# Insights into gender paygap amongst General Practitioners in Australia

An Ochre Health Study

April 2025

Ochre HEALTH

# Executive Summary

The gender pay gap has been a persistent issue across sectors globally, including the healthcare industry. Understanding the gender pay gap and what factors drive it within the general practitioner sector is essential prior to addressing inequality and promoting fair compensation practices. This report aims to gain a deeper understanding of general practitioner earning disparities in Australia.

This review analysed 511 practitioners supported by Ochre Health across 70 general practices in Australia across Queensland, New South Wales, Victoria, Tasmania and the ACT. Earnings data (gross billings per consult hour) was analysed over a 12-month period between June 2023 and July 2024 (FY24), with additional insights from FY23 to ascertain longer term trends. The focus was to identify if a gender pay gap exists amongst General Practitioners and how the gap compares to national benchmarks. Using a practice intelligence data extraction tool, Cubiko the study was able to apply methodology to the primary metric of 'gross billings per consulting hour' as the basis for comparison to the commonly referenced mean cash earnings per hour used by the Australian Bureau of Statistics (ABS) and Workplace Gender Equity Agency (WGEA). The analysis, is designed to enable comparison with ABS and WGEA methodologies, employed statistical methods to identify significant factors influencing the gender pay gap, capturing trends and variations across different demographic and geographic categories. Gender was derived from the medical practitioners AHPRA registration and is publicly available.

The Workplace Gender Equity Agency reports that the full-time adult average weekly ordinary time earnings across all industries and occupations was $2014.3 for men and $1782.8 for women (WGEA, Aug 2024). For every dollar on average men earned, women earned 89 cents. This study aimed to identify if a similar gender earnings imbalance exists in amongst General Practitioners.

## Key Findings:

**Gender Pay Gap:** The gender pay gap among GPs was found to be 6.5% or 93.5 cents for every dollar billed by a male GP, with female gross GPs billings on average $38,237.76 less annually than their male counterparts when consulting the same hours. This gap is significant but not as large as the average gender pay gap in the Australian workforce. In addition, the review found that over a course of a year, female GPs complete 11% less consultations than male colleagues. When considered, the gap widens to **17.2%** leading to a $101,733.83 annual difference in gross GP billings between male and female GPs.

'6.5% or 93.5 cents for every dollar billed by a male GP'

**Comparison with ABS and WGEA Benchmarks**: ABS reported a national gender pay gap of 11.5%, while the WGEA reported a 13% gap in the Health Care and Social Services sector in their 2022-2023 Employer Census. The study found the 6.5% gender pay gap among GPs is notably lower than these broader benchmarks and was statistically significant.

'gender pay gap amongst GPs is notably lower than the national workforce average'

**Earnings Per Consulting Hour**: Male GPs earned an average of $372.68 per consulting hour, while female GPs earned $348.54 (this is remuneration before taking account of other business expenses such as practice support service and facility fees, accounting, medical indemnity insurance, registration, professional college fees etc), reflecting a pay gap where female GPs earn 93.5 cents for every dollar earned by male GPs.

'Over a year, male GPs earn $38,237.76 more for the same consulting hours'

**Generational Differences**: The gender pay gap varies by generation, with data suggesting Millennials experience a smaller gap (3%) compared to Generation X (6%) and Baby Boomers (7%). Encouraging signs**:** The study found that for both Millennial and Gen X GPs, female earnings was increasing at a higher rate than their male GP counterparts, indicating the gap could be reducing.

'earnings gap more pronounced amongst older generations'

**Impact of Appointments Per Consulting Hour**: Male GPs saw on average 0.25 more patients per consulting hour. This difference in appointment volume significantly influences the gender pay gap on a per-consult hour basis, with male GPs increasing the value of their billable hours more effectively. $24.04 gap generated by the difference in number of consults per hour makes up for 99%+ of the gender pay gap amongst GPs.

‘male GPs saw on average 0.25 more patients per consulting hour, making up 99% of the gap’

**City vs. Country**: The gender pay gap was more significantly more pronounced in Country areas (MMM3-7) where female GPs earned 10.2% less per consulting hour compared to male GPs, in contrast to a 4.8% gap in City areas (MMM1-2). A gap was observed across all MMM areas and was most pronounced in MMM4areas at 17.0%

‘GP gender paygap is more pronounced in country areas’

**Recommendations for further study:** further understand and address the gender pay gap among general practitioners (GPs), the following areas of research are recommended:

1. **Larger data set:** The Ochre health data set is large enough to show some interesting trends but is biased in a number of ways. For example, the Ochre health cohort has high relative numbers of ACT GPs with high private billing rates, and relatively high number of rural and regional GPs.

2. **Further exploring the differences in appointment volume per consulting hour:** A deeper investigation into the factors driving differences in appointment volume per consulting hour between male and female GPs is needed. This research should aim to uncover whether these differences are due to patient preferences, case complexity, or systemic issues such as scheduling practices. The findings could inform strategies to help equalise appointment volumes and, consequently, earnings between male and female GPs.

3. **Exploring the impact of non-financial factors on the gender pay gap:** Future research should investigate how non-financial factors such as work-life balance, caregiving responsibilities, practice culture, and gender biases influence the earnings and career progression of female GPs. Understanding these dynamics is crucial for developing interventions that address the root causes of the gender pay gap beyond just financial metrics.

4. **Longitudinal studies on career progression and earnings:** Conducting longitudinal studies that track the career progression and earnings of GPs over time is essential to understanding how the gender pay gap evolves throughout a GP’s career. These studies could provide valuable insights into the effectiveness of current influences and the long-term impacts of different career choices and working patterns on earnings

# Introduction

## Background and Context

The gender pay gap has been a persistent issue across sectors globally, including the healthcare sector. The study reviews 511 General Practitioners that conduct their practice in Ochre Medical Centres. The report aims to identify if similar gender paygap issues exist amongst GPs and aims to identify key drivers of the gender pay gap. Understanding the gender pay gap within this critical sector is essential to address inequality and promote fair compensation practices and gain a better overall understanding of general practitioner earning disparities in Australia using insight to create a more positive future.

