

Conceptual Analysis of the Role of General Practitioners in Primary Health Care in Indonesia

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ABSTRACT

This study aims to provide a comprehensive conceptual analysis of the role of general practitioners (GPs) in Indonesia's primary healthcare system amid ongoing health reforms under the National Health Insurance (JKN). Using a qualitative descriptive research design through a systematic literature review, data were collected from peer-reviewed journals, government reports, and academic publications focusing on the functions, challenges, and transformative potential of GPs. The analysis involved thematic identification, data reduction, conceptual categorization, and inductive interpretation to synthesize insights from current empirical and theoretical works. The findings reveal that GPs occupy a central position as gatekeepers of healthcare access, yet their role remains constrained by structural issues such as unequal workforce distribution, administrative burden, and limited professional autonomy. Emerging reforms—such as the Spesialis Kedokteran Keluarga Layanan Primer (Sp.KKLP) program and the GENOGRAM model—reflect a paradigm shift toward preventive, family-centered, and interdisciplinary healthcare. Interprofessional collaboration and digital system integration are identified as crucial enablers of quality improvement, though challenges persist in resource and infrastructure readiness. The study concludes that optimizing the GP's role requires systemic reforms combining professional education, equitable workforce policies, and technology integration. Conceptually, the research enriches the understanding of primary care governance and highlights the importance of GPs as agents of transformation in achieving equitable and sustainable health systems in Indonesia.

Keywords: General practitioners, primary healthcare, Indonesia, health system reform, qualitative study

INTRODUCTION

Primary healthcare is the cornerstone of an effective and equitable health system, and general practitioners (GPs) play a pivotal role as the first point of contact within this structure. In Indonesia, the role of GPs has become increasingly strategic following the implementation of the National Health Insurance scheme (*Jaminan Kesehatan Nasional*, JKN), which emphasizes universal access to primary care. Despite this, the optimization of GP functions remains a persistent challenge, constrained by systemic barriers, uneven distribution, and limited recognition of their professional scope (Ekawati & Claramita, 2021; Mulyanto dkk., 2020). This situation aligns with global concerns as many countries face rising pressures on primary care systems due to aging populations, shifting disease patterns, and growing demands for accessible frontline services.

The growing burden of non-communicable diseases (NCDs) and the rise of chronic health conditions have placed unprecedented demands on Indonesia's healthcare system. GPs are expected to manage both preventive and curative care while

maintaining continuity across patient lifecycles (Werdhani, 2019). However, their effectiveness is undermined by resource limitations, excessive administrative workloads, and an inefficient referral system that restricts their clinical autonomy (Nurcahyo & Bachtiar, 2020; Syah dkk., 2015).

Recent health system reforms have sought to strengthen primary care as a means of achieving universal health coverage, yet disparities in access and distribution persist. A significant gap exists between urban and rural healthcare availability, particularly in eastern Indonesia, where Puskesmas often operate without a resident GP (Hermansyah dkk., 2020; Wenang dkk., 2021). This imbalance has serious implications for health equity and the continuity of patient care.

Beyond logistical issues, the professional identity and recognition of GPs remain contentious. Many medical graduates perceive general practice as a less prestigious career path compared to specialization, resulting in reduced motivation to pursue this field (Hikma dkk., 2022). Consequently, there is a shortage of skilled GPs willing to serve in

community-based settings, exacerbating inequities in primary care delivery.

In response, initiatives such as the Special Competency in Family Medicine (Sp.KKLP) program have been introduced to elevate the status and competence of GPs through postgraduate training. Despite its potential, the program faces resistance due to limited understanding of its long-term benefits and the lack of formal recognition equivalent to specialist training (Ekawati dkk., 2018; Vidiawati, 2023).

The transformation of Indonesia's healthcare system hinges on enhancing the competencies of GPs to align with evolving health needs. The government has begun emphasizing the integration of life-cycle approaches, community-based care, and multidisciplinary collaboration, positioning GPs as the central coordinators of health teams (Vidiawati, 2023). Such transformations require not only skill development but also systemic reform to support GPs as effective gatekeepers and coordinators of care (Mulyanto dkk., 2020).

