried out by applying educational standards that have been established as well as the monitoring and evaluation on the educational process. Internal quality assurance shall be performed by an internal quality assurance team established by the education institution.

External quality assurance is undertaken by the government or private institutions which are recognized by the government. The external quality assurance activity shall not be just an accreditation, but it may consist other activities which aimed to improve the education quality. At the global concept, every education institution may invite international agencies/organizations in accordance to its study program ('peer-group') to perform assessment to the education process. The Southeast Asia Association for Dental Education (SEAADE) is an association of dental education in Southeast Asia by which one of its programs is 'peer-review'. This organization can be requested by any education institution to evaluate its education. Unlike accreditation, this peer review activities is not aimed to establish rank orders, instead it provides feedback for the education institutions.

2. Dental Education Accreditation

Accreditation is the activity to assess appropriateness of a program in an educational unit based on various determined criteria. Accreditation is regarded as one of an external quality assurance activities carried out for a study program or education institution for public accountability. In Indonesia, accreditation of every dental study program is compulsory and the accreditation result is published by the Ministry of Education and Culture. The graduates of any dental education study program whereby is not accredited are regarded as illegitimate. In the past, the accreditation was performed by the National Higher Health Educational Accreditation Board (LAM-PTKes), but in the future accreditation will be performed by an independent accreditation body within health sector including dental education institution recognized by the government.

In Indonesia, education institutions and stakeholders are taking part together in quality assurance for dental education. In general, the activities are ::

- a. Establishing the competence and education standards by the Indonesia Medical Council (KKI) together with Indonesian Association of Dental Faculties (AFDOKGI), Collegium, Indonesian Dental Association (PDGI), Indonesian Association of Dental Teaching Hospital (ARSGMPI), and the representatives of the Ministry of Health and Ministry of Education and Culture (establishing the competence and education standards). The agreed standards were then ratified by Indonesian Medical Council (KKI).
- b. Implementing the education standard by the education institution and monitoring and evaluating the process of education done by the internal quality assurance team.
- c. Monitoring and Evaluation is carried out using the monitoring and evaluation sheets to be filled in by the education institutions. Indonesia Dental Council – Indonesia Medical Council does the monitoring and at the same time providing technical guidance on the implementation done by the education institutions. The monitoring and evaluation results shall be treated as feedbacks for the respective education institutional.
- d. Data collection is conducted via the Higher Education Database program (formerly known as EPSBED) initiated by the Ministry of Education and Culture
- e. The National Exam (Exit Exam) is conducted by the Ministry of Education and Culture and the competence test by the dental Collegium.
- f. Institutional accreditation is conducted by BAN-PT for the accreditation of a study program is conducted by LAM-PTKes.
- g. RSGMP accreditation is conducted by the Ministry of Health Accreditations Team.

CHAPTER VII

CONCLUSION

This Indonesian Dental Profession Education Standard is revised from the Indonesian Dental Profession Education Standard ratified by the Indonesian Medical Council in the year 2006. Dental Profession Education Standard that has been revised and prepared together with AFDOKGI (the Indonesian Association of Dental Faculties) involving all stakeholders and was initiated and facilitated by the Indonesia Medical Council, Indonesia Dental Profession, Education Standard shall be followed by those who organize dental profession education. The Indonesian Dental Profession Education Standard is a minimum standard that shall be met by all dental education institutions in Indonesia.

The provision on the fulfillment of Indonesian Dental Profession Education Standard by the dental education institutions is monitored through an accreditation mechanism carried out by an independent accreditation board recognized by the government.

**APPENDIX I
INDONESIAN DENTISTRY
DOMAIN AND MAIN COMPETENCE**

DOMAIN I : PROFESSIONALISM

Able to practice in the field of dental and oral in accordance with expertise, responsibility, collegiateness ethics and relevant laws.