## Purpose and Objectives

The primary purpose of this study was to investigate the presence and extent of the gender pay gap among general practitioners (GPs) in Australia using data available to Ochre Health. By analysing data from July 2022 to June 2024 (FY23 & FY24), the report aims to quantify the earning differences between male and female GPs, explore contributing factors such as appointment volume, consulting hours and geographic location, and provide insights into the challenges that perpetuate these disparities. The objective is to offer insight that informs policy recommendations, future research and encourages initiatives to bridge the gender pay gap within general practice.

## Scope of the Report

This report focused on 511 unique practitioners across 70 general practices located in New South Wales, Victoria, the Australian Capital Territory, Tasmania, and Queensland. The time period of focus is the July 2023 to June 2024 period (FY24) with additional data from FY23 period for longer ranged data analysis. The analysis was confined to GPs who met specific criteria, such as completing a minimum of 100 consultations in each time period and operating in a regular setting. The review included VR general practitioners, GP registrars and excluded non-regular locums. The scope of the report included exploring the gender pay gap across different demographic and geographic categories, with a particular focus on gross billings per consulting hour as the primary measure.

## *Methodology Overview*

The study employs a quantitative approach, utilising data sourced from Ochre Health via the Cubiko data practice intelligence platform. Gender identification is based on AHPRA practitioner registration records and is publically available. The analysis includes a total of 4,305 statistical entries, with data divided into quarterly periods to capture trends and variations over time. The report uses statistical methods to compare earnings (mean gross billings per consulting hour) between genders as well as other metrics to determine statistically significant and indicative (i.e. correlation but non-statistically significant) factors that could influence the gender pay gap amongst general practitioners.

NB **Statistical significance is referenced at the end of the report.**

| State & MMM | Sample (n) |
|---|---|
| **ACT** | **106** |
| MMM1 | 106 |
| **NSW** | **124** |
| MMM1 | 6 |
| MMM2 | 3 |
| MMM3 | 60 |
| MMM4 | 41 |
| MMM5 | 4 |
| MMM6 | 9 |
| MMM7 | 1 |
| **QLD** | **85** |
| MMM1 | 43 |
| MMM2 | 16 |
| MMM5 | 26 |
| **TAS** | **122** |
| MMM2 | 58 |
| MMM5 | 40 |
| MMM6 | 17 |
| MMM7 | 7 |
| **VIC** | **74** |
| MMM2 | 27 |
| MMM3 | 18 |
| MMM5 | 29 |

Calculation of gender pay gap is in-line with the methodology adopted by the Workplace Gender Equality Agency (WGEA) and Australian Bureau of Statistics (ABS). ABS guide to calculating gender pay gap: Gender pay gap measures are presented as a percentage. Earnings is calculated using billing information from Ochre Health data sources. Gender pay gap is the calculated by subtracting female earnings from male earnings, dividing the result by male earnings and then multiplying by 100.

As most general practitioners are not employees, to establish a comparable metric to ABS 'mean hourly cash earnings (EEH)', the metric 'gross billings per consulting hour' is used. This earnings metric does not consider small business expenses associated with operating a professional services business and does not make adjustments for common expenses, such as practice support services and facilities fees, accounting, continued professional development and other expenses.

The study does not take into consideration administration hours or 'unbillable' time and does not consider any regulatory or tax obligations such as superannuation that may be applicable to a GPs independent business.

# Assessment of Dataset Bias and Representation

As the study reviews GPs supported by Ochre Health, there is an inherent bias that may not reflect a broader national perspective, including;

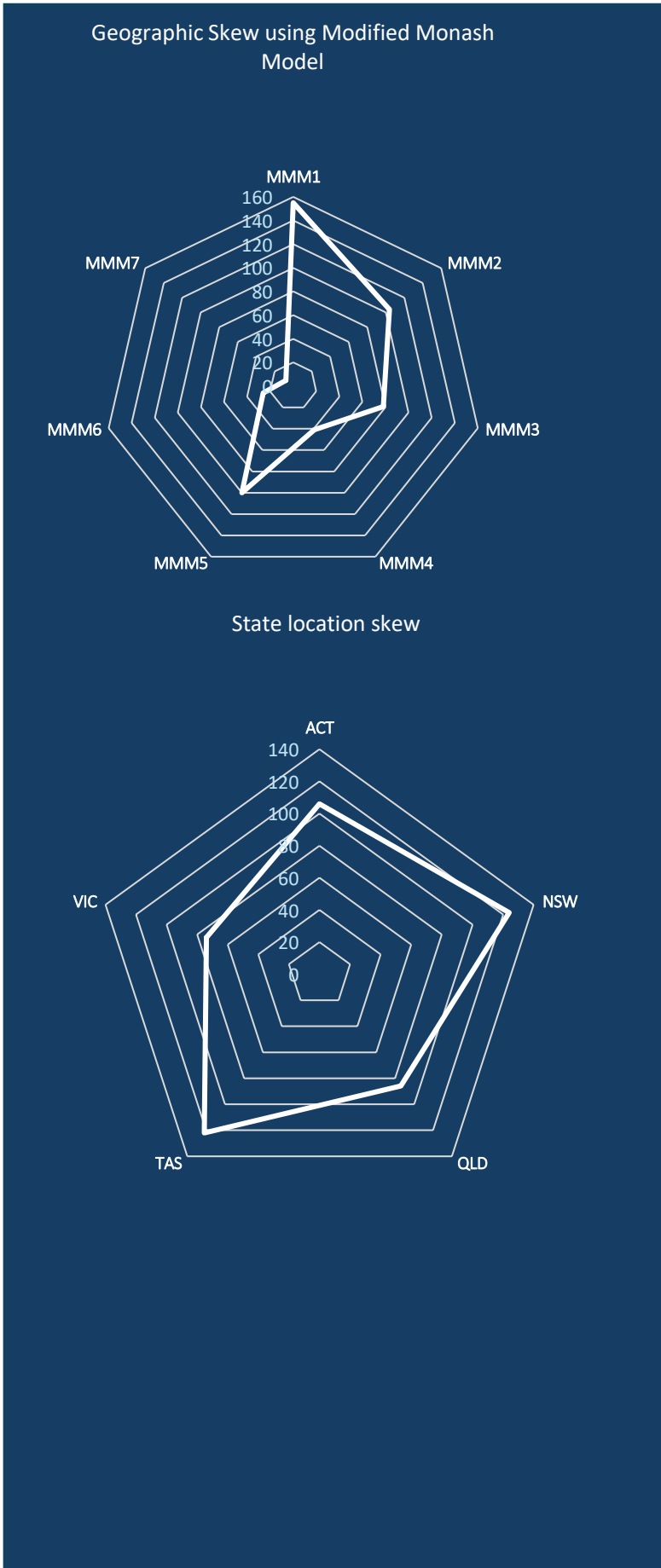
**Bias (MMM1 Dominance)**: The heavy weighting towards MMM1, especially from ACT, introduces an urban bias. This can lead to insights that reflect urban characteristics, challenges, and needs while underrepresenting rural and remote perspectives. Any findings based on this dataset may therefore be skewed toward the viewpoints of GPs in more accessible, resource-rich areas.

