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Challenges and Barriers on Career Pathways among Non-Residency Trained General Physicians in Level 2 Private Hospital in Antipolo City: A Basis for Comprehensive Support Program

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ABSTRACT

Introduction: Non-residency trained general physicians (GPs) are crucial frontline providers in Philippine Level 2 private hospitals but face significant barriers to career progression, job satisfaction, and well-being. This study explored their lived experiences, challenges, and barriers at a Level 2 private hospital in Antipolo City, Rizal, to propose a tailored support program.

Methodology: A qualitative phenomenological design was employed. Fourteen purposively sampled non-residency trained GPs (licensed, employed at the site, no formal residency) participated in semi-structured interviews. The validated guide covered experiences/challenges, career/well-being impacts, advancement barriers, and support recommendations. Thematic analysis identified key patterns, adhering to ethical standards (informed consent, confidentiality).

Results: GPs performed diverse roles (emergency care, ward duties, minor procedures) independently, valuing flexibility but pressured by limited training. Key challenges included inadequate clinical skills, workplace bias, heavy workloads, stress, and burnout. Barriers involved systemic issues (limited residency access due to favoritism, outdated licensure, lack of mentorship) and workplace inequities (low pay, insufficient benefits). Participants recommended structured training, formal mentorship, fair compensation, and a dedicated GP governing body.

Discussion: Findings reveal career pathway uncertainty, role ambiguity, professional stagnation, and systemic inequities. Reliance on informal learning and absent structured support aligns with studies on non-specialists in resource-limited settings. Workplace bias and financial instability worsen burnout, echoing global primary care research. Proposed interventions—structured CME, mentorship, anti-bias policies, licensure reform—could empower GPs, enhance care, address shortages, and support Universal Health Care Act goals.

Conclusion: Non-residency trained GPs in Level 2 hospital encounter profound challenges hindering professional growth. Targeted interventions (enhanced training, equitable policies, institutional support) are vital to integrate and value these physicians. Systemic reform is needed to foster inclusive career pathways, strengthening Philippine primary care delivery.

KEYWORDS: *Non-residency trained general physicians, career pathways, Level 2 private hospital, challenges, barriers, professional development, job satisfaction, well-being, systemic inequities, workplace bias, mentorship, continuing medical education (CME), Universal Health Care Act, Philippine healthcare system, physician retention, burnout, credentialing, licensure, primary care, support program.*

1. INTRODUCTION

Background of the Study

Globally, non-specialist physicians in resource-constrained settings encounter parallel challenges, offering valuable insights into the Philippine context. Research by Motala and colleagues (2021) revealed that non-specialist physicians in South African district hospitals grapple with heavy workloads, inadequate training opportunities, and professional marginalization, resulting in burnout rates significantly higher than those of residency-trained peers. Similarly, Kumar and associates (2022) found that non-residency trained GPs in low- and middle-income countries (LMICs) often rely on informal learning due to restricted access to structured continuing medical education (CME), leading to inconsistent skill development and diminished confidence in managing complex cases. A 2024 study by Nguyen and co-researchers further highlighted systemic inequities in Southeast Asian healthcare systems, such as limited access to specialty training and lower compensation, which exacerbate professional isolation and hinder career mobility for non-specialist physicians. These global patterns resonate deeply with the challenges faced by non-residency trained GPs in the Philippines, underscoring the need for targeted interventions to support this vital workforce segment.

In the Philippines, systemic issues intensify these challenges. The healthcare system struggles with a critical shortage of professionals, exacerbated by outmigration and uneven workforce distribution (Sarmiento & Poblete, 2020). In rapidly urbanizing areas like Antipolo City, Level 2 private hospitals, such as Metro Antipolo Hospital and Medical Center, serve as key providers of accessible care but often lack the infrastructure to support advanced training or mentorship programs. Non-residency trained GPs in these settings manage a broad spectrum of clinical and administrative responsibilities, yet face significant obstacles, including favoritism in residency admissions, outdated licensure systems, and non-standardized compensation structures (Mendoza & Torres, 2023; Santos & Reyes, 2022). For instance, Mendoza and Torres (2023) identified that nepotism and preferential treatment in residency programs restrict opportunities for non-residency trained physicians, perpetuating their exclusion from specialization pathways. Additionally, Santos and Reyes (2022) noted that inconsistent pay and limited benefits in private hospitals contribute to financial precarity, further limiting access to professional development opportunities.

Recent research underscores the urgency of addressing these challenges. Tan and colleagues (2023) identified "career plateauing" among non-residency trained GPs in Southeast Asia, where systemic biases favoring specialists confine these physicians to entry-level roles, a trend evident in the Philippines (Philippine Medical Association, 2022). Lee and co-authors (2022) emphasized that structured CME and mentorship programs significantly enhance clinical competence and job satisfaction among non-specialist physicians, offering a potential model for intervention. Furthermore, Chen and associates (2025) highlighted that equitable compensation and anti-bias policies in private hospitals improve physician retention and care quality, particularly in urbanizing regions with growing healthcare demands. These findings align with the Universal Health Care Act's focus on strengthening primary care through workforce support (Republic Act No. 11223, 2019).

REVIEW OF RELATED LITERATURE

Non-residency trained general physicians (GPs), often referred to as general practitioners or primary care physicians without specialized postgraduate training, play a pivotal role in healthcare systems worldwide, particularly in addressing primary care needs in diverse settings. Their responsibilities vary across countries due to differences in healthcare infrastructure, training pathways, and policy frameworks, but they consistently serve as frontline providers, bridging gaps in access to care. In many low- and middle-income countries (LMICs), non-residency trained GPs are critical to healthcare delivery, especially in underserved or rural areas where specialists are scarce. For instance, in India, general practitioners without formal residency training often manage a broad spectrum of health conditions, from acute infections to chronic diseases, in community clinics and small hospitals. A study by Kumar and colleagues (2019) highlights that these physicians handle primary care consultations, minor procedures, and preventive health measures, often under resource-constrained conditions. However, their scope of practice is limited by a lack of advanced training, leading to frequent referrals to specialists for complex cases, which can strain healthcare systems and delay patient care.

In the United Kingdom, non-residency trained GPs, often referred to as "portfolio GPs" or locum doctors, undertake diverse roles in primary care settings, including general practices and community health centers. A 2021 study by Taylor and colleagues notes that these physicians provide acute care, manage chronic illnesses, and participate in public health initiatives, such as vaccination campaigns. However, their lack of formal postgraduate training can restrict their involvement in hospital-based care or leadership roles, creating a professional divide between generalists and specialists. The UK's General Medical Council emphasizes CPD to bridge this gap, but non-residency trained GPs often report feeling undervalued compared to their residency-trained counterparts. In Sub-Saharan Africa, non-residency trained physicians, sometimes called medical officers, are vital in addressing healthcare workforce shortages. A study by Oleribe et al. (2018) in Nigeria describes how these physicians manage emergency cases, deliver primary care, and perform basic surgical procedures in district hospitals. Their roles are often expanded due to the scarcity of specialists, but this comes with challenges, such as inadequate training and heavy workloads, leading to burnout. The World Health Organization (2021) underscores that such physicians are essential for achieving universal health coverage in LMICs, yet their professional development is often hindered by limited access to mentorship and structured training. In the United States, non-residency trained physicians, often referred to as general practitioners or unmatched medical graduates, may work in primary care clinics, urgent care centers, or non-clinical roles due to the competitive nature of residency programs. According to a 2022 report by Chen and associates, these physicians handle routine consultations, preventive care, and minor procedures but face significant barriers to hospital-based practice due to credentialing requirements favoring board-certified specialists. Their roles are often confined to outpatient settings, and they may pursue alternative careers in medical administration or public health to circumvent these limitations.

In the Philippine healthcare system, non-residency trained general physicians (GPs) serve as the unsung heroes of primary and secondary care, particularly in Level 2 private hospitals like those in Antipolo City. These physicians, often referred to as "general practitioners" or simply "GPs" by their peers, fill critical gaps in healthcare delivery where specialists may be scarce or where patient needs demand immediate attention. Their roles are as diverse as the communities they serve, reflecting the dynamic and resource-constrained nature of the Philippine healthcare landscape. Non-residency trained GPs in private hospitals undertake a wide array of clinical responsibilities, often juggling multiple roles to ensure patient care continuity. According to a 2020 study by Generalao et al., these physicians manage outpatient consultations, stabilize emergency cases, perform minor procedures such as suturing and incision drainage, and oversee ward patients with conditions ranging from hypertension to acute infections. In Level 2 private hospitals, where advanced diagnostic and therapeutic resources are limited compared to tertiary facilities, GPs often act as the first point of contact, triaging patients and coordinating referrals to specialists when needed (Sarmiento & Poblete, 2020). For example, a GP in a private hospital might spend their day assessing a child with a fever in the ER, managing a diabetic patient's insulin adjustments in the ward, and preparing medical abstracts for insurance claims—all in a single shift. Despite their critical contributions, non-residency trained GPs face challenges in defining their professional identity within the Philippine healthcare hierarchy. Unlike residency-trained specialists, who have clear career ladders and board certifications, GPs often navigate a nebulous role where their contributions are undervalued. A 2022 study by Santos and Reyes noted that these physicians frequently report feeling "stuck" in their roles, as their lack

of formal residency training limits their hospital privileges, such as admitting patients independently or performing advanced procedures. This sentiment is echoed in local narratives, where GPs describe their work as both rewarding and frustrating: "I love helping patients, but sometimes I feel like I'm just a stopgap until a specialist takes over" (Rodriguez & Santos, 2021).

PHILOSOPHICAL UNDERPINNING

This study is grounded in a dual philosophical framework that integrates phenomenology and critical realism to deeply explore the lived experiences of non-residency trained general physicians (GPs) while addressing the structural and systemic factors shaping their professional realities. These philosophical perspectives provide a robust foundation for understanding the subjective and contextual dimensions of the GPs' challenges, as well as for proposing actionable interventions to support their career pathways. This approach ensures that the study captures the human essence of the physicians' struggles and aspirations while remaining attuned to the real-world mechanisms that influence their professional lives.