The main competencies:

1. Ethics and jurisprudence (C3, P5, A4)
 - 1.1 Applying dental ethics and the laws related to dental profession.
 - 1.2 Providing dental and oral health services in accordance with the code of conducts
 - 1.3 Understanding the issues related to the law related to dental practice
2. Health information analysis critically, scientifically and effectively (C4, P3, A3)
 - 2.1 Critically analysing information validity
 - 2.2 Managing health information scientifically, effectively, systematically and comprehensively
 - 2.3 Thinking critically & alternatively in a decision making
 - 2.4 Using evidence based dental approach for the management of dental and oral health.
3. Communications (C3, P3, A3)

Able to communicate, provide information, and educate (CIE) effectively and be responsible either in writing to the patient, family or companion of patients and the community, colleagues and other health-related professions.
4. The socio-cultural relationship dental and oral health (C3, P3, A3)

A dentist should be able to manage and appreciate the patients with various social, economic, cultural, religious and race backgrounds through cooperation with patients and other concerned parties to support qualified dental and oral health services.

DOMAIN II : THE MASTERY OF MEDICAL AND DENTAL SCIENCE

Able to understand the basic and clinical medical sciences, basic dental science and relevant clinical dental as the foundation of professionalism and development of dental science.

The main competencies:

5. Basic Medical Sciences (C3, P4, A4)

A dentist should be able to integrate relevant biomedical sciences as the source of knowledge and a variety of supporting data for diagnosis and medic dental interventions.
6. Clinical Medical Sciences (C3, P2, A2)

A dentist must understand the relevant clinical medical science to be included in the consideration for dental and oral treatment in a medically compromised patient.
7. Basic Dental Sciences

A dentist must be able to understand the basic principles of dental science which includes Oral Biology, Dental Material Science and Technology to support preclinical and clinical skills, as well as for dental research.
8. Clinical Dental Sciences (C3, P3, A4)

A dentist must understand the principles of clinical dental science as the basic to provide dental and oral clinical service effectively and efficiently

DOMAIN III: GENERAL PHYSICAL AND STOMATOGNATHIC SYSTEM EXAMINATION

Able to examine, diagnose and prepare a treatment plan to achieve excellence dental and oral health through promotional, preventive, curative and rehabilitative actions.

The main competencies:

9. Patient Examination (C3, P3, A4)

A dentist must be able to:

9.1 Perform general physical examination and stomatognathic system by recording the clinical, laboratory, radiological, psychological and social information to evaluate the patients' medical condition

9.2 Identify and manage patient behaviours professionally

9.3 Using the medical records as basic reference to perform dental and oral care

10. Diagnosis (C4, P4, A4)

A dentist should be able to provide diagnosis of dental and oral diseases through the interpretation, analysis and synthesis of the patient examination results

11. Treatment plan (C4, P3, A3)

A dentist should be able to:

11.1 Analyse treatment plan based on the patient's condition, interest and ability

11.2 Determine the appropriate referral

DOMAIN IV: RECOVERY OF THE FUNCTION OF STOMATOGNATHIC SYSTEM

Able to take action to recover the stomatognathic system functions through clinical management.

The main competencies:

12. Pain and Anxiety Management (C3, P4, A3)

A dentist must be able to control the patients' pain and anxiety with empathy.

13. Dentist Medical Intervention (C5, Q5, A4)

13.1 Conserve and restore deciduous and permanent teeth

13.2 Perform treatment of periodontal diseases/conditions

13.3 Perform orthodontic care on children and adult patients

13.4 Perform a simple surgical treatment on hard and soft oral tissue

13.5 Perform non-surgical treatment on soft oral tissue lesions

DOMAIN V: COMMUNITY DENTAL AND ORAL HEALTH

Able to organize community health efforts that lead to excellent oral health.

The main competencies:

14. To provide Dental and Oral Health Services to Community (C4, P3, A4)

14.1 Diagnose community Dental and Oral Health problem

- 14.2 Do promotional and preventive measures to the community
 - 14.3 Seek Information Technology for the benefit of public health services
 - 14.4 Work in teams and create effective and efficient networking in the efforts to achieve optimum oral health
15. Behavioural Management (C3, P4, A3)

A dentist should be able to understand the concept of individual and community health behavioural concept in dentistry.

DOMAIN VI: DENTAL PRACTICE MANAGEMENT

Able to apply management functions in dental practice.

16. Practice and Working Environment Management (C3, P3, A3)

A dentist must be able to:

- 16.1 Organize dental practice, management and the environment management in dental practice
- 16.2 Manage dental working environment using the ergonomic and occupational safety principles
- 16.3 Apply the basic principles and its relationship with the social aspect

APPENDIX 2

RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN (DENTAL TEACHING HOSPITAL) STANDARDS AND CRITERIA

Rumah Sakit Gigi Mulut Pendidikan (RSGMP) is a dental teaching hospital providing dental and oral health care services, which are also used as means of educational learning process and research for the dental health worker profession and other health professionals and will be bound in cooperation with dental faculty.

