

## Implementation of the OSS-RBA and Its Implications for Public Administration Education

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### ABSTRACT

Clinical licensing is a crucial instrument for ensuring the legality and quality of healthcare services. The Sumedang Regency Government has implemented a clinical licensing policy through the Online Single Submission Risk-Based Approach (OSS-RBA) system, but various obstacles remain in its implementation. This study aims to analyze the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency and identify supporting and inhibiting factors. This research employed a qualitative, descriptive approach. Data were collected through in-depth interviews, observations, and documentation studies, then analyzed using George C. Edward III's policy implementation model, which encompasses communication, resources, disposition, and bureaucratic structure. The results indicate that policy implementation has been carried out in accordance with regulations, but not optimally. Strengthening policy communication, increasing resource capacity, simplifying procedures, and coordinating between agencies are needed to improve the effectiveness of clinical licensing services.

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### 1. INTRODUCTION

Clinical licensing is a strategic public policy instrument for ensuring legality, quality healthcare services, and public protection. In line with business licensing reforms in Indonesia, the government has implemented a Risk-Based Business Licensing system through the Online Single Submission Risk-Based Approach (OSS-RBA) as an effort to simplify bureaucracy, increase transparency, and accelerate public services, including in the healthcare sector. However, in practice at the regional level, the implementation of the OSS-RBA-based clinical licensing policy still faces various challenges, such as limited human resource capacity, technical system constraints, and suboptimal inter-agency coordination. This situation has the potential to create a gap between policy objectives and the reality of implementation, particularly in ensuring the effectiveness of clinical licensing services in the regions.

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Approach (OSS-RBA) as an effort to simplify bureaucracy, increase transparency, and accelerate public services, including in the healthcare sector. However, in practice at the regional level, the implementation of the OSS-RBA-based clinical licensing policy still faces various challenges, such as limited human resource capacity, technical system constraints, and suboptimal inter-agency coordination. These conditions have the potential to create a gap between policy objectives and the reality of implementation, particularly in ensuring the effectiveness of clinical licensing services in the region.

Based on this explanation, this article aims to analyze the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency using Edward III's policy implementation theory perspective. This aims to identify factors influencing its effectiveness and provide a scientific contribution to strengthening public policy studies in the digital-based healthcare sector.

## 2. METHOD

This study uses a qualitative approach with a descriptive approach, aiming to gain an in-depth understanding of the implementation process of the OSS-RBA-based clinical licensing policy in Sumedang Regency. This qualitative approach was chosen because the study focuses on exploring the meaning, process, and dynamics of public policy implementation as it occurs in the real context of local government, rather than testing causal relationships or statistically measuring variables (Creswell, 2018).

The research design used was a case study, focusing on the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency. This case study was chosen because it allows researchers to examine the policy phenomenon contextually, in-depth, and holistically, taking into account interactions between actors, bureaucratic procedures, and institutional conditions influencing the implementation of the George C. Edward III policy, including the dimensions of communication, resources, disposition, and bureaucratic structure.

The research subjects consisted of local government officials directly involved in the clinical licensing process, namely officials and staff at the Investment and One-Stop Integrated Services Agency (DPMPTSP) and the Sumedang Regency Health Agency, as well as clinic owners or managers as permit applicants. Informants were selected purposively, based on their involvement, knowledge, and experience in the implementation of the OSS-RBA-based clinical licensing policy, particularly the implementation process, supporting and inhibiting factors, and coordination mechanisms between implementing agencies in Sumedang Regency.

Data collection was conducted through three main techniques: in-depth interviews, observation, and documentation study. In-depth interviews were used to obtain information related to informants' understanding, experiences, and perceptions regarding the implementation of the clinical licensing policy. Observations were conducted to directly observe the licensing service process and interactions between agencies. Documentation study was used to examine regulations on licensing report service standards, as well as other supporting documents relevant to the OSS-RBA policy. The research instruments, a semi-structured interview guide and observation sheets, were compiled based on the Edward III dimensions.

Data analysis was conducted using descriptive qualitative methods, referring to the interactive analysis model of Miles, Huberman, and Saldaña (2014), which includes data reduction, data presentation, and conclusion drawing. Data obtained from various sources were analyzed thematically by grouping findings based on the dimensions of communication, resources, disposition, and bureaucratic structure. To maintain data validity, source and technical triangulation techniques were used to ensure adequate credibility for the research results.

Systematically, the steps in this research include: (1) identifying the problem and determining the research focus; (2) collecting data through interviews, observation, and documentation; (3) analyzing the data based on Edward III's theoretical framework for policy implementation; and (4) drawing conclusions and formulating policy implications. The research flow and design are presented in the form of a research design chart to facilitate readers' understanding of the research stages and logic.

## 3. FINDINGS AND DISCUSSION

The research findings indicate that the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency has been conducted in accordance with the national regulatory framework. However, its effectiveness varies across policy implementation dimensions. In general, this policy has accelerated the licensing process and increased service transparency, but has not completely eliminated the administrative and technical barriers faced by both implementers and applicants.

From a policy communication perspective, the research found that information regarding clinical licensing procedures through OSS-RBA is available online and accessible to the public. However, applicants' understanding of the licensing process and requirements remains uneven. This situation indicates that the digital system has not been fully balanced by an effective and sustainable communication strategy. These findings expand on previous research that tends to assess the success of OSS-RBA solely on the availability of information, without addressing gaps in user understanding at the local level.