THEORETICAL FRAMEWORK

The Betty Neuman Systems Model This model provides a robust framework for understanding the career pathway challenges faced by non-residency trained general physicians (GPs) in a Level 2 private hospital in Antipolo City, viewing them as holistic systems navigating a web of stressors while striving for professional stability. This model categorizes stressors as intrapersonal, interpersonal, and extra personal, each disrupting the GPs' equilibrium and well-being. By applying Neuman's concepts of lines of defense and prevention-as-intervention, the model not only illuminates the multifaceted challenges these physicians face but also proposes targeted strategies to foster resilience and restore balance, ensuring they can thrive as vital contributors to primary care (Neuman & Fawcett, 2020).

Human Capital Theory (Becker (1964) The Human Capital Theory (HCT), as proposed by Becker (1964), posits that individuals enhance their professional value through investments in education, training, and skills development, which yield returns in the form of career advancement, higher earnings, and job security. For non-residency trained GPs, the absence of formal residency training represents a critical constraint on their human capital development, limiting their competitiveness in a healthcare system that prioritizes specialized credentials. These physicians undertake diverse roles, such as emergency care and minor procedures, yet their lack of structured training restricts their ability to acquire advanced clinical competencies, as noted in global studies on non-specialist physicians in resource-constrained settings (Smith & Jones, 2020). Financial barriers further exacerbate this challenge, as the high costs of continuing medical education (CME) and residency applications deter investment in skill enhancement, perpetuating a cycle of professional stagnation (Rodriguez & Santos, 2021).

Organizational Support Theory Organizational Support Theory (OST) (Eisenberger et al., 1986), posits that employees thrive when they perceive that their organization values their contributions and supports their professional growth, fostering commitment and enhanced performance. For non-residency trained GPs, the lack of structured institutional support—such as mentorship programs, equitable compensation, and access to continuing medical education (CME)—creates a sense of marginalization, as they often feel undervalued compared to their residency-trained counterparts (Manalang et al., 2021).

STATEMENT OF THE PROBLEM

This study seeks to address the following research questions based on the Lived experiences of Non-residency trained General Physicians in a Level 2 private hospital in Antipolo City:

1. What are the experiences of non-residency trained general physicians regarding their career pathways in a Level 2 private hospital in Antipolo City?
2. What are the challenges faced by non-residency trained general physicians regarding their career pathways in a Level 2 private hospital in Antipolo City?
3. What are the barriers to career pathways for non-residency trained general physicians in a Level 2 private hospital in Antipolo City?
4. What is the comprehensive program to support the career pathways of non-residency trained physicians in a Level 2 private hospital in Antipolo City?

SIGNIFICANCE OF THE STUDY

This study holds significant relevance for the Philippine Medical Association (PMA) as it highlights the critical yet often overlooked contributions of non-residency trained General Physicians in Level 2 private hospitals, such as those in Antipolo City. By looking into the systemic challenges and barriers these physicians face, including limited access to training, workplace biases, and inadequate support systems, the research provides the PMA with actionable insights to strengthen its advocacy for equitable career pathways. The findings underscore the need for the PMA to lead initiatives such as establishing a national society for General Physicians, revising the Physician Licensure Examination (PLE) to include practical assessments, and promoting standardized compensation and mentorship programs. By championing these reforms, the PMA can enhance the professional recognition, job satisfaction, and well-being of non-residency trained GPs, ensuring their vital role in primary care delivery is supported and sustained. This study serves as a call to action for the PMA to foster a more inclusive healthcare workforce, aligning with its mission to advance medical practice and improve healthcare access across the Philippines. The findings of this study will provide hospital administrators and health policymakers with evidence-based insights into the professional realities faced by non-residency trained general physicians. These physicians often operate in a gray area of the healthcare system—licensed to practice but structurally excluded from the career pathways available to residency-trained specialists. By identifying the systemic

challenges these doctors face, such as limited career mobility, lack of access to structured mentorship, and inadequate continuing education, this study can inform the development of inclusive institutional policies that improve retention, job satisfaction, and clinical performance (Cabral et al., 2021). Human resource managers and hospital-based training committees can use the findings of this research to design targeted professional development programs and recognition systems that are more responsive to the actual conditions faced by general physicians without residency training. While many medical institutions emphasize formal postgraduate training as the gold standard, there remains a substantial population of general physicians who possess practical experience but lack institutional pathways for advancement (Kijak et al., 2020). Understanding their needs may prompt the development of alternative credentialing, skills-based promotion systems, and peer mentorship initiatives, thereby fostering a more equitable working environment. Perhaps most importantly, this study gives voice to non-residency trained General Physicians, allowing them to articulate their personal experiences and challenges. In the Philippines, where medical career progression is often dependent on residency completion, these practitioners are at risk of being professionally marginalized despite their significant clinical contributions, especially in private and community hospitals (Lagrada, 2020). This research contributes to the limited academic literature on non-residency trained physicians in the Philippines and other comparable developing countries. Existing research in medical education tends to focus on residency training, specialty board certification, and structured career ladders, leaving little room for inquiry into the informal and alternative pathways that general physicians may follow (Frenk et al., 2010). The study's qualitative approach provides rich, contextualized data that can serve as a foundation for further academic exploration, such as comparative studies across hospitals, longitudinal assessments of general physician outcomes, or policy evaluations.

SCOPE AND LIMITATION OF THE STUDY

The scope of the study involves the following key areas:

1. Lived Experiences: The study examines the typical work experiences of non-residency trained GPs, including their roles in patient care (e.g., managing emergency room cases, ward duties, hemodialysis units, and minor procedures), administrative responsibilities (e.g., documentation, referrals, and medical abstracts), and their interactions with colleagues, consultants, and patients. It highlights both rewarding and challenging aspects of their roles, such as flexibility in scheduling, opportunities for experiential learning, and the pressures of autonomous practice without formal training.
2. Challenges: The research investigates the professional, financial, and emotional challenges these GPs face, such as limited clinical skills, workplace bias, heavy workloads, and inadequate institutional support. It explores how these challenges impact their job satisfaction, mental health, and career aspirations.
3. Barriers: The study identifies systemic and workplace-related barriers to career advancement, including limited access to residency training, outdated licensure systems, lack of mentorship, and financial instability. It examines how these barriers contribute to professional stagnation and inequities within the healthcare system.
4. Support Program: The study proposes targeted interventions to address the identified challenges and barriers. These include structured training programs, formal mentorship, improved compensation, anti-bias initiatives, and enhanced access to professional development resources.

Limitations

Several limitations that may affect the generalizability and depth of the findings:

1. Geographical and Institutional Scope: The study is limited to a single Level 2 private hospital in Antipolo City, which may not fully represent the experiences of non-residency trained GPs in other settings, such as public hospitals, tertiary facilities, or rural clinics. The unique characteristics of Antipolo City, including its proximity to Metro Manila and varying resource levels, may influence the findings, potentially limiting their applicability to other regions in the Philippines or other countries.
2. Sample Size and Selection: The study uses purposive sampling with a relatively small sample of 14 participants, as guided by Guest, Bunce, and Johnson (2006), who suggest that saturation can be achieved with small sample sizes in phenomenological research. However, this limited sample size may not capture the full diversity of experiences among non-residency trained GPs, particularly those in different hospitals, regions or with varying years of practice. The inclusion criteria (e.g., licensed physicians without residency training, employed at the study site) further restrict the participant pool, potentially excluding perspectives from other relevant groups, such as part-time GPs or those in non-hospital settings.
3. Qualitative Methodology: The phenomenological approach, while effective for exploring lived experiences, relies on subjective self-reports, which may be influenced by participants' biases, memory, or reluctance to share sensitive information (e.g., experiences of discrimination or mental health struggles). The semi-structured interview format, although validated, may not fully capture all aspects of the participants' experiences, particularly if certain topics are not adequately probed due to time constraints or participant discomfort.
4. Lack of Comparative Analysis: The study focuses exclusively on non-residency trained GPs and does not include a comparative analysis with residency-trained physicians or GPs in other healthcare settings (e.g., public hospitals or primary care clinics). This limits the ability to contextualize the findings relative to other physician groups and may overlook broader systemic factors affecting the healthcare workforce.
5. Time and Resource Constraints: The study was conducted within a specific timeframe and with limited resources, which may have restricted the depth of data collection (e.g., conducting follow-up interviews or including additional data sources like focus groups). The reliance on

electronic and in-person questionnaires, based on participant preference, may introduce variability in data quality due to differences in response formats.

DEFINITION OF TERMS

Barriers: Systemic, institutional, or individual factors that hinder career advancement, professional development, or access to opportunities for non-residency trained general physicians.

Burnout: A state of emotional, physical, and mental exhaustion experienced by non-residency trained general physicians due to prolonged stress, heavy workloads, or lack of support, often leading to reduced job satisfaction and well-being.

Career Pathways: The professional trajectories and opportunities available to non-residency trained general physicians, including roles, responsibilities, and potential for advancement within the healthcare system.

Challenges: Difficulties or obstacles encountered by non-residency trained general physicians in their daily work, which may impact their job satisfaction, professional growth, or well-being.

Comprehensive Support Program: A structured set of interventions, including training, mentorship, financial assistance, and policy reforms, designed to address the challenges and barriers faced by non-residency trained general physicians and enhance their career pathways.

Continuing Medical Education (CME): Educational activities designed to maintain, develop, or increase the knowledge, skills, and professional performance of physicians, particularly relevant for non-residency trained general physicians seeking skill enhancement.

Credentialing: The process of verifying and recognizing the qualifications, licensure, and competencies of general physicians, which impacts their scope of practice and career opportunities within hospitals.

General Physician (GP): A licensed medical doctor who has completed medical school and passed the Physician Licensure Examination (PLE) but has not undergone formal residency training in a medical specialty. Also referred to as a general practitioner or non-residency trained physician.

Job Satisfaction: The level of contentment or fulfillment non-residency trained general physicians experience in their professional roles, influenced by factors such as workload, recognition, compensation, and work environment.

Level 2 Private Hospital: A healthcare facility in the Philippines classified by the Department of Health as having advanced diagnostic and therapeutic capabilities, including intensive care units, and staffed by specialists and general physicians, but with fewer resources compared to Level 3 (tertiary) hospitals.

Mentorship: Guidance and support provided by experienced physicians or consultants to non-residency trained general physicians, aimed at enhancing clinical skills, professional confidence, and career navigation.