**Geographic Bias**: With ACT and certain states (like NSW and TAS) more heavily represented, there's a regional bias that might not accurately reflect a national viewpoint. Areas that are less represented or missing from the dataset altogether could hold different priorities, needs, or experiences that aren't fully captured.

**Limited Diversity of Contexts Across MMM Levels**: Regions outside MMM1 (like MMM3–MMM7, representing regional, rural, and very remote locations) are underrepresented. Consequently, the dataset may not capture the full diversity of factors impacting less urbanised areas, such as variations in access to services, infrastructure challenges, or workforce needs.

**Potential Skew in Key Findings**: Because the data is likely leaning towards urban-centric outcomes, any insights or recommendations could be less applicable to non-urban settings. If decisions or policies are based on this dataset without addressing its skew, there's a risk of implementing solutions that don't adequately serve regional or remote areas.

**Sample Imbalance**: The imbalance in sample sizes across states and MMM classifications limits the dataset's ability to generalise findings. This bias could make it challenging to develop universally applicable conclusions, as the dataset doesn't proportionally represent all areas

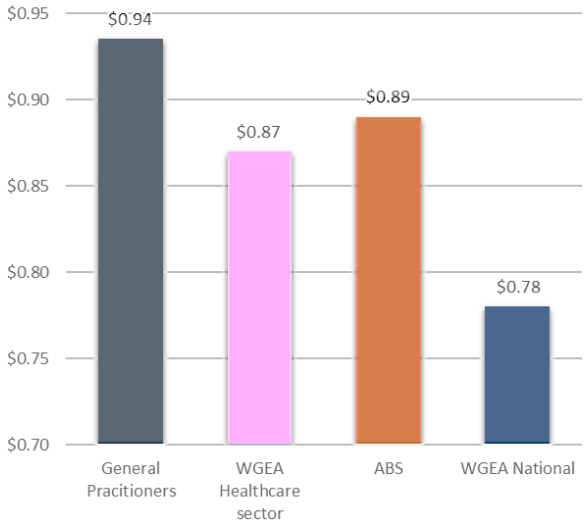


# Gender Pay Gap in General Practice

## Earnings (gross billings per consulting hour)

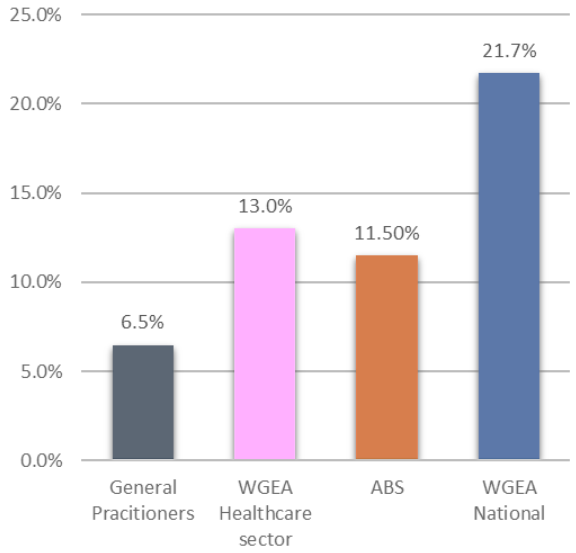
The study reviewed earnings per consulting hour for general practitioners across Australia in MMM1 to MMM7 from July 2023 to June 2024 (FY24) for 511 general practitioners to ascertain if a gender pay gap exists in general practice. Billings per consulting hour is a measure of time spent patient facing otherwise known as 'billable' time providing a professional GP medical service. The study found that male GPs earnt 6.5% more than female GP colleagues per consulting hour, meaning for every $1 earnt by a male GP, female GPs earnt 93.5 cents. Male GPs recorded mean gross billings per consulting hour of $372.68 compared to female GPs who recorded gross billings per consulting hour of $348.54. Annualised (assuming 33 hour consulting week across 48 weeks per year), the gap is equivalent to $38,237.76 and does not take into consideration further influences on earnings such as number of consulting hours worked.

*Figure 1:* Comparison: Earnings per $1




The WGEA Employer Census 2022-2023, for Health Care and Social Services sector reported gender pay gap results of 13%, which is double the observed result from the study. When compared to the commonly cited gender pay gap reported by the Australian Bureau of Statistics (2023), the result was also lower than the 11.5% gender pay gap reported across all professions nationally.