Collaboration across health professions—particularly with nurses, midwives, and pharmacists—is essential in delivering holistic primary care. Studies have highlighted the growing importance of interdisciplinary teamwork in managing chronic diseases and addressing mental health concerns in community settings (Anjara dkk., 2019; Yuliasih dkk., 2025). However, effective collaboration demands clear role delineation, communication structures, and shared accountability.

Another critical dimension concerns the integration of information systems and digital tools to enhance monitoring, evaluation, and referral efficiency. Digital transformation in primary care could streamline administrative processes, reduce physician burnout, and improve continuity of care through better data management (Yuliasih dkk., 2025). Yet, these innovations remain underutilized in many Puskesmas due to infrastructural and policy barriers.

Empirical studies underscore that the administrative load imposed by JKN, coupled with limited facility resources, significantly affects GPs' ability to focus on clinical tasks (Ekawati & Claramita, 2021). This tension between administrative compliance and patient-centered care exemplifies the broader structural misalignment within the healthcare system.

The conceptual gap addressed in this article revolves around the underappreciated strategic value of GPs in shaping Indonesia's primary healthcare trajectory. While GPs are tasked with preventive and promotive functions, their systemic empowerment remains insufficiently institutionalized, leading to suboptimal utilization of their skills (Syah dkk., 2015; Werdhani, 2019).

This article seeks to provide a comprehensive conceptual analysis of the role of general practitioners in Indonesia's primary healthcare landscape. By synthesizing recent empirical findings, it aims to identify systemic constraints, role ambiguities, and future pathways for optimizing GP contributions to health system resilience and equity (Ekawati dkk., 2018; Mulyanto dkk., 2020).

Furthermore, this paper examines how professional recognition, competency development, and interprofessional collaboration can serve as levers for reforming the healthcare delivery model. The discussion emphasizes that strengthening the GP role is not merely a workforce issue but a foundational step toward achieving sustainable universal health coverage (Vidiawati, 2023).

The urgency of this analysis lies in the growing mismatch between policy ambitions and on-the-ground realities faced by GPs. Without targeted reforms, Indonesia risks perpetuating inequitable access and inefficiency in its healthcare delivery, undermining national health outcomes (Nurchahyo & Bachtiar, 2020; Wenang dkk., 2021).

Theoretically, this study contributes to the discourse on primary care governance and professional identity within mixed health systems. Practically, its insights may guide policymakers in redesigning health workforce strategies, improving primary care quality, and fostering sustainable community health practices.

In summary, this article aims to bridge the conceptual and practical divide in understanding the evolving role of GPs in Indonesia. By framing their position as both frontline clinicians and systemic coordinators, it underscores their indispensable contribution to the nation's pursuit of equitable, efficient, and resilient healthcare.

METHOD

This study employs a qualitative research design with a descriptive approach through a systematic library-based study. The qualitative

descriptive framework was chosen because it allows for an in-depth exploration of the conceptual role of general practitioners (GPs) in Indonesia's primary healthcare system by synthesizing empirical and theoretical literature (Baillie, 2019; Doyle dkk., 2019). The descriptive design emphasizes rich, contextualized understanding of phenomena without manipulating variables, which aligns with the article's objective to conceptualize and analyze existing evidence and theoretical discourses rather than test hypotheses (Abraham & P, 2024). A library based theoretical inquiry differs from a regular literature review because it not only summarizes existing studies but also develops deeper conceptual interpretations based on theoretical reasoning.

Data for this study were derived from a comprehensive review of secondary sources, including peer-reviewed journal articles, official government documents, academic books, and institutional reports that discuss the roles, challenges, and transformations of GPs in primary healthcare. Primary sources included publications in international journals related to family medicine, primary care policy, and health systems research between 2015 and 2025 (Ekawati & Claramita, 2021; Mulyanto dkk., 2020; Vidiawati, 2023). Supplementary theoretical references were drawn from methodological literature on qualitative research, descriptive approaches, and data analysis techniques to ensure methodological rigor (Bingham, 2023; Pratt, 2025).