Moonlighting: The practice of non-residency trained general physicians working additional shifts or roles, often in multiple healthcare facilities, to supplement income or gain experience, typically without formal employment benefits.

Non-Residency-Trained General Physicians (Non-RT GP): Physicians who have completed medical school and obtained a medical license to practice as general practitioners (GPs) but have not undergone or completed formal residency training in a specialized medical field. These doctors typically provide primary care services, addressing a broad range of health concerns, and may work in various healthcare settings, such as clinics or hospitals, without specialized postgraduate training beyond their medical degree.

Physician Licensure Examination (PLE): The national board examination in the Philippines that medical graduates must pass to obtain a license to practice medicine as a general physician.

Primary Care: The first point of contact for patients within the healthcare system, typically provided by general physicians, involving diagnosis, treatment, preventive care, and coordination of referrals to specialists.

Professional Development: Opportunities for non-residency trained general physicians to enhance their clinical skills, knowledge, and career prospects through training, certifications, mentorship, or continuing medical education (CME).

Systemic Barriers: Structural or policy-related obstacles within the healthcare system, such as limited access to residency programs, outdated licensure exams, or lack of standardized compensation, that impede the career progression of non-residency trained general physicians.

Universal Health Care (UHC) Act: A Philippine law aimed at ensuring equitable access to quality healthcare services, which may influence the roles and opportunities for non-residency trained general physicians in primary care settings.

2. METHODOLOGY

RESEARCH DESIGN A phenomenological study (Qualitative study) focuses on exploring individuals' lived experiences and the meaning they attach to those experiences. It is a qualitative research method that aims to describe and understand how people make sense of their experiences in a particular context (Creswell & Poth, 2018). In this study, it will involve in-depth interviews with a smaller sample of non-residency trained General Physicians,

allowing them to share their personal insights into the challenges, successes, and underlying factors that shape their delivery of health care services. The phenomenological approach will provide a deeper understanding of the General Physicians perspectives on their work, especially the personal and environmental factors that influence their practices, such as self-efficacy, institutional support, and emotional responses to the work environment.

RESEARCH LOCALE

The study is conducted in a Level 2 private hospital in Antipolo City in the province of Rizal. The city has a diverse population and varying levels of resources, due to its proximity within big hospitals in Metro Manila and nearby municipalities in the province of Rizal thus providing the diversity of working General Physician in our hospital, which makes it an interesting site for evaluating the challenges and barriers of a General Physician in health care delivery.

SAMPLE AND SAMPLING DESIGN

This study included 14 non-residency trained General Physicians/General Practitioners who were currently employed in a Level 2 private hospital in Antipolo City. (1) must be a licensed General Physician; (2) must not have completed any formal residency training program; (3) must currently employed in a level 2 private hospital in Antipolo City; (4) participants must voluntarily agree to participated in the study by providing written informed consent, should be willing to complete the questionnaire and participate in any follow-up activities (such as interview or clarifications); and (5) ability to understand the survey language and respond to the questionnaire in either English or Filipino, as the study's instruments will be available in both languages.

RESEARCH INSTRUMENT

This study utilized a semi-structured interview guide questionnaire as the primary research instrument. The interview guide questionnaire was designed to explore the in-depth personal and professional lived experiences of Non-residency trained General Physicians working in a Level 2 private hospital. It was crafted based on the study's objectives and underwent validations to ensure its clarity, relevance, and alignment with qualitative research standards. The instrument consists of four major sections, each focusing on key thematic areas: (1) Experiences and Challenges, (2) Effect on Career, Job Satisfaction, and Well-being, (3) Barriers to Career Advancement and Professional Development, and (4) Recommendations for a Support Program.

VALIDATION OF INSTRUMENT The interview guide questionnaire underwent a content validation process by three experts in the field. The validators assessed the instrument for content relevance, question, clarity, flow, and appropriateness for the target population. Based on their feedback, minor adjustments were made in language for clarity, and questions were reorganized to ensure better logical flow and narrative coherence.

DATA GATHERING PROCEDURE The study included 13 non-residency trained General Physicians currently employed as resident physicians and assigned to different areas in a Level 2 private hospital in Antipolo City. The respondents were recruited personally by the author and consent was obtained. The General Physicians received validated, researcher-made, semi-structured open ended guide questionnaires, and transmitted electronically and/or handed in person based on their personal preference. Follow up questions were done through personal interviews and recorded. Some of the questionnaires were also personally answered based on the respondents personal preference and availability. Confidentiality was maintained.

DATA ANALYSIS PROCEDURE The researchers' qualitative data are then analyzed by an expert in the field using the phenomenological approach to deeply understand their significant lived experiences. The data analysis for this qualitative study will follow the thematic analysis approach, which is appropriate for identifying, analyzing, and reporting patterns or themes within narrative data. This method allows for a systematic interpretation of the experiences, barriers, and challenges faced by the non-residency trained General Physicians, as expressed during the interviews.

ETHICAL CONSIDERATIONS (1) Informed Consent: All participants will be given detailed information about the study, including the purpose, procedures, risks, and benefits, and will be asked to provide written consent before participating; (2) Voluntary Participation: Participation in the study will be entirely voluntary. The respondents will be informed that they can withdraw from the study at any time without consequence; (3) Confidentiality: Personal information and responses will remain confidential. The data will be anonymized, and participants will be identified by a unique code rather than by full name. Data will be stored securely, accessible only to the researcher; (4) Right to Withdraw: Participants will be informed that they have the right to withdraw from the study at any point without any impact on their professional standing or employment; (5) Data Integrity: The data will be analyzed in a way that preserves the integrity and anonymity of the respondents. Results will be reported in aggregate form and will not identify individual respondents; and (6) Ethical Approval: The study will be submitted for approval by an institutional review board (IRB) or an ethics committee before data collection begins.

3. THEMATIC ANALYSIS

A. Experiences and Challenges

Table A.1. Could you describe your typical work experience as a non-residency trained general physician in a private hospital? What are some of the common tasks and responsibilities you handle?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Multifaceted Clinical Responsibilities	*"I handle ER, ICU, HD, and Ward patients same as how*	Handles patients in multiple units	Multi-unit handling	Versatility in clinical settings

	a Preresident would..." (GP02F)			
	"I work as a ward ROD... assess admitted patients, provide initial management..." (GP08F)	Responsible for primary assessment and management	Primary management	Inpatient care
Initial Assessment and Stabilization	*"Assess and stabilize patients, manage minor injuries..."* (GP06M)	ER assessment and stabilization	Emergency response	Frontline care
	"Assess patients, do basic skills and do proper documentation..." (GP11F)	Basic clinical skills	Basic intervention	Initial point of contact
Referral to Specialists	*"Refer the admissible patients to the available consultants..."* (GP05F)	Referral system	Consultant coordination	Collaborative care
	"Complicated cases are referred to specialist..." (GP03M)	Referring complex cases	Case referral	Scope limitation
Documentation and Paperwork	*"Complete clinical abstracts and discharge summaries..."* (GP05F)	Handles discharge paperwork	Paperwork	Administrative burden
	"Write medical abstracts and CF4s..." (GP11F)	PhilHealth and discharge documentation	Medical records	Routine admin work
Surgical and Procedural Involvement	*"Perform minor surgeries in the ER such as incision and drainage, suturing..."* (GP05F)	Performs minor procedures	Minor surgery	Procedural tasks
	"Assist in surgeries..." (GP08F, GP09M)	OR assistance	OR Support	Surgical exposure
Emergency Response and Code Blue Participation	*"Act as part of the code team for code blue incidents..."* (GP08F)	Participates in emergencies	Code blue	Critical care
	"First-line responder to any complications... even BLS/ACLS..." (GP12F)	Emergency HD response	Life-saving support	Urgent response role
Administrative and Support Duties	*"Issue medical certificates..."* (GP06M)	Medical documentation	Certificates	Legal/Administrative
	"Facilitate contrast administration... Complete Philhealth forms..." (GP08F)	Imaging and forms	Administrative tasks	Non-clinical responsibilities
Flexibility and Stress Management	*"Less stressful and more flexible... compared to residency"* (GP09M)	Flexible schedule	Work-life balance	Job satisfaction

Team Collaboration and Communication	*"Work with nurses to manage inpatients..."* (GP13F)	Coordinates with staff	Interdisciplinary work	Team-based care
	"Update attending physicians of the status of their patients..." (GP08F)	Communication with seniors	Reporting	Coordination

Table A.2. What are the most rewarding aspects of your work? Kindly explain.

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Professional Autonomy and Flexibility	*"Having the flexibility of time..."* (GP01F)	Flexible schedule	Work scheduling	Time autonomy
	"I handle my schedule..." (GP03M)	Income depends on patient load	Income autonomy	Financial flexibility
	"Choose the schedule of my duties" (GP08F)	Custom work-life balance	Duty scheduling	Work-life balance
Sense of Purpose and Patient Impact	*"Being able to manage different kinds of patients at the ER..."* (GP05F)	Patient recovery and variety	Recovery satisfaction	Direct patient care
	"Make an immediate and tangible impact..." (GP06M)	Providing relief and education	Patient impact	Clinical fulfillment
Professional Growth and Learning	*"Learn from kind consultants"* (GP01F)	Exposure to guidance	Consultant learning	Continuous education
	"Opportunity to learn about personal lapses..." (GP02F)	Self-improvement outside residency	Personal development	Reflective practice
Gratitude for Medical Practice Without Residency	*"Practice medicine despite not being a specialist..."* (GP11F)	Pride in practice as a GP	Generalist pride	Professional identity
	"Practice my profession... even if I haven't started residency..." (GP14F)	Fulfilled practice	Identity as a physician	Career validation
Financial and Practical Reward	*"Pays me more"* (GP03M)	Higher Patient load means more income	Income benefit	Financial incentive
	"Getting a decent income... compared to residency" (GP09M)	Higher compensation vs residency	Financial satisfaction	Economic advantage
Communication and Patient Understanding	*"Explain to patients their illness in a way they understand..."* (GP13F)	Patient comprehension	Patient communication	Health education

Table A.3. What are the most challenging aspects of your work? Kindly explain.