*Figure 2: Referenced gender pay gap*




## Potential reasons why the gender pay gap is lower than the WGEA levels amongst GPs remains subjective

**Medicare Billing and Fee-for-Service Model:** In Australia, most GPs operate under the Medicare system, where they bill for services on a fee-for-service basis. This means that income is more directly related to the number of patients seen and services provided, rather than an employer-determined salary. Since GPs have more control over their billing and working hours, it could have an impact on reducing the pay gap.

**Independent Contracting**: Ochre Health GPs work as independent contractors (who pay Ochre Health a fee for providing support services and general practice facilities). In these scenarios, income is more directly tied to the number of patients seen, services provided, or business management skills, rather than employer-determined salaries. Subjective opinion suggests this also could narrow the gender pay gap as compensation is based on output rather than organisational factors.

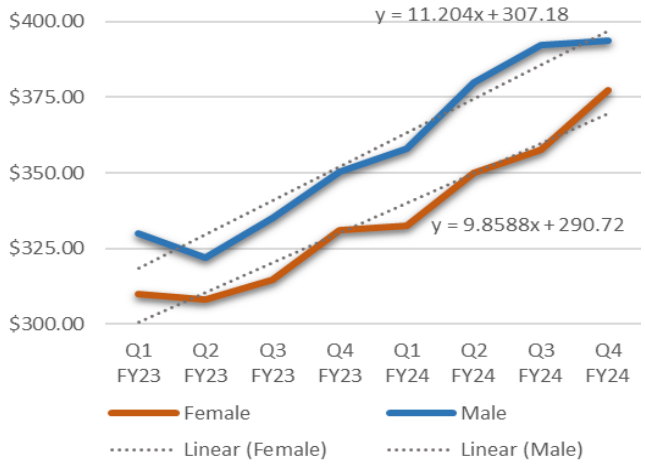
**Professional Autonomy**: GPs typically have greater professional autonomy compared to other healthcare workers, which can lead to more equitable pay. Since GPs set their own fees and negotiate their own contracts, they can ensure their compensation reflects their work value more directly, which could have an impact on the gender pay gap in general practice.

**Less Occupational Segregation**: In the broader healthcare sector, there is more occupational segregation, with females often concentrated in lower-paid roles like nursing or administrative positions. In contrast, the role of a GP is more uniform, reducing the disparity between genders.

## Mean earnings (gross billings per consulting hour) over time

Whilst earnings per consulting hour has increased by 20.47% since July 2022 (both genders combined), the gap between male GPs and female GPs is present in every quarter, reaching a high of 8.9% in (January - March 2024) and a low in the subsequent quarter of 4.2% (April – June 2024).

*Figure 3: Billings per consulting hour over time by gender*

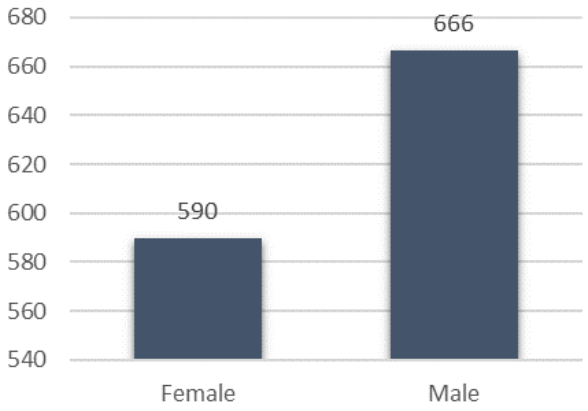



The study showed that the longer-term linear trend in gender pay gap is widening with male GPs increasing earnings per consulting hour at a faster pace (+$11.2 per quarter) compared to female GPs (+$9.85 per quarter). However, note that growth rates are indicative only.

## Impact of consulting hours on annualised earnings

In Australia, women tend to work fewer hours than men across all industries due to a combination of societal, economic, and structural factors including caregiving responsibilities (ABS Gender Indicators, 2023). This study found that female GPs complete 11.5% less consulting hours than male GPs over the course the year, significantly impacting their ability to earn the same weekly or annual earnings as male GPs. Between July 2023 and June 2024 (FY24), female GPs were found to complete 77 less consulting hours than male GPs on average, leading to the number of consulting hours being a major driver of a true annualised mean earnings pay gap.

*Figure 4: Number of Consulting Hours annually*

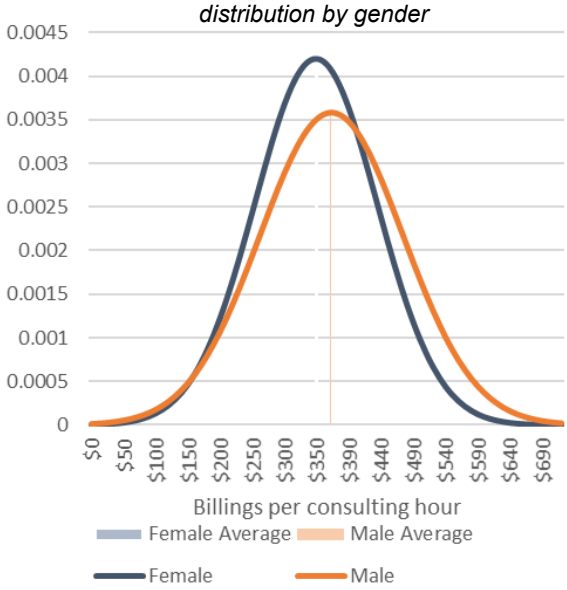



Male GPs consulted on average 666.3 hours over the year, whilst Female GPs consulted for 589.7 hours. In addition to overall consulting hours, the study found male GPs work both longer days and more days over the course of the year. The study did not review non-billable time which many GPs use to complete clinical administration and professional development activities.

## Billings per consulting hour distribution spread

The analysis of billing patterns between male and female providers offers valuable insights into gender-based differences in 'billings per consulting hour'. Despite the mean billing rate for males being higher than that for females, the distribution shapes and standard deviations reveal more nuanced patterns. Female providers exhibit a lower standard deviation (94.88) compared to their male counterparts (111.28), indicating a tighter clustering of billing rates around their mean. This suggests that female providers tend to bill within a more consistent and predictable range.

