

Stakeholders' Views and Confidence Towards Indonesian Medical Doctor National Competency Examination: A Qualitative Study

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Introduction: Indonesia is a huge country consisting of 33 provinces with different characteristics. There are 83 medical schools across Indonesia with different accreditation statuses. The Indonesia Medical Doctor National Competency Examination (IMDNCE) has been established to control the quality of medical school graduates. The implementation of IMDNCE needed to be evaluated to determine its impact. To date, there has not been any research in Indonesia that explores the stakeholders' perceptions toward IMDNCE. This study aimed to explore how the stakeholders in Indonesia perceived the impact of IMDNCE towards performances of medical school graduates in clinical practice.

Methods and Study Participants: A qualitative study with phenomenological approach was conducted to investigate perceptions of stakeholders including representatives from consumer organizations, the National Health Coverage, the Ministry of Health, the Indonesian Medical Association, employers (hospital and health center directors), clinical supervisors as well as patients across Indonesia. Data were obtained through focus group discussions (FGDs) and interviews. The study used thematic analysis methods to obtain the results.

Results: A total of 90 study participants participated in the study including 10 representatives of consumer watchdog organizations, the National Health Coverage, the Ministry of Health, the Indonesian Medical Association, 31 employers, 32 professionals, and 17 patients. The study found three general themes which represent the perceptions of the stakeholders towards performances of medical school graduates in clinical practice: IMDNCE as an effort to standardize doctor graduates in Indonesia, the results of IMDNCE as a mean to reflect the quality of medical education in Indonesia, and IMDNCE as an effort to improve health services in Indonesia through the quality of graduates.

Conclusion: In general, the stakeholders perceived that the IMDNCE was able to standardize medical school graduates from various medical schools across Indonesia. However, the IMDNCE needs to be further developed to maximize its potential in improving the competences of Indonesian medical students.

Keywords: national competency examination, medical education, medical school graduates, stakeholder view

Introduction

Along with the increasing number of medical schools, each with its own distinct excellence and shortfalls, and the increasing mobility in the medical workforce, the Medical Licensing Examination (MLE) can be seen as an attempt to assess the graduate's ability in delivering quality care and improving patient safety.¹ The

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Prof. of Clinical Redesign, Nursing, School of Health Sciences, University of Tasmania, Australia

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Prof. Campbell undertook his undergraduate education at the Department of Nursing at the University of Manchester in the 1970s, worked as a Health Visitor and then undertook specialist training in children's nursing. During the 1990s, he was chair of the Association of British Paediatric Nurses, and was founding editor of Child Health journal (now with Sage). He gained his PhD on the topic of mouth care for sick children from Northumbria University. He was made the founding Chair of Nursing Practice at this institution in 2000, leading the Nursing Practice Research Centre at City Hospitals Sunderland, UK. This is where he developed his international reputation for translational research. He has



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member of the Council of Deans of Nursing and Midwifery (Australia and New Zealand), and a member of the Council of Deans of Health Science.

Prof. Campbell has a long history of translational research, with nearly 100 publications in the applied health arena. Prof. Campbell led Northumbria University's Nursing Practice Research Centre from 2000 until 2008. As part of this work he led the NHS funded "Delivery of Care" research programme. Most notably Prof. Campbell developed novel methodological approaches to change, such as his Patient Journey approach. Via this method he led the redevelopment of 18 clinical services from a patient/carer view point, but in partnership with health management and clinical leaders, as well as ensuring that national and international clinical guidelines are fulfilled.

Another aspect of Prof. Campbell's scholarship is in the arena of leadership, with evaluation and innovation expertise in its development. Prof. Campbell is also pioneering the use of the Four Frames of complex organisations in the health services arena.

Prof. Campbell is the joint national lead of the Health Management Research Alliance (Australia). A major part of this work has been the Positive Organisational Scholarship in Health approach, heralding a move away from simply reducing the number of errors, to embracing areas of great success and learning from those areas and making these approaches more pervasive.

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Professor Scott Fraser is a consultant ophthalmologist at Sunderland Eye Infirmary in the North East of the UK. He is also honorary lecturer at the University of Newcastle Upon Tyne and visiting professor at the University of Sunderland. He is a member of the Royal College of Surgeons of Edinburgh and the Royal College of Ophthalmologists.



Dr Fraser

He trained as an ophthalmologist initially

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His main clinical interest is in glaucoma in which he completed sub-speciality training at Moorfields. His research interests also include glaucoma but more widely he is interested in factors that alter compliance with eye medications. He also has an interest in evidence based medicine and is an editor for the Cochrane Eyes and Vision group. He has published over 50 peer reviewed articles and over 100 presentations at scientific meetings. He has written chapters for 7 textbooks and has co-written a manual for eye care.

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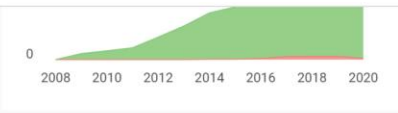
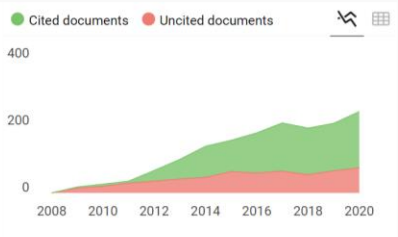
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