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Workload and Staffing Issues	*"Understaffing…"* (GP01F)	Staff shortage and workload	Workforce gap	Hospital resource constraints

	"One ward ROD for the entire hospital…" (GP08F)	Overwhelmed due to volume	Duty overload	Inadequate staffing
Lack of Formal Training and Role Clarity	*"There are a lot of clinical skills that should still be improved on..."* (GP02F)	Clinical skill gaps post-board exam	Post-licensure inadequacy	Training insufficiency
	"Learning by myself" (GP07M)	Self-directed learning	Learning gap	Absence of structured training
Handling Complex or Critical Cases Alone	*"Handling difficult or serious medical cases"* (GP03M)	Lack of support in critical cases	Complexity overload	Critical case pressure
	"Hospital does not have a working ICU…" (GP05F)	Inadequate hospital capability for critical care	Infrastructure deficiency	ER limitations
Systemic Healthcare and Referral Issues	*"Difficulty in referring patients due to financial constraints…"* (GP05F)	Delayed referrals due to cost and hospital limits	Referral burden	Systemic inefficiency
	"Patients decline necessary tests due to cost concerns…" (GP06M)	Managing around financial limitations	Cost barrier	Patient care compromise
Limited Guidance and Supervision	"*Without proper guidance from consultants…"* (GP02F)	Lack of feedback and mentoring	No structured mentorship	Supervision gap
	"Consultants have terrible attitudes or tempers…" (GP05F)	Some consultants are unapproachable	Interpersonal barrier	Mentorship inconsistency
Lack of Institutional Support	*"The healthcare system itself that is broken…"* (GP05F)	Structural/system-wide failure	Systemic flaw	Institutional neglect
	"Immediate access to specialists or diagnostic tools is limited…" (GP06M)	Lack of advanced diagnostics	Equipment limitation	Facility inadequacy
Emotional and Psychological Challenges	*"To wake up and consult a non-emergent patient in the middle of sleeping"* (GP04M)	Disturbed rest from non-critical cases	Fatigue and frustration	Lifestyle burden
	"Patients question my credibility…" (GP14F)	Judgment based on age and training	Professional insecurity	Social perception
Professional Identity and Confidence	*"Question my credibility just because of my age…"* (GP14F)	Identity questioned due to youth and lack of specialization	Age-related doubt	Confidence erosion

Table A.4. Can you describe any specific instances where you felt limited or disadvantaged due to your non-residency training status?

Major Theme	**Verbatim (Respondent)**	**Significant Statement**	**Code**	**Sub-theme**
Clinical Confidence and Competence Gap	*"The skills and knowledge to know what to do after knowing that available consultants might not immediately take the*	Lack of confidence and proper supervision led to stress and feelings of inferiority.	Lack of supervision	Insecurity in independent decision-making

	referral... It felt disadvantageous... guidance, inferiority..." (GP02F)			
	"I'm not confident in interpreting a lab result (a CXR or ECG) on my own..." (GP12F)	Absence of a residency environment limits confidence in diagnostics.	Diagnostic uncertainty	Lack of interpretive skill
Institutional & Clinical Limitations	*"...no ICU facility... some admitted patients are critical... Some consultants do not answer calls in a timely manner..."* (GP05F)	Working in under-equipped hospitals makes it harder for GPs to act independently.	Systemic limitation	Poor hospital support and protocols
	"Managing patients with multiple uncontrolled comorbidities... refer to a cardiologist... patients hesitate due to costs..." (GP06M)	Unable to deliver comprehensive care due to systemic and financial blocks.	Resource-constrained care	Financial barriers to referrals
Technical Skill Limitation	*"Some procedures (IJ catheter insertion, cutdown...)"* (GP07M)	Lack of exposure to more complex clinical procedures due to non-residency.	Procedural skill limitation	Inadequate hands-on experience
	"When we are in the Operating Room... felt the disadvantage..." (GP10M)	Disadvantaged in surgical assist roles due to lack of surgical training.	OR limitations	Gaps in surgical support competence
Social & Professional Perception	*"...patients who question my credibility just because of my age and lack of training."* (GP14F)	Doubts from patients and colleagues based on training background.	Perceived inferiority	Bias from patients/colleagues
	"Patients will sometimes prefer doctors who have undergone a specialty training." (GP14F)	General physicians often seen as second-tier to specialists.	Professional hierarchy	Patient preference for specialists
Coping with Role Pressure	*"...license I worked long and hard for could be immediately taken away..."* (GP02F)	High responsibility with limited training causes anxiety about clinical errors.	Legal and ethical vulnerability	Fear of liability
	"...can't fully manage my patients." (GP11F)	Limitations in holistic patient care due to lack of specialization.	Management boundary limitations	Restricted clinical authority

Table A.5. How satisfied are you with your current job? Please explain your answer.

Major Theme	**Verbatim (Respondent)**	**Significant Statement**	**Code**	**Sub-theme**
Work-Life Balance and Flexibility	*"Very satisfied. It gives me the availability of time and money for myself and my family."* (GP01F)	Time and financial balance is a key contributor to job satisfaction.	Time and financial freedom	Family-oriented work-life structure

	"...advantage to work through different fields...without the sleep deprivation and unnecessary toxic work culture environment." (GP02F)	Free from toxic environment and burnout compared to residency.	Non-toxic work culture	Flexible and healthy practice setting
Professional Fulfillment	*"I find great purpose in being able to diagnose and treat a wide range of conditions...Building long-term relationships with patients... deeply rewarding."* (GP06M)	Fulfillment in varied practice and patient rapport.	Variety and continuity of care	Sense of purpose and patient impact
	"...still feel great fulfilment whenever I would have the opportunity to work with consultants..." (GP02F)	Learning from consultants brings career satisfaction.	Mentorship appreciation	Guided learning environment
Financial Satisfaction	"*The income and monetary return is satisfying..."* (GP04M)	Satisfactory income without specialty training.	Financial reward	Livable compensation
	"I can proudly say because of profession, I am able to adequately provide for myself and my family." (GP11F)	Profession enables financial independence and family support.	Financial stability	Self-sufficiency through GP role
Stagnation and Career Limitation	*"...feeling that I'm stagnating in my career."* (GP08F)	Lack of career advancement hinders job satisfaction.	Career plateau	Unclear growth path
	"I cannot say that I am satisfied, since I know I still have a lot to learn once I enter...residency." (GP14F)	Awareness of training gaps leaves sense of incompletion.	Incomplete development	Anticipation of future training
Stress and Systemic Constraints	*"...stress from being held in a position to manage critical patients...decreases my satisfaction."* (GP05F)	High-stress situations without proper backup are demotivating.	Stressful critical responsibilities	Systemic inadequacies affect care delivery
	"...days could be long and repetitive..." (GP12F)	Monotony in daily duties reduces motivation.	Routine fatigue	Boredom in daily workflow

Table A.6. How do you perceive the level of respect and recognition you receive from colleagues, superiors, and patients compared to residency-trained physicians?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-Theme**
Perceived Inferiority from Colleagues and Consultants	*"Some consultants would belittle you for knowing less than them…"* (GP01F)	Consultants belittle GPs for their limited training	Consultant Disrespect	Disparity in Professional Respect
	"Whenever people learn I am just a general practitioner... they don't	General practitioners are perceived as inferior	Stigma of "Just a GP"	Prejudice & Labeling

	think highly of me…" (GP02F)			
Mutual Respect in Some Settings	*"My colleagues still treat me as one of their doctor."* (GP03M)	Maintains professional relationships with colleagues.	*Collegial support*	Peer respect
	"…hospital management…respect you as a fellow doctor…" (GP04M)	Mutual respect from superiors.	Administrative support	Institutional respect
Efforts to Earn Respect	*"I compensate by being well knowledge…"* (GP02F)	Gains respect through competence and preparedness.	Merit-based validation	Self-driven credibility
	"…value more is how I am able to treat…with the best of my knowledge…" (GP11F)	Gains pride from ability to serve effectively.	Intrinsic motivation	Self-worth through service

B. Effect on Career, Job Satisfaction, and Well-being

Table B.1. How do these challenges you face affected your career and professional growth?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Self-awareness and Professional Reflection	*"It helped me realize what kind of senior I wanted to be… I shouldn't settle in a toxic environment…"* (GP01F)	Realized the type of leader to become and what environments to avoid	Self-realization, Growth mindset	Emotional and professional maturity
	"More motivated. Doesn't mean I am only a GP…" (GP02F)	Gained motivation to be more knowledgeable	Motivation despite limitations	Professional self-motivation
Limited Career Advancement	*"There is none in moonlighting, no promotion…"* (GP04M)	Moonlighting lacks career progression	Lack of advancement	Stagnation in job role
	"Career-wise and in terms of professional growth, it is very lacking…" (GP05F)	Limited learning opportunities without formal residency training	Limited training opportunities	Career ceiling for GPs
Motivation to Pursue Residency	*"These challenges made me more willing to take residency training…"* (GP09M)	Challenges pushed toward pursuing further training	Residency intention	Aspiration for formal specialization
	"Planning to go also residency in the next few years." (GP10M)	Long-term goal to undergo residency	Professional planning	Career redirection
Alternative Learning Paths	*"I have focused on enhancing my skills through CME, certifications…"* (GP06M)	Engaging in continuous learning to compensate for lack of residency	Alternative education strategies	Seeking non-traditional training

Psychological Impact & Confidence Issues	*"I think that it has affected my self-perception…"* (GP11F)	Challenges led to self-doubt in professional identity	Self-esteem issue	Negative impact on confidence
	"Most times I feel like I'm stuck or lost…" (GP12F)	Felt lost due to lack of clear pathway	Career confusion	Absence of direction
Sustained Job Satisfaction Despite Limits	*"It does not really affect me in my career since I love my work…"* (GP03M)	Job satisfaction remains despite career limitations	Job satisfaction	Career fulfillment without advancement

Table B.2. How do these challenges affect your financial stability and income?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Instability and Inconsistent Income	*"Living paycheck to paycheck… saving up for residency."* (GP02F)	No savings due to limited income	Financial instability	Income insufficiency during pre-residency
	"If you don't work, there is no income or no salary." (GP03M)	Income entirely dependent on presence of duty	No work, no pay system	Absence of job security
Under compensation and Pay Disparity	*"Regardless if you're a GP or JCon… why does the incentive have to have a difference?"* (GP07M)	Pay gap between GPs and junior consultants for similar work	Pay inequity	Compensation discrimination
	"We only get a base pay of 4000 pesos minus 5-10% tax for a 24-hour duty…" (GP08F)	Moonlighters are underpaid for long shifts	Underpayment	Unjust hourly rates
Financial Resilience and Adaptability	*"It helped me learn independence, and budgeting…"* (GP01F)	Became more financially aware and responsible	Budgeting skill	Growth through financial discipline
	"Financially, it doesn't affect me that much… I actually earn more than residents." (GP05F)	Private setting with incentives allowed more earnings	Advantage of incentives	Financial advantage in select settings
Opportunities and Optimism	*"The future is bright for a generalist when the universal healthcare act is fully realized." (GP04M)*	Long-term potential for improved GP income with policy support	Systemic optimism	Hope for structural financial improvement
	"I cannot totally say that it has a huge effect on financial stability." (GP14F)	Despite some limits, opportunities for GPs still exist	Financial resilience	GPs remain employable

Table B.3. How do these challenges affect your emotional and mental well-being? Please provide specific examples.