STANDARD I:

Vision, Mission, Commitment and Licensing Requirements of RSGMP

Description:

To be able to facilitate a dental teaching of education, effective oral health service and research. RSGMP (Dental Teaching Hospital) shall have clear visions and missions, related to dental health worker profession education and other health professionals based on the learning process.

Criteria:

- 1.1 RSGMP hospital has vision, mission, principles and objectives.
- 1.2 The vision and mission are prepared by the Board of Directors of RSGMP along with the related contributors.
- 1.3 RSGMP which its ownership differs from the dental faculty requires a written agreement between RSGMP with dental faculty or related parties that are still valid within a certain period of time.
- 1.4 RSGMP which its ownership is the same as the dental faculty will be regulated through the Hospital by Laws (not required written cooperation).
- 1.5 RSGMP may join cooperation with other of dental hospitals to handle referrals.
- 1.6 RSGMP is bound to one of faculty as the main dental teaching hospital.
- 1.7 RSGMP hold official permit of the establishment and operational license permit of RSGMP as an education place of dental faculty according to applicable regulations.
- 1.8 RSGMP has standard operating procedures that are well documented and socialized.

STANDARD II:

Management and Administration

Description:

The management and administration implementation are the important part of the operational and ongoing educational process of dental health worker professions and other dental teaching in health workers hospital. The management and administration related to the effectiveness and efficiency of the implementation processes of education, service and research.

Criteria:

- 2.1 The organizer of RSGMP is the dental faculty of the state or private dental institution.
- 2.2 RSGMP legal entity shall be in accordance with the owner legal entity.
- 2.3 The director of dental teaching hospital (RSGMP) shall be an Indonesian dentist; preferably which experience and or education in hospital management.
- 2.4 RSGMP which its ownership differs from the relevant dental faculty shall have an educational coordinating body (Bakordik).
- 2.5 RSGMP can be used as means of education, services and research facilities in the fields of oral and dental health, from the general level to the specialist level, according to the community and technology demands, to be part of referral efforts.
- 2.6 To implement dental and oral education, service and research, RSGMP holds basic principles of independency and non-profit entrepreneurship.
- 2.7 RSGMP shall have an organizational structure and working procedures. The organizational structure is determined jointly by the director of RSGMP and the chairman of Dental Faculty, and shall be recognized by the owner of RSGMP considering the hospital's functions and needs.
- 2.8 RSGMP organization includes the departments of education, services, research and development of dental and oral health, administration and finance, supporting services, medical records, medical committee, functional medical staff and installations.
- 2.9 RSGMP provides education, care, as well as dental and oral health research by curative and rehabilitative activities as the priority without disregarding the preventive promotion activities that are carried out integrally and to implement referral efforts to protect the patients' rights.
- 2.10 The function of RSGMP is to organize education, research and health services of general and specialist dental and oral health care, supporting services (pharmacy, clinical laboratory, dental laboratory and dental radiology), referral system, dental and oral health emergency services.
- 2.11 RSGMP implements the policy regulations and written stipulation concerning dental health professional educators and other health personals, to ensure the implementation of qualified education.
- 2.12 Students will need to declare and sign an oath to enter the professional education programs.
- 2.13 RSGMP has a particular administration for students regarding the system and recording flow, dental equipment set up, rooms, time schedules, correspondence that are related to the professional education programs.
- 2.14 RSGMP has documents containing the Annual Work Plan and Budgeting (Rencana Kegiatan dan Anggaran Tahunan/RKAT) that is arranged on a regular basis on a regular basis and being coordinated with the dental faculty.
- 2.15 The source of the education cost can be from RSGMP, students, and other means which are mutually agreed.
- 2.16 RSGMP regularly evaluates the management and administrative processes.
- 2.17 RSGMP prepares the financial accountability report to the chairman.

STANDARD III:

Human Resources for Professional Education Program

Description:

RSGMP in coordination with the dental faculty shall manage the dentals and orals educational personnels of dental and oral health.