*Figure 5: Billings per consulting hour distribution by gender*



In contrast, the higher standard deviation among males reflects greater variability, with some providers billing significantly above or below the mean, contributing to a slightly higher overall average. The peak (mode) billing rate, which is higher for females, further highlights that a larger proportion of female providers bill near this rate, even though their mean billing rate is lower than that of males. This finding implies that while male providers might achieve higher individual billing rates, female providers maintain a more consistent billing pattern across the sample.

# Other considerations

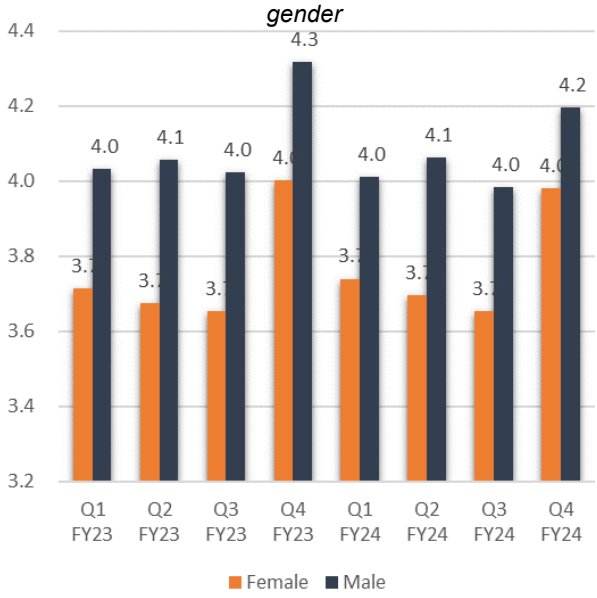
During the study, we were interested to see if other contributing drivers influenced the gender pay gap between male and female GPs, the study looked at the following areas which are considered to be more likely influencing factors on earnings (gross billings per consulting hour):

- Number of consults per hour
- Bulk Billing rates
- CDM as a % of billings
- Average consulting hours
- Degree origin

## Number of appointments per consulting hour

The study found that between July 2023 and June 2024 (FY24), on average male GPs see 0.25 more appointments than female GPs per consulting hour resulting in higher earning capacity per hour. The trend observed across all quarters in FY23 and FY24 (*figure 6)*. Most GPs in Australia (and all in this study) operate under a business model where they bill for services on a fee-for-service basis. This means that income is more directly related to the number of patients seen and services provided, rather than an employer-determined salary. Despite male GPs having a lower earnings per appointment completed at $94.89 compared to female GPs at $95.02, the increased number of patients a male GP sees per consulting hour influences per consulting hour earnings by $24.04, which is a significant factor in the gender pay gap for general practice.

*Figure 6: Mean patients per consulting hour by gender*

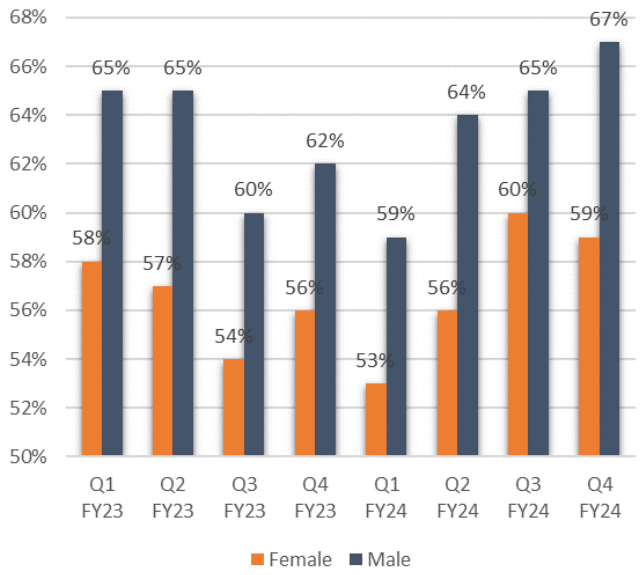



A potential reason for the difference in number of appointments per consulting hour was suggested by a recent study by the Royal Australian College of General Practitioners (RACGP). According to the Health of the Nation Report (RACGP, 2023), female GPs spent longer (average 20.0 minutes) with their patients compared with male GPs (average 16.8 minutes). Female GPs report a heavier load of psychological issues as one of their top three reasons for patient presentations and a much greater incidence of women's health and pregnancy/family planning presentations (50%) compared to male GPs (2%). These factors could suggest why male GPs see more patients per consulting hour than female GPs, however more research is required to fully understand these differences.

## Bulk billing rates

The study showed that between July 2023 and June 2024 (FY24), on average male GPs bulk billed a higher proportion of patients at 63% compared to their female colleagues (56%). Typically, private billed patients are billed at a higher value than the Medicare rebate and would usually increase the earnings per consulting hour for a GP. In this case, it is evident that the gender pay gap between male and female GPs is not caused by differences in private billing rates. This suggests that private billing rates for female GPs are partially offsetting impacts such as appointments per consulting hour and their effect on the gender pay gap.