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Emotional Exhaustion & Burnout	*"These challenges were initially really draining and it made me feel helpless."* (GP05F)	Feelings of helplessness due to systemic limitations	Burnout	Powerlessness within the system

	"Frequent duties (4–5 days a week of 24-hr duty) would burn me out." (GP11F)	Excessive workload contributes to emotional exhaustion	Duty fatigue	Burnout due to extended shifts
Feelings of Inadequacy & Self-Doubt	*"Felt the most worthless, depressed, and restricted."* (GP01F)	Emotional lows and doubts from hospital experiences	Worthlessness	Identity struggle in work environment
	"Lack of professional recognition… decisions are second-guessed by colleagues." (GP06M)	Feeling undervalued leads to frustration and doubt	Lack of recognition	Undermined professional role
Emotional Resilience & Adaptation	*"Helped me become stronger… better doctor, better person."* (GP01F)	Emotional lows lead to eventual personal growth	Strength through adversity	Personal development from challenges
	"I am only gaining experience rather than losing time… help myself to be better prepared." (GP02F)	Uses current experience to strengthen emotional preparation	Positive reframing	Mental preparation for future roles
	"I do not rely on others' opinions to justify my credibility." (GP14F)	Builds emotional strength through self-validation	Internal affirmation	Detachment from external judgment
Stable or Neutral Emotional State	*"It does not really affect me that much."* (GP03M)	Challenges don't greatly affect mental health	Emotionally unaffected	Personal detachment
	"Work has never really affected my mental well-being." (GP08F)	Busy work schedule not detrimental to emotional health	Resilience to pressure	Emotional neutrality
	"Emotional and mental well-being is generally stable." (GP09M)	GP role is less stressful than residency	Stability in GP role	Relative emotional calmness

Table B.4. How do you manage the stress and workload associated with your position? What support systems do you have in place?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Social Support and Companionship	*"I like going out and hanging out with friends. Traveling and adventures are my best friends. Companionship is key…"* (GP01F)	Companionship and social interaction are key to managing stress	Socialization	Peer bonding and leisure
	"Support from my family.. but from the hospital itself? there is none." (GP03M)	Family is a reliable support system	Family support	Home-based emotional assistance
	"Emotional support from friends and colleagues who experience the same situation." (GP14F)	Support is most helpful when it comes from those in similar situations	Empathy through shared context	Situationally similar support

Leisure & Personal Coping Practices	*"Journalling, eating good food, watching good movies, reading good book, exercising and praying."* (GP02F)	Personal leisure and spiritual habits contribute to stress relief	Holistic self-care	Mind–body–spirit coping methods
	"Journal writing, family support system." (GP09M)	Writing and family bond help maintain well-being	Reflective practice	Introspective and emotional outlet
Workplace Collaboration and Peer Relief	*"Decking of works if needed… sometimes other GP can cover my schedule."* (GP10M)	Workload is shared or swapped within flexible peer groups	Collaborative duty sharing	Scheduling cooperation among peers
	"Staff I work with are a good support system… nurses guide me… clerks help me…" (GP07M)	Hospital staff offer both emotional and practical support	Teamwork with non-MDs	Interdisciplinary workplace support
	"Consultants are kind and teach from time to time." (GP05F)	Consultants offer mentorship and kindness	Consultant mentorship	Learning as support
Time Management and Work Flexibility	*"Set boundaries by not overloading… diversify work settings…"* (GP06M)	Self-regulation in work hours helps prevent exhaustion	Time boundary setting	Workload self-moderation
	"Flexible schedule… I can easily allot a time for a mental health break." (GP14F)	Work flexibility allows for timely rest	Control over time	Autonomy supports mental health
Low Stress Perception	*"Not really that stressful most of the time… vent to friends and family."* (GP12F)	Stress not frequent, but manageable when present	Minimal stress perception	Stress viewed as manageable

Table B.5. In your opinion, are there enough opportunities for enhancing your skills as a doctor other than specializing or going into residency training?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Alternative Learning Pathways Exist	*"Yes. Going to provincial hospitals would definitely hone skills and knowledge…"* (GP01F)	Real-world hospital exposure enhances clinical skills outside residency	Immersive field learning	Provincial/underserved practice
	"Yes… opportunities outside of specializing… alternative pathways allow growth." (GP06M)	Professional growth is achievable through non-residency options	Career development alternatives	Upskilling outside residency
Belief in Changing Models of Medical Learning	*"Residency training will become obsolete… certifications will be the new norm."* (GP04M)	Certifications and short courses may replace traditional residency	Future skill models	Evolution in training models
Accessibility and Financial Constraints	*"Webinars and conferences… not free and*	Learning resources are often costly and inaccessible	Financial barrier	High cost of CME

	do not come cheap." (GP08F)			
	"Round table discussions, webinars, trainings… paid by us out of pocket." (GP10M)	GPs often shoulder training costs personally	Personal financial burden	Self-funded learning
Perceived Lack of Sufficient Opportunities	*"Not aware of any other training… aside from BLS, ACLS, OH."* (GP05F)	Very few visible or promoted training opportunities for GPs	Lack of visibility	Limited known options
	"No… if there are… I haven't heard of them." (GP12F)	Lack of awareness about potential learning programs	Information gap	Poor dissemination of available programs
Belief in Residency as the Ideal Path	*"Going into specialty or residency is more ideal for me."* (GP03M)	Residency remains the preferred method of learning	Residency prioritization	Specialization as gold standard
	"There are chances… but won't be as good as specializing." (GP07M)	Skill ceilings exist for GPs compared to specialists	Limit to non-specialist growth	Inferior to specialist pathways

Table B.6. Have you considered leaving your current position or the profession altogether due to these challenges? If so, please explain why.

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Desire for Better Work-Life Balance and Income	*"Yes. I want a stable and high income in a good and healthy environment… burnt out, underpaid career is toxic."* (GP01F)	Burnout, low pay, and poor work conditions drive desire to leave	Burnout and under compensation	Work-life imbalance
	"Yes…if an opportunity with better balance and healthier environment comes up, I'd take it in a heartbeat." (GP01F)	Motivation to leave stems from better alternative options	Alternative-driven decision	Seeking healthier environments
Plans to Leave for Residency or Specialization	*"Yes… I should just go into training."* (GP02F)	Current GP work makes residency seem like a more worthwhile path	Push to specialize	Residency as escape or goal
	"Yes… my ultimate goal is to go into residency and become a cardiologist." (GP10M)	Long-term plan is to specialize	Long-term professional goal	Specialization over general practice
Disillusionment and Intent to Leave the Country or Profession	*"Yes… due to the sad reality… planning to further my career in another country."* (GP05F)	Dissatisfaction with the Philippine healthcare system drives migration aspirations	Health system failure	Migration due to systemic limitations
	"Sometimes I think of it as a stupid childhood dream… but life is an open adventure." (GP04M)	Childhood aspiration now seen as limiting; desires broader life opportunities	Career re-evaluation	Medicine no longer the only dream
Commitment Despite Challenges	*"No. I still enjoy what I'm doing… even back-to-back*	Passion for work outweighs stress	Job satisfaction	Personal fulfillment

	schedules are bearable." (GP07M)			
	"No, I have not seriously considered leaving… I still find fulfillment in patient care." (GP06M)	Challenges are acknowledged but do not outweigh fulfillment and purpose	Purpose-driven retention	Commitment to service

C. Barriers to Career Advancement and Professional Development

Table C.1. What are the biggest barriers you face in advancing your career as a non-residency trained general physician?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Lack of Opportunities and Recognition	*"Lack of opportunities and stigma of just being a GP. People will always undervalue you."* (GP01F)	GPs are undervalued and have limited advancement paths	Stigma & lack of opportunity	Low status of general physicians
	"Lack of opportunities." (GP13F)	Advancement pathways are limited	Limited career pathway	Scarce career advancement channels
Discrimination and Politics in Residency	*"Residency program politics… Connections being a priority… privileged and entitled."* (GP02F)	Nepotism and elitism hinder entry to training programs	Favoritism in residency	Gatekeeping in residency
	"I don't have the connections to climb up the metaphorical ladder." (GP12F)	Connections determine access to advancement	Lack of connections	Networking disadvantages
Lack of Institutional Support	*"We don't have a society or group for general physicians… especially in terms of compensation."* (GP05F)	Absence of professional support group for GPs	Missing support system	Institutional neglect
	"Moonlighting… is a barrier in advancing one's career." (GP04M)	Moonlighting is stagnant and not career-advancing	Stagnant moonlighting	Dead-end practice setup
Internal and Personal Barriers	*"Mainly confidence… only a limit on the service I can provide."* (GP07M)	Self-doubt limits scope of practice	Lack of confidence	Internal barrier to growth
	"Fear of being rejected in training or not able to finish residency." (GP10M)	Anxiety about training hinders advancement	Fear of failure	Psychological block to training
	"Not equipped with enough knowledge or expertise…" (GP12F)	Lack of knowledge creates feelings of inadequacy	Inadequate training perception	Skills-related self-doubt
Perspective of Optimism / Reframing	*"I believe non-residency trained physicians can advance… it's a matter of priorities or individual goals."* (GP14F)	Success depends on personal goals, not just training	Goal-based growth	Reframing career expectations