Criteria :

- 3.1 RSGMP shall at least have 50% dentists, dental specialists and dental nurses who work in full-time basis, that include:
 - a) Dentist
 - b) Dental specialist which includes 8 specialist areas:
 - 1) Oral Surgery
 - 2) Orthodontic
 - 3) Conservative Dentistry
 - 4) Prosthodontics
 - 5) Children's Dentistry
 - 6) Periodontics
 - 7) Oral Diseases
 - 8) Dental Radiology
- 3.2 RSGMP join be cooperation with other hospitals may provide other health personnel include :
 - a) Physician / Other Specialist Physician
 - 1) The general practitioner with training in Emergency Education Program (PPGD)
 - 2) Anesthetist
 - 3) Internist
 - 4) Paediatrician
 - b) Nurse
Dental nurse
 - c) Pharmaceutical
 - 1) Pharmacists
 - 2) Pharmacist Assistant
 - d) Medical Technical Personnel
 - 1) Radiographer / Radiology administrator and Radio-diagnostic
 - 2) Dental Technician
 - 3) Health Analyst
 - 4) Medical Recorder
 - e) Non-Medical
 - 1) Administration
 - 2) Cleaning Service
 - 3) Dental Equipment Technician
- 3.3 RSGMP has the rules on educators assignment, for full-time and part-time educators which includes the responsibility, authority and rights.
- 3.4 RSGMP has educators that are designated as supervisors for students, and hold Medical Practice Permit (Surat Izin Praktik/SIP) in RSGMP.
- 3.5 RSGMP has regulations to protect health workers regarding services provided in accordance with the competence and authority.

STANDARD IV:

Educational Facilities and Services

Description:

RSGMP should have physical education facilities and equipments, services and researches for staffs and students that allows the learning process to take place.

Criteria:

- 4.1 RSGMP must have infrastructure that includes:
 - a) Outpatient rooms
 - b) Emergency rooms
 - c) Inpatient rooms
 - d) Surgery rooms
 - e) Recovery rooms
 - f) Pharmaceuticals and materials in dentistry
 - g) Clinical laboratory
 - h) Dental technical laboratory
 - i) Sterilization rooms
 - j) Radiology rooms
 - k) Lounges
 - l) Administration rooms
 - m) Toilet
 - n) Other Infrastructures includes electrical power, water supply, waste disposal installations, communications equipment, fire extinguishers and parking areas.
- 4.2 RSGMP shall have equipment requirements including:
 - a) 50 dental units and dental chairs for class B hospital
 - b) 75 dental chairs and dental chair for the class A hospital
 - c) 3 beds
 - d) Medical equipment including:
 - 1) 1 unit intra-Oral Camera
 - 2) 1 unit Dental X-Ray
 - 3) 1 unit Panoramic X-Ray
 - 4) 1 unit Cephalometric X-Ray
 - 5) 7 units sterilizer
- 4.3 RSGMP coordinates with the dental faculty related to the library use.
- 4.4 RSGMP coordinates with dental faculty involved in audio-visual tools provision.
- 4.5 RSGMP provides the facility of basic dental service and 8 specialist units
- 4.6 RSGMP provides dental materials and pharmaceutical materials (tools and consumables, as well as drugs) in accordance with the functions of education, service and research.
- 4.7 RSGMP manages medical records
- 4.9 RSGMP manages informed consent for certain dental measures to be performed to the patients
- 4.10 RSGMP has a list of service tariffs

STANDARD V:

Design and the Implementation of Clinical Education Program

Description:

The role of education of RSGMP as the facility of learning process plays an important part in achieving competence. Professional education programs will be successful if the programs have clear learning targets, structured and balanced activities as well as clear and objective evaluation system.

Criteria :

- 5.1 RSGMP in coordination with the relevant dental faculty has structured education program documents (manual) containing clear education purpose that are based on competence.
- 5.2 RSGMP in coordination with relevant dental faculty has education process order to achieve clear and written educational purposes.
- 5.3 RSGMP in coordination with relevant dental faculty provide evidence based dentistry service.
- 5.4 RSGMP in coordination with relevant dental faculty makes the effort to improve service quality on an ongoing basis.
- 5.5 RSGMP in coordination with the relevant dental faculty should have quality control system and education program medical audit.

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