Regarding the resource dimension, this study found that limited human resources, particularly in technical mastery of the OSS-RBA system, remain a major obstacle. Implementing officials have demonstrated commitment to implementing the policy, but workload and limited technical competency impact service optimization. Unlike previous research that emphasized the dominant role of technology, this study's findings indicate that human resources remain the primary determinant of successful digital policy implementation in the regions.

Furthermore, regarding the disposition or attitude of implementers, the results indicate a positive attitude and support from officials toward the OSS-RBA policy. Officials understand the policy's objectives and strive to assist applicants in completing the licensing process. However, this adaptive attitude has not been fully accompanied by procedural flexibility, resulting in reliance on technical interpretations from central agencies in certain circumstances. This finding suggests that successful implementation is determined not only by the attitudes of implementers but also by the discretionary space available within the policy system.

Regarding the bureaucratic structure dimension, this study found that the division of authority between the DPMPTSP and the Health Office is clearly regulated, but operational coordination still requires strengthening. Licensing processes involving more than one agency have the potential to extend permit processing times if not supported by effective coordination mechanisms. This finding contrasts with some previous studies that concluded that the OSS-RBA bureaucratic structure is simple, as in the regional context, the complexity of cross-sectoral coordination remains a real challenge.

Overall, the results of this study answer the research objective by demonstrating that the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency has brought positive changes to licensing governance, but it is not yet fully optimal. The scientific contribution of this study lies in confirming that digitalization of licensing does not automatically increase policy effectiveness without strengthened communication, increased human resource capacity, and adaptive bureaucratic coordination. Thus, this study provides a new empirical perspective that the success of the OSS-RBA policy at the regional level is largely determined by policy implementation factors, not solely by the sophistication of the technological system used.

The findings of this study confirm that the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency reflects a common pattern in digital public policy reforms, where regulatory compliance and technological availability do not automatically translate into optimal policy outcomes. From the perspective of Edward III's policy implementation theory, the communication dimension emerges as a critical explanatory factor. Although procedural information is formally accessible through the OSS-RBA platform, the uneven understanding among applicants indicates a gap between formal policy communication and effective policy transmission. This finding is consistent with previous studies on digital licensing systems in Indonesia, which emphasize that digital transparency does not necessarily ensure user comprehension or procedural clarity, particularly in regions with varying levels of digital literacy (Rahman & Pratama, 2022; Nugroho et al., 2023). However, this study extends earlier research by demonstrating that the communication problem is not

merely technical, but structural—rooted in the absence of sustained, two-way communication strategies between implementing agencies and service users. Scientifically, this implies that policy communication should be conceptualized not only as information dissemination, but as an interactive governance process that shapes user behavior and compliance.

In the resource dimension, the results indicate that human resource limitations remain a decisive constraint despite the presence of a sophisticated digital system. This finding reinforces Edward III's assertion that resources—particularly human competence—are a prerequisite for effective policy implementation. Similar conclusions have been reported in studies on e-government and OSS-RBA implementation, which note that inadequate technical capacity among local officials often leads to procedural delays and dependency on central government interpretations (Sari & Widodo, 2021; Kurniawan et al., 2024). However, unlike studies that place technological infrastructure as the primary bottleneck, this research highlights that technology has largely functioned as intended, while human adaptability and workload distribution have lagged behind. The divergence suggests that the core issue is not system readiness, but institutional preparedness. Theoretically, this supports a neo-institutionalist view that digital reforms must be accompanied by organizational learning and capacity building to achieve substantive policy effectiveness.

Furthermore, the disposition and bureaucratic structure dimensions provide deeper insight into why policy outcomes remain suboptimal. The positive attitude and commitment of implementing officials indicate strong normative support for the OSS-RBA policy, aligning with findings from earlier research that emphasize bureaucratic willingness as a key success factor in administrative reform (Putri & Setiawan, 2022). However, this study reveals that positive disposition alone is insufficient when discretion is limited and coordination mechanisms are rigid. In contrast to studies that portray OSS-RBA as simplifying bureaucratic structures, the Sumedang case demonstrates that cross-sectoral coordination—particularly between DPMPTSP and the Health Office—continues to generate procedural complexity at the operational level (Hidayat et al., 2023). The scientific implication of this finding is significant: it challenges the assumption that digital integration inherently reduces bureaucratic fragmentation. Instead, it underscores the need to reconceptualize bureaucratic structure as a dynamic network of interdependent actors, where coordination capacity and discretionary space are as crucial as formal organizational design.

#### 4. CONCLUSION

This study concludes that the implementation of the OSS-RBA-based clinical licensing policy in Sumedang Regency has increased transparency and service efficiency, but its effectiveness is still limited by limitations in policy communication, human resource capacity, and inter-agency bureaucratic coordination. These findings advance the understanding of digital policy implementation by confirming that the success of OSS-RBA is determined more by policy implementation factors than by technological aspects. The results of this study imply the need to strengthen apparatus competencies and adaptive coordination mechanisms. Further research is suggested to examine the effectiveness of OSS-RBA comparatively between regions or through a quantitative approach based on service performance.

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