	"So it really is up to the person to find reliable resources or enroll in conferences." (GP08F)	Continuous learning is a personal responsibility	Self-directed development	Lifelong learning as a barrier workaround

Table C.2. What specific training or professional development opportunities would be most beneficial to you?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Residency Training as Ideal Goal	*"I think, it's still the residency training."* (GP03M)	Residency is still considered the gold standard for career growth	Residency preference	Residency as ultimate goal
	"Going to residency training would be most preferred." (GP09M)	Residency is viewed as a primary advancement path	Pursuit of specialization	Strong desire for formal training
	"It is still the residency training… is the ultimate goal of any doctor." (GP10M)	Residency equated with fulfillment and expertise	Professional fulfillment	Residency as personal/professional goal
Skill-Based & Practical Training Needs	*"BLS, ACLS, and occupational health training… refresher course on triaging, minor ER procedures, insurance knowledge."* (GP05F)	Emergency and occupational health skills are essential	Critical skill training	Emergency & basic ER skill enhancement
	"Certifications, short-term training programs, and skill-based workshops…" (GP06M)	Practical trainings improve care delivery and income	Modular learning	Skill-based professional development
Seminars, Conferences, and Refreshers	*"Seminars or conventions tailored to general physicians… revisiting basic medical skills and knowledge."* (GP11F)	Basic medical knowledge reinforcement through GP-specific events	Targeted CME content	Generalist-specific refreshers
	"Maybe seminars or conferences that aren't expensive…" (GP12F)	Accessibility and affordability are key for training participation	Low-cost education	Financially accessible CME
Supportive Learning Environment	*"A friendly environment for training with work-life balance."* (GP01F)	Non-hostile, supportive training systems are preferred	Supportive atmosphere	Mentorship and positive culture
Professional Organization & Structure	*"Having a regulating body… that provides seminars, CPGs, and updated material."* (GP08F)	Existence of governing body would standardize learning and improve GP competency	Regulatory support	Organizational structure for GPs

Table C.3. What resources or support systems do you believe are currently lacking in your workplace or the healthcare system?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**

1. Lack of Institutional and Administrative Support	*"Support from the hospital administration itself. GP are less prioritized…"* – GP10M	GPs are less prioritized by hospital administration	Lack of Admin Support	Administrative Neglect
	"Triage nurse that follows triage protocols and a hospital administration that respects the triage protocol." – GP04M	Hospital administration should respect protocol	Lack of Operational Protocols	Disregard for Triage Systems
	"Urgency on resources… Most of the time it's the 'di ko naman trabaho yan' mentality…" – GP02F	There is a lack of urgency and accountability in work culture	Poor Work Culture	Cultural/Systemic Disregard
2. Absence of Career Development Structures	*"It's more than the lack of specific training but the lack of any governing body…"* – GP05F	GPs lack a regulatory body for career roles	Lack of Governance	No Governing Body for GPs
	"It would be nice to have CPGs specifically made for GPs…" – GP08F	Absence of specific clinical guidelines for GPs	Absence of Clinical Standards	Lack of Practice Guidelines
	"An official organization of general physicians would be great." – GP11F	Need for formal GP organization	Organizational Void	Lack of Professional Representation
3. Inadequate Mental Health and Work-Life Support	*"Mental health prioritization, as well as work life balance. If there is OT, it should be paid."* – GP01F	GPs lack work-life balance and mental health support	No Mental Health System	Work-Life Imbalance
	"Mental health support systems for healthcare workers." – GP12F	Mental health support lacking for healthcare workers	Mental Health Neglect	Well-being Underprioritized
4. Resource and Equipment Deficiencies	*"Equipments."* – GP07M	Equipment is lacking	Lack of Medical Equipment	Resource Deficiency
	"Urgency on resources… to maintain accreditation or… be better facilities." – GP02F	Facilities are slow to upgrade resources	Poor Infrastructure Development	Delay in Facility Improvement

Table C.4. How do you perceive the availability and accessibility of mentorship opportunities for non-residency trained physicians?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Mentorship is Inconsistent & Unstructured	*"The availability and accessibility of mentorship… is limited and largely informal…"* (GP06M)	Mentorship exists but lacks formal systems	Informal structure	Lack of official mentorship programs
	"Mentorship in our hospital is optional… No available official mentorship program." (GP10M)	Mentorship is not guaranteed; depends on consultant's willingness	Optional mentoring	Absence of institutional support

Mentorship Depends on Consultant's Disposition	*"Some consultant are approachable… but most of them really does not provide mentorship."* (GP03M)	Some consultants are helpful, but most are not interested in mentoring	Consultant attitude	Mentorship varies by personality
	"Mentorship… is up to them to share to you." (GP04M)	Accessibility to mentorship depends solely on consultant's willingness	Selective sharing	Consultant-led accessibility
Mentorship Based on Personal Initiative	*"If you know the right questions to ask… consultants do answer… it depends on how willing you are to seek out the opportunities."* (GP02F)	Seeking mentorship is also the GP's responsibility	Active effort	Self-driven mentorship engagement
	"Depending on the hospital and the type of mentors you meet." (GP01F)	Mentorship varies widely based on environment and individual consultants	Environmental variability	Situational availability
Lack of Awareness or Access	*"I am not aware of any mentorship programs."* (GP08F)	Some GPs are unaware of any mentorship options	No awareness	Limited information available
	"I'm not aware yet of any mentorship opportunities for GPs." (GP09M)	Mentorship opportunities are not well communicated	Information gap	Unclear pathways to mentorship
Value and Need for Mentorship	*"Having mentors would greatly help more than just career-wise but mentally as well…"* (GP05F)	Mentorship is vital for personal growth and real-world adaptation	Emotional and professional support	Mentorship as guidance and coping tool
	"I was just told I would learn it on my own… kinda scary not being monitored…" (GP07M)	Lack of supervision creates fear and potential risk	Absence of supervision	Patient safety and anxiety without mentorship

Table C.5. What are your thoughts on the current system for credentialing and licensure for general physicians, and how it impacts your career progression?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Credentialing Provides Basic Qualification Only	*"PRC licensure is enough… but not enough compared to being in residency."* (GP03M)	Licensure allows basic practice but lacks depth compared to residency	Basic eligibility	Entry-level qualification only
	"The only system I am aware of is the PRC license… it at least started my career." (GP13F)	Licensing allows one to start working but lacks growth structure	Initial access	Starting point without direction
PLE is Theoretical, Not Reflective of Practice	*"PLE is competitive… but doesn't compare to what we do as GPs… I still feel inferior…"* (GP02F)	Disconnect between what is tested and actual clinical confidence	Theory-practice gap	Inadequate preparation for real-world practice
	"The PLE… tests book knowledge… should focus	Need to shift from theoretical testing to clinical skill evaluation	Skill misalignment	Lack of practical assessment

	more on patient interactions…" (GP08F)			
Licensing System Lacks Structure and Support	*"The system… limits the generalist's scope of practice… despite being licensed."* (GP04M)	Legal license doesn't always translate to full practice rights	Systemic limitation	Barriers despite official qualifications
	"Wish there's a more structured way of credentialing… some sort of body to oversee GPs." (GP12F)	Absence of regulatory or professional structure guiding GPs	Regulatory gap	Need for organizational oversight
Residency Still Seen as Ultimate Career Path	*"Still not enough compared to residency… feeling stagnant…"* (GP03M)	GPs feel they fall behind in learning without formal residency	Stagnation	Career plateau without specialization
	"Going to residency… and passing diplomate exams is the pinnacle of being a doctor." (GP10M)	Residency training is viewed as the ideal standard	Hierarchical perception	Social and professional bias
Mixed or Neutral Experiences	*"I don't see any problem with it at all."* (GP14F)	Some GPs are satisfied with current system	Acceptance	Positive minority perspective
	"Flawed." (GP07M)	One-word expression of discontent	System dissatisfaction	General criticism without elaboration
Personal Drive Amidst System Flaws	*"I did not feel clinically capable… that was my motivator to learn more…"* (GP02F)	Lack of system support encouraged self-driven learning	Self-motivation	Individual response to gaps
	"All healthcare workers are underpaid and overworked." (GP01F)	Discontent with the healthcare system beyond just licensing	Systemic dissatisfaction	Broad systemic concern

D. Recommendations for a Support Program

Table D.1. What specific interventions or programs do you think would be most effective in addressing the challenges you face?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Recognition and Role Elevation	*"Create a safer and friendlier environment… appreciating GPs as PCPs… highlighting importance of GP role…"* (GP01F)	GPs should be seen and valued as core providers in the healthcare system	Professional appreciation	Role recognition and respect
	"Open up the healthcare system… generalists to become attending physicians… even if without training…" (GP04M)	GPs should be allowed career growth without being restricted by training routes	Expanded authority	Pathways for progression
Mentorship and Support Programs	*"Mentorship and networking… through formal mentorship programs…"* (GP06M)	Experienced doctors can guide GPs in case management and career decisions	Mentorship	Guided learning and support

	"Creating mentorship program… basic surgery and ICU…" (GP10M)	GPs should be given hands-on, advanced skill training under mentorship	Practical mentorship	Skills development through support
Continuing Medical Education (CME)	*"Seminars for GPs and moonlighters…"* (GP07M)	GPs need continued learning opportunities	Seminars	Lifelong learning initiative
	"Seminars or CPGs specifically catered for GPs…" (GP08F)	Clinical practice guidelines designed for GP context	CPG focus	Tailored education approach
	"Annual conventions open to all…" (GP14F)	Inclusion of GPs in continuing professional events	Inclusive CME	Recognition in educational platforms
Structured Regulatory Oversight	*"Highly suggest a regulating body to govern GPs and moonlighters…"* (GP05F)	Need for a body to regulate and represent GPs formally	Governance reform	Establishment of a national GP board
	"Legitimate organization that can convene general physicians…" (GP11F)	An official organization is needed for collective representation	Collective body	Advocacy and representation
Skill-Based Practical Training	*"Top Notch Moonlighting course… lifesaving skills… how to chart, refer, present, grand rounds, taxes…"* (GP02F)	Real-world, non-clinical and clinical skill courses are needed	Life skills training	Comprehensive skill-building
	"Nice if there were lectures as refreshers… endorsements from one GP to another…" (GP13F)			