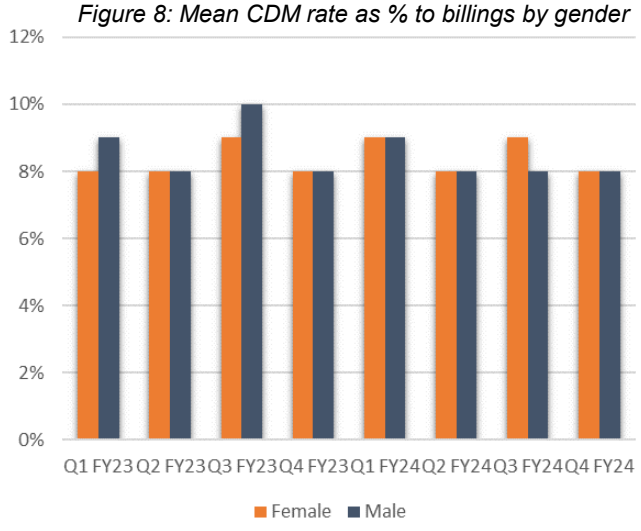
*Figure 7: Mean bulk billing rates by gender*




## Chronic Disease Management (CDM) rate

The study reviewed CDM billings as a percentage of total billings from July 2023 to June 2024 by gender to assess if there is an impact to earnings per consulting hour and if there is an influence on the gender pay gap. Whilst CDM consultations are considered more complex and time intensive, the Medicare Benefits Schedule is reflective with higher rebates provided for CDM consultations and GPs are often supported by practice employed nursing staff. The study clearly showed (*figure 8)* that there is not a significant difference in CDM consultations between male and female GPs amongst those sampled, therefore not likely influencing gender pay gap.

*Figure 8: Mean CDM rate as % to billings by gender*

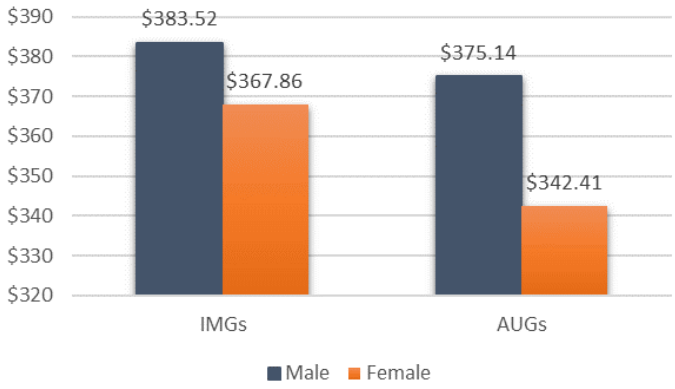



## International Medical Graduates (IMGs) compared to Australian Graduates (AUGs)

The study was interested to analyse if earnings (gross billings per consulting hour) differed by degree origin and entry into the Australian system. Of GPs classified by degree origin from outside Australia compared to Australian graduates, it was found that male GPs generally earn more than female GPs in both cases. Amongst International Medical Graduates, female GPs earnt 95.9 cents for every $1 earned by Male IMG's and amongst Australian graduates the gap widens with female Australian graduates earning 91.3 cents per every $1 earned by a male Australian graduate.

Although the gender pay gap is higher for Australian graduates, an ANOVA test showed that this difference is not large enough to be considered significant. While there is a practical difference, it's not big enough to say that being an International or Australian graduate really changes the way gender affects earnings. Statistically, the impact of gender on how much doctors earn per consulting hour is similar across both degree origin classifications.

*Figure 9: Mean billing per consulting hour by graduate classification and gender*



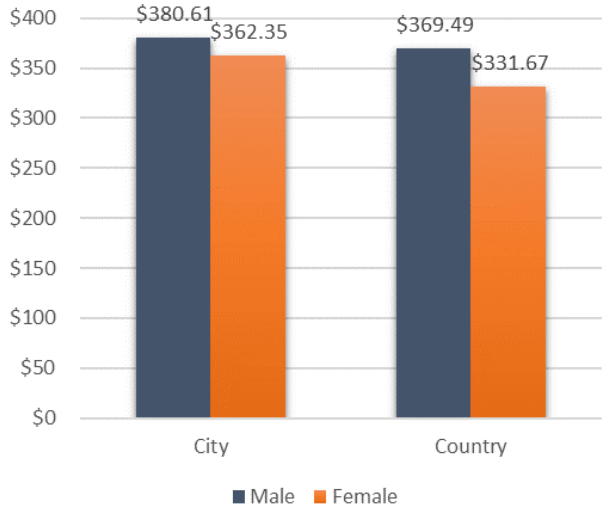

## City vs Country

The study designated group labels for City and Country areas of Australia grouped by the Modified Monash Model (MMM). 'City' is represented by MMM1-2 classification and 'Country' is represented by MMM3-7. Comparing the mean earnings (billings per consulting hour) from July 2023 to June 2024 (FY24). it was found that male GPs out-earned female GP counterparts in both City and Country, however the gap was larger in Country areas with female GPs earning 10.2% lower than male GPs, whilst in 'City' areas the gap was lower at 4.8%.

Whilst bulkbilling rates are significantly higher in Country areas (76.9%) compared to City (46.8%)

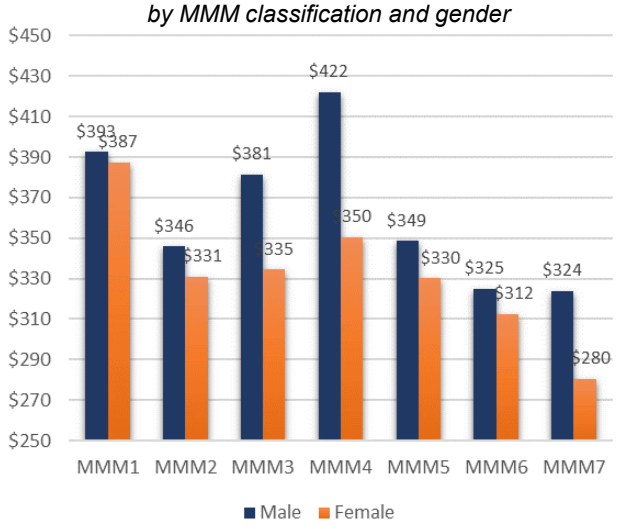
which could lead to overall earnings per consulting hour being lower in country areas. An ANOVA test determined that the interaction between Gender and City/Country is not significant, meaning that the difference between City and Country billings per hour is not meaningfully different for males and females.