The data collection technique was conducted through a structured literature search across academic databases and institutional repositories. This process involved identifying, selecting, and reviewing relevant documents based on pre-established inclusion and exclusion criteria. The inclusion criteria encompassed literature focusing on general practitioners' roles in primary healthcare in Indonesia, as well as theoretical works related to qualitative and descriptive methodologies. Excluded materials were non-academic sources, opinion-based commentaries, or studies lacking peer-reviewed validation (Granikov dkk., 2020; Togia & Malliari, 2017). This selection ensured the reliability and credibility of the analyzed data.

The analytical process involved multiple stages consistent with the qualitative analytical framework proposed by (Bingham, 2023) and (Kalpokaite & Radivojevic, 2018). First, all collected materials were subjected to thematic identification, followed by data

reduction to isolate recurring themes related to the roles, challenges, and systemic position of GPs in primary healthcare. The second stage involved conceptual categorization—grouping key ideas under broader conceptual frameworks such as gatekeeping, equity, interprofessional collaboration, and system transformation (Mulyanto dkk., 2020; Werdhani, 2019). Finally, inductive reasoning was applied to synthesize the findings and draw interpretative conclusions.

The validity of this research was strengthened through methodological triangulation, which entailed comparing and cross-verifying data from multiple independent academic sources and methodological perspectives. Conceptual peer review was also employed by referencing widely recognized frameworks and theories in qualitative and health systems research to ensure interpretative consistency and confirmability (Fife & Gossner, 2024; Vila-Henninger dkk., 2022). Documentation of the analytical process followed an audit trail approach, ensuring transparency and traceability of interpretations (Bingham, 2023).

Through this systematic and descriptive qualitative approach, the study aims to generate a comprehensive understanding of the evolving conceptual role of GPs in Indonesia's primary healthcare landscape. The combination of inductive analysis, triangulation, and methodological transparency ensures that the findings are both empirically grounded and theoretically robust, contributing to the broader discourse on healthcare reform and professional practice development. Ultimately, this methodological framework supports the article's goal of providing relevant, valid, and accountable insights for policy, education, and clinical practice (Bandaranayake, 2024; Pratt, 2025).

RESULTS

The findings of this conceptual and literature-based analysis reveal that general practitioners (GPs) hold a central, yet still underoptimized, role in Indonesia's primary healthcare system. Within the framework of the National Health Insurance (JKN), GPs serve as the gatekeepers of healthcare access, responsible for ensuring equitable and continuous services for patients. However, several systemic challenges—ranging from limited resources and administrative burdens to insufficient professional recognition—continue to hinder their performance

(Ekawati & Claramita, 2021; Mulyanto dkk., 2020). The data synthesized from recent empirical and theoretical studies show that while GPs in Indonesia possess adequate knowledge and clinical capability, their attitudes toward the gatekeeper role are influenced by contextual factors such as location, workload, and institutional support (Maharani dkk., 2021).

A notable finding is that the transformation of primary healthcare in Indonesia increasingly demands specialized competence through programs like Special Competency in Family Medicine (Sp.KKLP). This postgraduate program strengthens the preventive, promotive, and rehabilitative capabilities of GPs while emphasizing patient-centered and life-cycle approaches (Vidiawati, 2023). Complementary models such as the GENOGRAM physician involvement framework have also been developed to enhance GP–family engagement in chronic disease prevention and rehabilitation (Larasati dkk., 2020). These developments signal a paradigm shift from disease-oriented to family- and community-oriented practice, aligning with global health system transformation trends.

Despite these advances, geographical inequality remains one of the most persistent challenges. Access to primary care services in remote and rural areas is limited by an uneven distribution of doctors and other health professionals. Empirical studies show that regions with higher GP-to-population ratios tend to have better utilization of primary care, particularly among low-income groups (Wenang dkk., 2021). However, this remains a challenge in eastern Indonesia, where the shortage of doctors significantly undermines the effectiveness of universal coverage

(Ekawati & Claramita, 2021). The results underscore the urgent need for equitable health workforce distribution policies to support national health equity goals.