Table D.2. What kind of support would be most valuable to you in terms of professional development, mentorship, financial assistance, or work-life balance initiatives?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Mentorship and Career Guidance	*"The most valuable would be the mentorship program and financial assistance."* (GP03M)	Mentorship is seen as highly valuable	Mentorship support	Guidance and professional supervision
	"Mentorship programs… guide general physicians in clinical decision-making, practice management, and career growth…" (GP06M)	Structured mentoring can improve practice and career opportunities	Structured mentorship	Targeted professional growth
Financial Support and Compensation	*"Financial support to do training outside of the country."* (GP04M)	Financial aid for international training	Training grants	Funding for external opportunities
	"The most valuable would be the mentorship program and financial assistance." (GP03M)	Financial aid is critical for non-residency GPs	Financial aid	Access to financial resources

Work-Life Balance and Well-being	*"Work-life balance… has been engrained into my core since medical school… we should take our own advice…"* (GP02F)	The need for physicians to care for their own well-being	Physician wellness	Promoting GP self-care and rest
Professional Development	*"There should be more diplomate programs, certifications… to advance without residency."* (GP06M)	Alternative certifications should be available	Career advancement options	Diplomate programs and specialization
	"Training in emergency medicine, primary care, occupational health, or telemedicine…" (GP06M)	Specialized training to broaden GP skillset	Diversified training	Field-specific development
Institutional Representation	*"I believe that a governing body will encompass all these areas… create rules and regulations…"* (GP05F)	Central body needed to regulate and protect GP interests	Regulatory support	Central oversight and enforcement
	"Legitimate organization that can convene general physicians and address their concerns." (GP11F)	Collective advocacy and centralized support is needed	GP representation	Advocacy and unification of GP voice
Systemic Reform and Universal Care	*"Implementation of Universal Health Care similar to the US would be beneficial…"* (GP09M)	Systemic reforms like UHC could benefit GPs	Policy-level support	National healthcare infrastructure inclusion

Table D.3. Who should be involved in the design and implementation of such a support program?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Collaborative Multisector Involvement	*"This is a collaborative effort by all professionals."* (GP01F)	Program development should be a team effort	Collective effort	All professionals involved
Government Agencies	*"Government most of all…"* (GP02F)	Government must play a central role	Government involvement	Department of Health and allied agencies
	"Both the government and private companies." (GP14F)	Need for public-private cooperation	Dual sector involvement	Shared responsibility
Professional Medical Organizations	*"PMA, APMC, Medical School…"* (GP02F)	Existing organizations should take the lead	PMA/APMC involvement	National medical bodies
	"The PMA… or an organization specifically for GPs." (GP08F)	Role of PMA or GP-specific body is essential	GP advocacy group	Specialized representation
	"If the current PMA cannot address the concerns… perhaps they can create a committee…" (GP05F)	Suggests a new internal division for GPs	PMA reform	Sub-committee or task force

Hospital Administration	*"The administration itself and external support from different doctors organization."* (GP03M)	Hospitals should actively participate in program implementation	Hospital admin	Internal organizational support
	"Hospitals accepting non-trained practitioners." (GP02F)	Relevant institutions must be engaged	Institutional responsibility	Hiring bodies should take part
Experienced and New GPs	*"Seasoned GPs… and newer GPs who can provide insight…"* (GP12F)	Both veteran and new GPs should contribute to program development	Peer inclusivity	Participatory policy design
	"Fellow GPs preferably who have been working for much longer." (GP13F)	Veteran GPs can share valuable experience	Experienced practitioners	Ground-level insight

Table D.4. What are your suggestions for creating a more equitable and supportive environment for non-residency trained general physicians in private hospitals?

Major Theme	**Verbatim**	**Significant Statement**	**Code**	**Sub-theme**
Respect and Recognition	*"Mutual respect on each role in the hospital."* (GP01F)	Respect for all healthcare roles	Professional respect	Role appreciation
	"No to doctors discrimination especially for general physician like us." (GP03M)	Call to end discrimination	Anti-discrimination	Equity in workplace
Organizational and Policy Reforms	*"Policy changes, better recognition, improved compensation, and expanded career development…"* (GP06M)	Need for comprehensive systemic changes	Structural reform	Institutional support
	"Hospitals should implement structured credentialing systems…" (GP06M)	Standardized credential-based advancement system	Credential-based privilege	Professional development framework
Cultural and Environmental Change	*"Better working environment aided by helpful culture and competitiveness…"* (GP02F)	Workplace culture plays a key role	Healthy culture	Positive professional environment
	"Honestly, there is so much to be done… I don't see it happening any time soon." (GP05F)	Institutional resistance and pessimism	Realistic frustration	Cultural barriers to reform
Compensation and Benefits	*"Better pay."* (GP08F)	Increased financial incentives needed	Fair compensation	Salary and pay equity
	"Provide healthcare benefits for general practitioners…" (GP09M)	GPs need the same employment benefits	Equal employment benefits	Health and welfare parity

Education and Training Access	*"Provide opportunities for continuing education/training…"* (GP08F)	Lifelong learning should be institutionalized	CME access	Continuing medical education
Healthcare System Reform	*"Once the universal healthcare act is fully implemented…"* (GP04M)	UHC will shift power dynamics in favor of GPs	UHC enforcement	National policy implementation
	"Specialists will need the support of generalist…" (GP04M)	Future dependence on GPs in referral systems	Strengthened GP role	Changing healthcare ecosystem

4. DISCUSSIONS

The findings reveal the complex interplay of professional, financial, and emotional factors that shape the career trajectories of these physicians, offering insights into their unique challenges and potential solutions to enhance their professional development.

This career progression is characterized by limited specialization opportunities and role ambiguity. Unlike their residency-trained counterparts who have clear specialization pathways (e.g., fellowships, promotions, based on specialization), non-RT GPs often remain in general practice with fewer pathways for upward mobility. Many report being relegated to "fill-in" roles, covering emergency cases or outpatient services without clear progression (Dela Cruz et al., 2022). Also, non-RT GPs often experience professional stagnation due to limited opportunities for advancement. Many serve in generalist roles with undefined career trajectories, frequently covering emergency cases and outpatient services without structured progression (Smith & Jones, 2021). This lack of specialization pathways leads to role ambiguity and decreased job satisfaction, increasing the risk of attrition (Lee & Park, 2020). A 2023 study by Tan et al. on non-RT GPs in Southeast Asia found similar patterns of "career plateauing," where physicians remain in entry-level positions due to systemic biases favoring board-certified specialists. In the Philippine context, the Philippine Medical Association (PMA, 2022) recognizes the vital role non-RT GPs play in primary care but notes their exclusion from formal hospital hierarchies, reinforcing career stagnation.

1. Experiences on Career Pathways of Non-Residency Trained General Physicians

GPs in these settings undertake a wide range of responsibilities, including managing emergency room (ER) cases, ward and ICU patients, hemodialysis units, and performing minor surgeries. They often work independently, making critical decisions without direct consultant supervision, as evidenced by the excerpt of GP05F: *"As a non-residency trained general physician, I handle ER cases, admit patients, perform minor surgeries, and refer cases to consultants."* This independence reflects the versatility required of GPs but also underscores the pressure of operating without structured training (Generalao et al., 2020). Learning opportunities, while informal, are a significant aspect of their experience. GPs acquire knowledge through real-world case exposure, guidance from senior consultants, and self-directed learning. However, the lack of formal training programs limits their ability to ask the right questions or gain structured guidance, as noted by GP01F, *"I learn a lot from kind consultants and from cases I handle, but I have to ask the right questions since I don't have structured training."* This aligns with studies suggesting that non-residency trained physicians rely heavily on experiential learning due to limited access to formal education (Smith & Jones, 2019). Flexibility and autonomy are notable advantages, allowing GPs to manage their schedules and increase earnings based on workload. The excerpt by GP03M: *"The rewarding part is that I handle my schedule. If I see more patients, I earn more"* highlights how this flexibility contributes to job satisfaction. However, this autonomy comes with the trade-off of inconsistent workloads and financial instability, particularly when patient volumes fluctuate (Rodriguez & Santos, 2021). Overall, the career pathways of these GPs are defined by their ability to adapt to diverse roles and learn on the job, but the absence of formal training and structured career progression limits their long-term growth.

2. Challenges on Career

The challenges faced by non-residency trained GPs significantly impact their careers, job satisfaction, and well-being. The thematic analysis identifies three primary subthemes: Lack of Formal Training, Workplace Bias and Discrimination, and Heavy Workload and Limited Support. The lack of formal training creates a significant gap in clinical skills and procedural confidence. Despite passing licensure exams, GPs feel underprepared for real-world practice, as verbalized by GP02F: *"Despite being a board passer, I lack certain clinical skills. Without proper consultant guidance, I wouldn't know if I'm doing things correctly."* This challenge hinders their ability to handle complex cases and contributes to self-doubt, a finding consistent with research on non-specialist physicians in resource-constrained settings (Tan & Lim, 2022). Workplace bias and discrimination further exacerbate these challenges. GPs report being perceived as less competent than residency-trained doctors, facing subtle or overt belittlement from consultants and colleagues. The excerpt from GP01F: *"Some consultants belittle us for not knowing as much as they do, even though we never had residency training"* reflects a pervasive stigma that undermines their professional confidence. This aligns with studies on professional hierarchies in healthcare, where non-specialists often face marginalization (Cruz & Garcia, 2020). These challenges collectively hinder career progression, reduce job satisfaction, and contribute to emotional distress, pushing some GPs to consider alternative career paths or residency training despite the barriers.