*Figure 10: Mean billing per consulting hour by City/Country classification and gender*



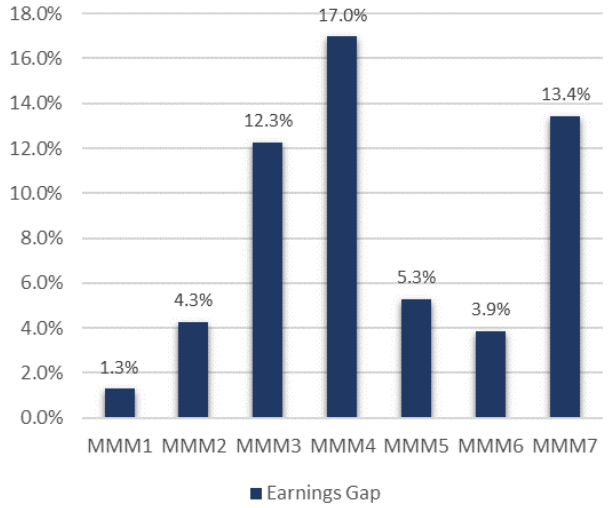

On average Country GPs saw more patients per hour than their city counterparts, 3.96 vs 3.74, indicating that the reliance on bulk billing could be driving a volume-based output to meet similar earnings profile to City colleagues.

*Figure 11: Mean billing per consulting hour by MMM classification and gender*




In areas where the gap is largest (MMM4), other issues could be at play such as the disparity in male and female doctor ratio in rural areas. According to the Department of Health and Aged Care (2023), there is proportionally less female GPs in rural classified areas (MMM 3-5) than any other part of Australia with as low as 37.3% of GP FTE being female in MMM4. It is possible, given the lack of access to a GP in rural and remote areas and subsequent lower number of female GPs that patients wait to present more complex cases to their GP with female GPs (RACGP, 2023).

*Figure 12: Earnings gap by MMM1 classification*

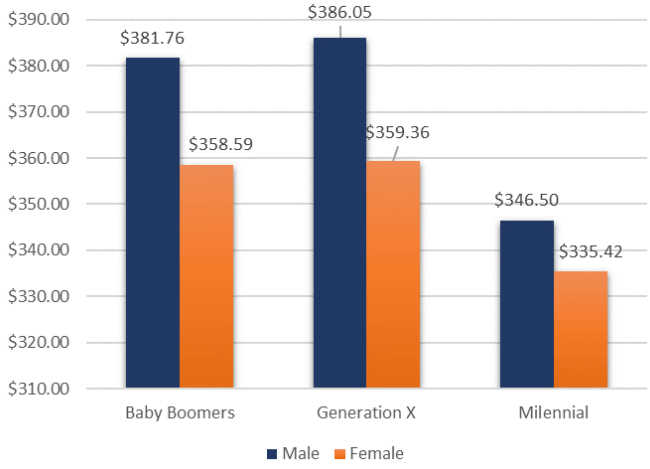



The gender pay gap between male and female GPs is most significant in regional, rural and remote areas whilst female GPs in metropolitan settings (MMM1) are within 1.3% per consulting hour of male GPs.

## Generational trends

The study examined GPs across different generational groups and whilst not statistically significant, positive correlation was found. Amongst Millennials (GPs born between 1981 and 1996), female GPs earnt 97 cents for every $1 a millennial male GP earns. Amongst Generation X, GPs born between 1965 and 1980, the gap was considerably wider with female Gen X GPs earning 93 cents for every $1 a male Gen X GP earns. Amongst Baby Boomers (born 1946 – 1964) female GPs earnt 94 cents per every $1 earned by a male.

*Figure 13: Mean billing per consulting hour by generation tag and gender*

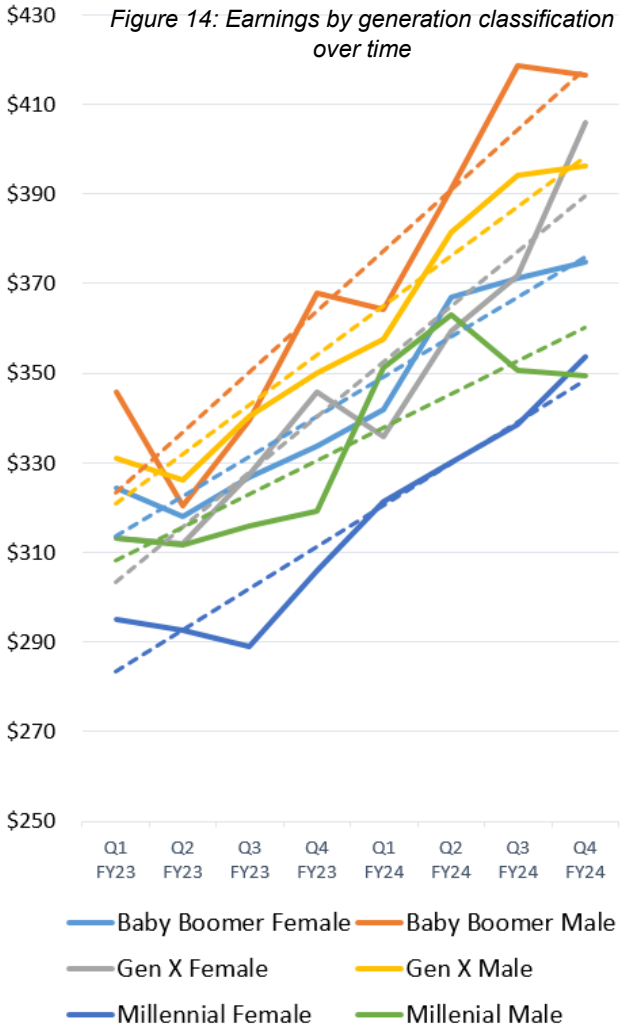


## Generational earning growth rates – potential signs of change

The study reviewed earnings (billings per consulting hour) for each quarter for financial year FY23 and FY24 by generation classification to assess if a specific gender has a higher earnings per consulting hour growth rate over the past two financial years, which could indicate whether the gender pay gap is closing or widening. The data indicates amongst Millennial female GPs, earnings per consulting hour is growing faster (+$9.26 per quarter) when compared to Millennial male GPs (+$7.40), suggesting that female GPs could be closing the gap when compared to their Millennial male GP colleagues.