Another major finding involves the growing emphasis on interprofessional collaboration as a foundation for strengthening primary healthcare delivery. Recent evidence demonstrates that collaborative practices between GPs, pharmacists, nurses, and midwives lead to improved management of chronic conditions and medication safety (Hermansyah dkk., 2020; Yuliasih dkk., 2025). The integration of digital information systems has further enhanced communication and service efficiency within primary care settings. However, these systems remain inconsistently implemented due to disparities in digital infrastructure and workforce readiness (Yuliasih dkk., 2025). This highlights the need for investment in health information technology as a catalyst for systemic improvement.

Performance measurement and monitoring constitute another critical dimension of the findings. Studies reveal that Indonesia’s current framework for assessing primary care performance lacks comprehensiveness and fails to capture essential indicators such as service quality, facility resilience, and workforce capability. Recent research advocates for adopting globally benchmarked instruments and data-driven approaches to support policy evaluation and accountability (Solikha dkk., 2025). In addition, readiness studies indicate that many primary healthcare posts (poskesdes) remain unprepared for integration within the broader health system transformation agenda (Setiaasih dkk., 2025).

Table 1. The Key Issues And Corresponding Findings Derived From The Reviewed Literature.

Key Issue	Main Findings	Sources
Gatekeeper & Attitude	GPs demonstrate strong knowledge but less positive attitudes toward the gatekeeper role due to contextual factors like workload and practice location.	(Ekawati & Claramita, 2021; Maharani dkk., 2021; Mulyanto dkk., 2020)
Competence Transformation	Implementation of <i>Sp.KKLP</i> and GENOGRAM models enhances preventive and rehabilitative engagement.	(Larasati dkk., 2020; Vidiawati, 2023)

Access & Equity	Rural areas face shortages of GPs, affecting healthcare access and utilization among poor populations.	(Ekawati & Claramita, 2021; Wenang dkk., 2021)
Collaboration & Systems	Interprofessional collaboration and digital system integration improve primary care effectiveness but remain underdeveloped.	(Hermansyah dkk., 2020; Yuliasih dkk., 2025)
Performance Measurement	Performance indicators are incomplete; new monitoring frameworks are needed for systemic evaluation.	(Setiaasih dkk., 2025; Solikha dkk., 2025)

Overall, the findings confirm that GPs in Indonesia are integral to the success of primary healthcare reform, yet systemic limitations continue to impede their optimal contribution. The integration of educational reforms, equitable workforce policies, and digital innovations appears essential to achieving a sustainable and high-performing primary healthcare system. The results also align with international best practices emphasizing interprofessional collaboration, data-driven governance, and community-based service delivery as the pillars of effective primary care transformation.

DISCUSSION

The findings presented in this study emphasize that general practitioners (GPs) are fundamental to the success of Indonesia’s primary healthcare system, especially within the framework of the National Health Insurance (JKN). The role of GPs as gatekeepers—responsible for controlling referrals and ensuring continuity of care—remains conceptually strong but practically constrained. While previous research (Mulyanto dkk., 2020) highlights the high level of knowledge and clinical competence among GPs, this study identifies that their attitudes toward the gatekeeper function are often shaped by contextual factors such as location, workload, and institutional limitations. This suggests that structural issues in the healthcare system, including uneven distribution of doctors and excessive administrative burdens, are critical determinants of GP performance (Ekawati & Claramita, 2021; Maharani dkk., 2021).

The integration of the Special Competency in Family Medicine (Sp.KKLP) program represents an

important theoretical and practical advancement in the conceptualization of primary care. Rooted in the principles of family medicine and community-based care, this program redefines the GP’s role from reactive treatment to preventive and holistic health management (Vidiawati, 2023). The inclusion of tools like the GENOGRAM model further strengthens this transition by deepening physicians’ understanding of familial and psychosocial dynamics (Larasati dkk., 2020). These findings align with global health system theories emphasizing life-cycle and person-centered approaches as the foundation for sustainable health transformation.