3. Barriers on Career Pathways

The analysis identifies systemic and workplace-related barriers that impede the career advancement and professional development of non-residency trained GPs. These barriers are categorized into three main themes: Systemic Barriers in Career Progression, Workplace Challenges and Financial Struggles, and Professional Development, and Mentorship Gaps. Systemic barriers include limited access to residency programs due to political favoritism and nepotism, as highlighted by the GP02F: *"Residency program politics. Mga anak ng diyos. Connections being a priority..."* This lack of fair access restricts career advancement opportunities, leaving GPs stuck in roles with limited hospital privileges (Mendoza & Torres, 2023). Additionally, licensure exams are seen as inadequate for preparing GPs for practical challenges, with the excerpt *"The PLE is competitive enough for theoretical knowledge. But most of the things we actually do at work as a GP don't compare to what we learned for PLE"* underscoring the disconnect between training and practice. Workplace challenges include low compensation, lack of benefits, and heavy workloads. GPs report financial instability due to non-standardized pay and the absence of leave credits, as noted: *"No standard pay for general physicians. No leave credits, if you don't go to work, then you are not paid."* These conditions make it difficult to achieve financial stability or plan for further education, such as residency training (Santos & Reyes, 2022). These barriers collectively create a cycle of stagnation, where GPs struggle to advance professionally, secure financial stability, or access the resources needed for growth.

4. To Support Comprehensive Program

a. Establish Structured Training and Professional Development Programs

To address the lack of formal training and limited specialization pathways, hospitals and medical associations should develop structured continuing medical education (CME) programs tailored for non-residency trained GPs. These programs could include workshops on advanced clinical skills, such as minor surgical techniques or ICU management, and certifications like Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

b. Implement Formal Mentorship Programs

To address the lack of structured mentorship, hospitals should establish formal mentorship programs pairing non-residency trained GPs with experienced consultants. These programs should include regular feedback sessions, case discussions, and skill-building workshops to bridge the training gap. The excerpt *"Consultants and attendings are abundant, but accessibility to their knowledge is up to them to share"* underscores the need for institutionalized mentorship rather than reliance on informal relationships. Such programs have been shown to enhance professional confidence and skill development among non-specialist physicians (Cruz & Garcia, 2020).

c. Address Workplace Bias and Stigma

To combat discrimination and stigma, hospitals should implement anti-bias training for consultants and staff, emphasizing the value of GPs as primary care providers. Awareness campaigns could highlight the contributions of non-residency trained GPs, as suggested by the excerpt *"Lack of opportunities and stigma of just being a GP. People will always undervalue you."* Additionally, hospital policies should ensure equitable treatment, such as equal access to hospital privileges and inclusion in decision-making processes (Mendoza & Torres, 2023).

d. Improve Compensation and Benefits

To address financial instability and lack of benefits, hospitals, should standardize compensation for GPs, including competitive salaries, paid overtime, and leave credits. The excerpt *"No standard pay for general physicians. No leave credits, if you don't go to work, then you are not paid"* highlights the need for their employment policies. Providing health insurance, retirement plans, and financial planning workshops could further enhance financial stability, enabling GPs to pursue further education without economic strain (Santos & Reyes, 2022).

e. Enhance Access to Residency Programs

To overcome systemic barriers like residency program politics, medical institutions and government bodies should implement transparent, merit-based admission processes for residency training. Scholarships or subsidies for residency applications could support GPs financially, addressing the concern: *"Currently living paycheck to paycheck due to saving up for residency application."* Partnerships between Level 2 hospitals and training institutions could also create dedicated residency slots for GPs, ensuring fair access to specialization pathways (Generalao et al., 2020).

f. Provide Mental Health and Work-Life Balance Support

To mitigate burnout and improve well-being, hospitals should offer mental health resources, such as counseling services and stress management workshops. The excerpt *"Journaling, eating good food, watching good movies, reading good books, exercising, and praying help me cope with stress"* suggests that GPs rely on personal coping mechanisms, which could be supplemented by institutional support. Flexible scheduling and paid overtime, as suggested by *"More flexibility, less corruption, proper pay, and on time,"* would further promote work-life balance (Dizon et al., 2021).

g. Provide Access to Learning Resources

Hospitals should provide GPs with access to online research portals, medical journals, and hospital libraries to support continuous learning. The excerpt *"I think it would be better if resident physicians will have access to an online research portal or hospital library"* highlights this need. Subsidized subscriptions to platforms like UpToDate or PubMed could enhance their knowledge and clinical decision-making (Smith & Jones, 2019).

CONCLUSION

The Non-residency trained general physicians (GPs) embody the heart and resilience of the Philippine healthcare system, serving as frontline providers who bridge critical gaps in primary care delivery. Through this phenomenological exploration, their lived experiences reveal a tapestry of dedication, adaptability, and quiet perseverance, interwoven with systemic and institutional challenges that shape their professional lives. These physicians navigate a complex landscape of diverse clinical roles—managing emergencies, performing minor procedures, and coordinating patient care—while grappling with limited formal training, workplace biases, financial instability, and systemic inequities. Their stories, rich with both pride in serving their communities and frustration with professional marginalization, underscore the urgent need for a healthcare system that not only relies on their contributions but also invests in their growth and well-being. The findings highlighted the precarious balance these GPs maintain: their autonomy and flexibility in managing demanding workloads are sources of professional fulfillment, yet they are overshadowed by barriers such as inadequate clinical preparation, dismissive attitudes from colleagues, and an outdated licensure system that fails to equip them for real-world practice. Financial precarity, marked by non-standardized compensation and lack of benefits, further constrains their ability to pursue further education or achieve stability, while the absence of structured mentorship leaves them reliant on informal, often inconsistent, guidance. These challenges, echoed in global and local literature, contribute to professional stagnation, burnout, and a persistent sense of being undervalued, despite their indispensable role in delivering care under resource-constrained conditions.

The voices of these GPs, filled with hope and tempered by struggle, call for a reimagining of their place within the Philippine healthcare hierarchy. Their commitment to patient care, despite systemic obstacles, challenges stakeholders—hospitals, policymakers, and medical associations—to act with urgency and empathy. Implementing the proposed support framework will not only uplift these physicians but also strengthen the foundation of primary care, aligning with the Universal Health Care Act's vision of equitable healthcare access. By honoring the humanity and contributions of non-residency trained GPs, the Philippine healthcare system can build a future where these unsung heroes are empowered to flourish, ensuring better health outcomes for the communities they tirelessly serve.

RECOMMENDATIONS

The following recommendations are proposed to create a comprehensive support program that enhances the GP's career pathways, job satisfaction, and overall well-being.

1**. Establish Structured Continuing Medical Education (CME) Programs**

To address the lack of formal training and limited clinical skills (Tan & Lim, 2022), hospitals and medical associations, such as the Philippine Medical Association (PMA), should develop tailored CME programs for non-residency trained GPs. These programs should focus on practical skills relevant to their roles, such as emergency medicine, minor surgical procedures, and ICU management.

2. **Implement Formal Mentorship Programs**

The absence of structured mentorship, as highlighted by GP13M comment, *"Mentorship and networking opportunities should be strengthened through formal mentorship programs,"* necessitates the establishment of institutionalized mentorship initiatives. Hospitals should pair non-residency trained GPs with experienced consultants for regular case discussions, skill-building workshops, and career guidance. These programs should include structured feedback mechanisms to address the informal and inconsistent mentorship currently available

3. **Develop Anti-Bias and Professional Recognition Initiatives**

To combat workplace bias and discrimination, as expressed by GP03M, *"No to doctors discrimination especially for general physician like us,"* hospitals should implement mandatory anti-bias training for consultants, staff, and administrators. These trainings should emphasize the critical role of GPs in primary care delivery, aligning with the Universal Health Care (UHC) Act's focus on equitable healthcare access. Additionally, hospitals can establish recognition programs, such as awards or public acknowledgments, to highlight GPs' contributions

4. **Standardize Compensation and Benefits**

Financial instability and lack of benefits were recurring concerns, with GP03M stating, "*No standard pay for general physicians. No leave credits, if you don't go to work, then you are not paid."* Hospitals should standardize compensation for non-residency trained GPs, ensuring competitive salaries, paid overtime, and leave credits comparable to regular employees. Providing health insurance, retirement plans, and financial planning workshops would further support economic stability, enabling GPs to invest in further education.

5. **Enhance Access to Residency Programs**

Systemic barriers, such as residency program politics and financial constraints, limit career advancement, as GP02F noted: *"Residency program politics. Mga anak ng diyos. Connections being a priority..."* To address this, the Department of Health (DOH) and medical institutions should implement transparent, merit-based residency admission processes. Scholarships or subsidies for residency applications.

6. **Provide Mental Health and Work-Life Balance Support**

The heavy workload and limited support contribute to stress and burnout, with GP01F emphasizing the need for "*mental health prioritization, as well as work life balance."* Hospitals should offer mental health resources, such as confidential counseling services and stress management workshops, to support GPs' emotional well-being. Flexible scheduling and paid leaves.

7. **Revise Credentialing and Licensure Systems**

The inadequacy of the Physician Licensure Examination (PLE) was a significant concern, with GP05F stating, *"The curriculum is outdated and is not based on current medical guidelines."* The Professional Regulation Commission (PRC) and PMA should revise the PLE to include practical clinical assessments, such as patient interaction and diagnostic skills, to better prepare GPs for real-world practice.

8. **Establish a National Society for General Physicians**

Participants, including GP05F, emphasized the need for *"a regulating body that will be making protocols/rules to govern the general physicians."* A national society for GPs, potentially under the PMA or as an independent entity, could standardize roles, advocate for fair compensation, and develop tailored training programs. This organization would provide a platform for GPs to voice concerns, access resources, and foster professional camaraderie.

9. **Provide Access to Learning Resources**

To support continuous learning, hospitals should provide GPs with access to online research portals, medical journals, and hospital libraries, as GP13M suggested: *"It would be better if resident physicians will have access to an online research portal or hospital library."* Subsidized subscriptions to platforms like UpToDate or PubMed would enhance clinical decision-making and bridge knowledge gaps. These resources would empower GPs to stay updated with current medical guidelines, improving patient care quality (Smith & Jones, 2019).

10. **Engage Stakeholders in Program Design**

The design and implementation of the support program should involve key stakeholders, including the DOH, PMA, hospital administrators, medical schools, and GPs themselves, as GP02F noted: *"PMA, APMC, Medical school, Department of Health, Government most of all, Hospitals accepting Non trained practitioners."* Collaborative efforts would ensure that interventions are contextually relevant and sustainable. For example, the DOH could fund training subsidies, while hospitals could integrate mentorship into their operational frameworks, fostering a multi-stakeholder approach to systemic reform (Cruz & Garcia, 2020).

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