The same can be said for Generation X Female GPs with an earnings per consulting hour growth rate higher than that of male GPs (+$12.3 compared to +$11.05). Data from Q4 FY24 (April to June 2024) shows that female GPs in both Millennial and Generation X classifications have reached a higher earnings per consulting hour than their male colleagues, further suggesting the gender pay gap could be changing amongst younger GPs. There is insufficient data to provide reliable results for Gen Z and Silent Generation GPs.

*Figure 14: Earnings by generation classification over time*




# Recommendations for further study

In order to further understand and address the gender pay gap among general practitioners (GPs), the following areas of research are recommended by Ochre. Ochre intends to recapture data for FY25 to review if the gender pay gap is improving:

5. **Larger data set:** The Ochre health data set is large enough to show some interesting trends but is biased in a number of ways. For example, the Ochre health cohort has high relative numbers of ACT GPs with high private billing rates, and relatively high number of rural and regional GPs.

6. **Further exploring the differences in appointment volume per consulting hour:** A deeper investigation into the factors driving differences in appointment volume per consulting hour between male and female GPs is needed. This research should aim to uncover whether these differences are due to patient preferences, case complexity, or systemic issues such as scheduling practices. The findings could inform strategies to help equalise appointment volumes and, consequently, earnings between male and female GPs.

7. **Exploring the impact of non-financial factors on the gender pay gap:** Future research should investigate how non-financial factors such as work-life balance, caregiving responsibilities, practice culture, and gender biases influence the earnings and career progression of female GPs. Understanding these dynamics is crucial for developing interventions that address the root causes of the gender pay gap beyond just financial metrics.

8. **Longitudinal studies on career progression and earnings:** Conducting longitudinal studies that track the career progression and earnings of GPs over time is essential to understanding how the gender pay gap evolves throughout a GP's career. These studies could provide valuable insights into the effectiveness of current influences and the long-term impacts of different career choices and working patterns on earnings.

9. **Investigating the role of patient demographics and case complexity:** Further research should explore how patient demographics and the complexity of cases managed by GPs impact earnings, particularly in terms of gender differences. This research could help identify whether certain patient populations or case types contribute to the gender pay gap and lead to amendments to billing practices to account for these complexities.

## APPENDIX: Quick reference: Test outcomes, P-Value, Sample Size and Correlation Coefficient

| Test | Outcome | P-value | Sample size (n) | Correlation coefficient |
|---|---|---|---|---|
| Male GPs have a higher earnings per consulting hour than female GPs | **True (statistically significant)** | 0.011 | 511 | 0.11 positive |
| Male GPs work more consultations hours over the course of a year than female GPs | **True (statistically significant)** | 0.036 | 511 | 0.093 positive |
| Male GPs have higher appointment per consulting hour | **True (statistically significant)** | 0.017 | 511 | 0.11 positive |
| Male GPs have higher consulting hours than female GPs | True (Indicative only) | 0.239 | 511 | 0.054 positive |
| Male GPs have a higher CDM % than female GPs | False (Indicative only) | 0.898 | 511 | -0.008 negative |
| Male GPs have a higher bulk billing % rate than female GPs | **True (statistically significant)** | 0.00065 | 511 | 0.15 positive |
| Males from City have a higher earning per consulting hour than females from city | True (Indicative only) | 0.196 | 260 | 0.08 positive |
| Males from Country have a higher earning per consulting hour than females from Country | **True (statistically significant)** | 0.004 | 261 | 0.17 positive |
| Males from MMM1 have a high earning per consulting hour than females from MMM1 | True (Indicative only) | 0.928 | 153 | 0.007 positive |
| Males from MMM2 have a high earning per consulting hour than females from MMM2 | True (Indicative only) | 0.303 | 101 | 0.104 positive |
| Males from MMM3 have a high earning per consulting hour than females from MMM3 | True (Indicative only) | 0.127 | 78 | 0.174 positive |
| Males from MMM4 have a high earning per consulting hour than females from MMM4 | **True (statistically significant)** | 0.041 | 41 | 0.321 positive |
| Males from MMM5 have a high earning per consulting hour than females from MMM5 | True (Indicative only) | 0.270 | 103 | 0.110 positive |
| Males from MMM6 have a high earning per consulting hour than females from MMM6 | True (Indicative only) | 0.753 | 27 | 0.064 positive |
| Males from MMM7 have a high earning per consulting hour than females from MMM7 | True (Indicative only) | 0.906 | 8 | 0.050 positive |
| Millennial males have a higher earnings per consulting hour than females | True (Indicative only) | 0.464 | 157 | 0.059 positive |
| Baby Boomer males have a higher earnings per consulting hour than females | True (Indicative only) | 0.171 | 129 | 0.121 positive |
| Generation X males have a higher earnings per consulting hour than females | True (Indicative only) | 0.122 | 197 | 0.111 positive |
| Silent Generation males have a higher earnings per consulting hour than females | True (Indicative only) | nan | 3 | 0.270 positive |
| Gen Z males have a higher earnings per consulting hour than females | True (Indicative only) | 0.099 | 6 | 0.731 positive |
| Male IMGs have a higher earnings per consulting hour than female IMGs | True (Indicative only) | 0.072 | 167 | 0.072 positive |
| Male Australian graduates have a higher earnings per consulting hour than female Australian graduates | **True (statistically significant)** | 0.0084 | 288 | 0.155 positive |
| ANOVA test: The effect of gender on earnings per consulting hour differs depending on whether a doctor is classified as IMG or AUG | False | 0.6146 | 455 | na |
| ANOVA test: The effect of gender on bulk billing % differs depending on whether a doctor is country or city | False | 0.932 | 520 | na |

# References

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