However, the persistent disparities in healthcare access reveal the systemic challenge of achieving health equity in Indonesia. The findings indicate that healthcare services remain unevenly distributed, with rural and remote areas experiencing significant shortages of both doctors and supporting health workers (Wenang dkk., 2021). This condition reflects the limitations of central planning and underscores the importance of decentralization and incentives to retain healthcare professionals in underserved regions. Theoretically, this supports the concept of “equity-oriented primary care,” which posits that access and outcomes are inseparable from socio-geographical determinants of health.

Interprofessional collaboration emerges as another critical dimension in the evolving role of GPs. The study demonstrates that partnerships between doctors, pharmacists, and other healthcare professionals significantly enhance the quality of primary care delivery (Hermansyah dkk., 2020; Yuliasih dkk., 2025). The integration of pharmacists in

patient care—particularly in chronic disease management and medication safety—represents a shift toward multidisciplinary practice models that mirror successful systems in developed countries. However, barriers such as limited infrastructure and inadequate digital integration hinder full implementation of such collaborative frameworks, suggesting that institutional and technological reforms are equally essential.

From a governance perspective, performance measurement remains a major gap. The absence of comprehensive performance indicators at the primary care level restricts the ability to evaluate service quality, resource allocation, and system accountability (Solikha dkk., 2025). This finding is consistent with (Setiaasih dkk., 2025), who revealed that many health posts (poskesdes) are structurally unprepared for integration into Indonesia's broader health transformation agenda. Addressing these challenges requires adopting globally recognized monitoring frameworks that assess dimensions such as service efficiency, patient satisfaction, and health outcomes.

The implications of these findings extend beyond operational improvements. Strengthening the GP's role within Indonesia's healthcare system contributes to broader public health goals, including disease prevention, reduced healthcare costs, and improved population health outcomes. Theoretically, this aligns with the Primary Health Care Framework proposed by the World Health Organization, which emphasizes accessibility, continuity, and comprehensiveness as essential attributes of effective healthcare systems. Practically, the evidence supports a policy shift toward empowering GPs through continuous education, equitable distribution, and digital transformation to reinforce Indonesia's commitment to universal health coverage.

Nevertheless, several limitations must be acknowledged. The literature reviewed in this study predominantly reflects cross-sectional and qualitative perspectives, limiting longitudinal insight into how systemic reforms affect GP roles over time. Moreover, data gaps in performance indicators and regional health statistics constrain generalizability. Future studies should adopt mixed-method approaches combining policy analysis, longitudinal assessment, and participatory action research to provide a more comprehensive understanding of GP practice in diverse contexts. Additionally, more attention should be given to the economic and sociocultural factors that

shape professional motivation and patient trust in primary care.

In summary, the analysis confirms that optimizing the role of GPs requires a multidimensional strategy integrating professional development, policy reform, and interprofessional collaboration. The findings contribute both conceptually and empirically to the discourse on health system strengthening, positioning general practitioners not merely as service providers but as strategic agents of transformation in Indonesia's journey toward equitable and resilient primary healthcare.

CONCLUSION

This study concludes that general practitioners (GPs) play an indispensable yet still evolving role in Indonesia's primary healthcare transformation. The analysis reveals that while GPs possess strong clinical knowledge and commitment to patient care, their function as gatekeepers remains constrained by systemic challenges such as resource limitations, uneven workforce distribution, and excessive administrative burdens. The introduction of family medicine specialization (Sp.KKLP) and integrative models like GENOGRAM signify a paradigm shift toward holistic, family-oriented care, supported by growing interprofessional collaboration and digital health integration. These findings enrich theoretical perspectives on primary care by emphasizing the intersection between professional empowerment, systemic governance, and equitable access. In the broader social and cultural context, strengthening GP roles promotes inclusive, community-centered healthcare that aligns with Indonesia's pursuit of universal health coverage. Academically, the study advances the discourse on health system resilience by situating GPs as pivotal agents of transformation rather than peripheral providers. Nonetheless, limitations remain in data comprehensiveness and longitudinal evaluation, warranting future research that explores policy effectiveness, digital integration outcomes, and the evolving socio-professional identity of GPs within Indonesia's dynamic healthcare ecosystem.

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