



Blue Report

Regional Breakdown

April 2026

Who we are

Cleanbill is a healthcare directory with one simple aim: to increase healthcare accessibility.

We believe that healthcare is at its most accessible when you can see all your options and their costs before making a booking.

Cleanbill shows you exactly that.

What we do

We collect background, pricing, availability, location and contact information for every healthcare provider of a given speciality in a specific area.

We then publish this data on cleanbill.com.au.

You can search Cleanbill to find every healthcare provider around you and filter them by the price of their basic services. In one simple, free search, you can find a provider who meets all of your affordability and availability criteria without picking up the phone.

You can also access aggregated data from any of our collections through [Cleanbill Data](#).

What this report is

On 12 January 2026, Cleanbill released the [2026 Blue Report](#). Utilising our [comprehensive database](#) of general practice (GP) clinic locations and billing information, the Report provided a [first-in-the-nation insight](#) into how the 1 November 2025 Medicare changes [impacted GP accessibility nationwide](#).

The data generally showed [higher proportions](#) of bulk billing clinics alongside [higher average out-of-pocket costs](#) across the country.

But the extent of these trends [differed markedly](#) state-to-state; [highly urbanised states](#) like Western Australia saw [more muted](#) bulk billing and out-of-pocket increases than [less urbanised states](#) like Tasmania.

We suspected this variance was due to [regional clinics switching](#) to bulk billing at [higher rates](#) than their metropolitan counterparts.

But we wanted to [know](#).

We wanted to understand not just the [city-regional split](#) within states, but also the national breakdown across the [Modified Monash \(MM\) areas](#) that determine Bulk Billing Incentive payment amounts.

So, this Report analyses historic trends in bulk billing and out-of-pocket costs [across each MM area](#) to provide region-based insights into the impacts of the 1 November 2025 Medicare changes. It then compares the [capital city and non-capital city areas](#) of each state to determine whether any accessibility gaps remain, and exactly where they are.

We note that data from the Australian Capital Territory and Northern Territory is included in the MM area analysis but excluded from the state-based analyses.¹

What the data means

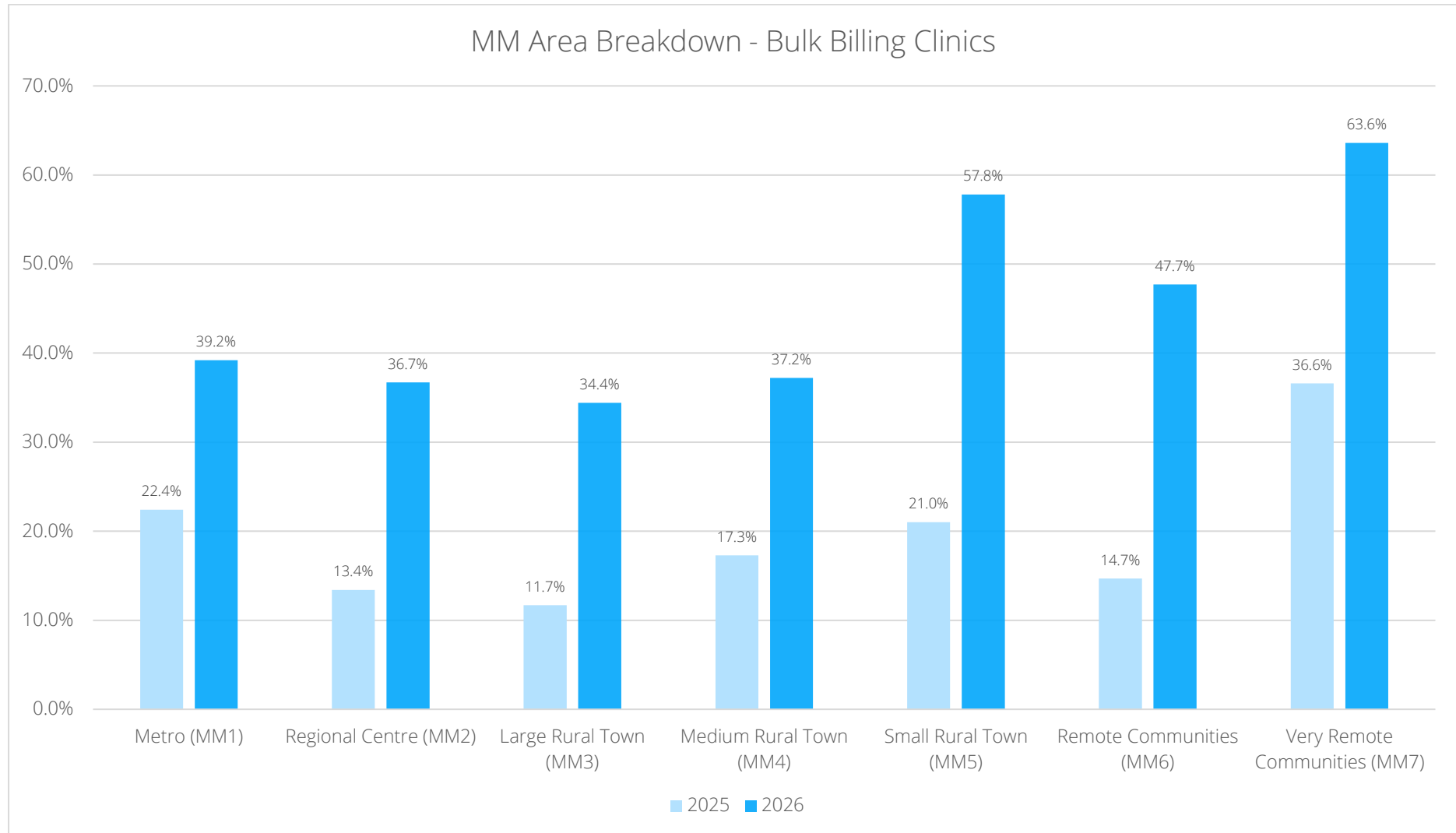
Cleanbill's data reflects its live listings. It aims to provide the best understanding of what every GP clinic around you would say if you, as an adult without concessions, asked for their pricing and availability information for a standard consultation during regular, weekday business hours. With this in mind, the definitions of the terms in this Report are as follows:

- **Total Clinics:** The number of in-scope GP clinics listed in Cleanbill's database. A clinic must have at least one general practitioner offering standard consultations (MBS Item 23) to the general public during regular business hours to be considered in-scope (refer to Note iiiⁱⁱⁱ for further information on inclusions and exclusions).
- **Cities (in a state):** All GP clinics within the Greater Capital City Statistical Area for the nominated state.
- **Rest of [state]:** All GP clinics outside of the Greater Capital City Statistical Area for the nominated state.
- **% of Clinics:** The percentage of total clinics within the state that are located in the nominated area.
- **Bulk Billing Clinics:** The percentage of total available clinics in the jurisdiction that have stated they are fully bulk billing (refer to Notes iiiⁱⁱⁱ and iv^{iv}).
- **Average Out-of-pocket Cost:** The average out-of-pocket cost of a standard consultation (MBS Item 23) for an adult patient without concessions who attends during regular, weekday business hours, calculated across all non-bulk billing clinics in the area.

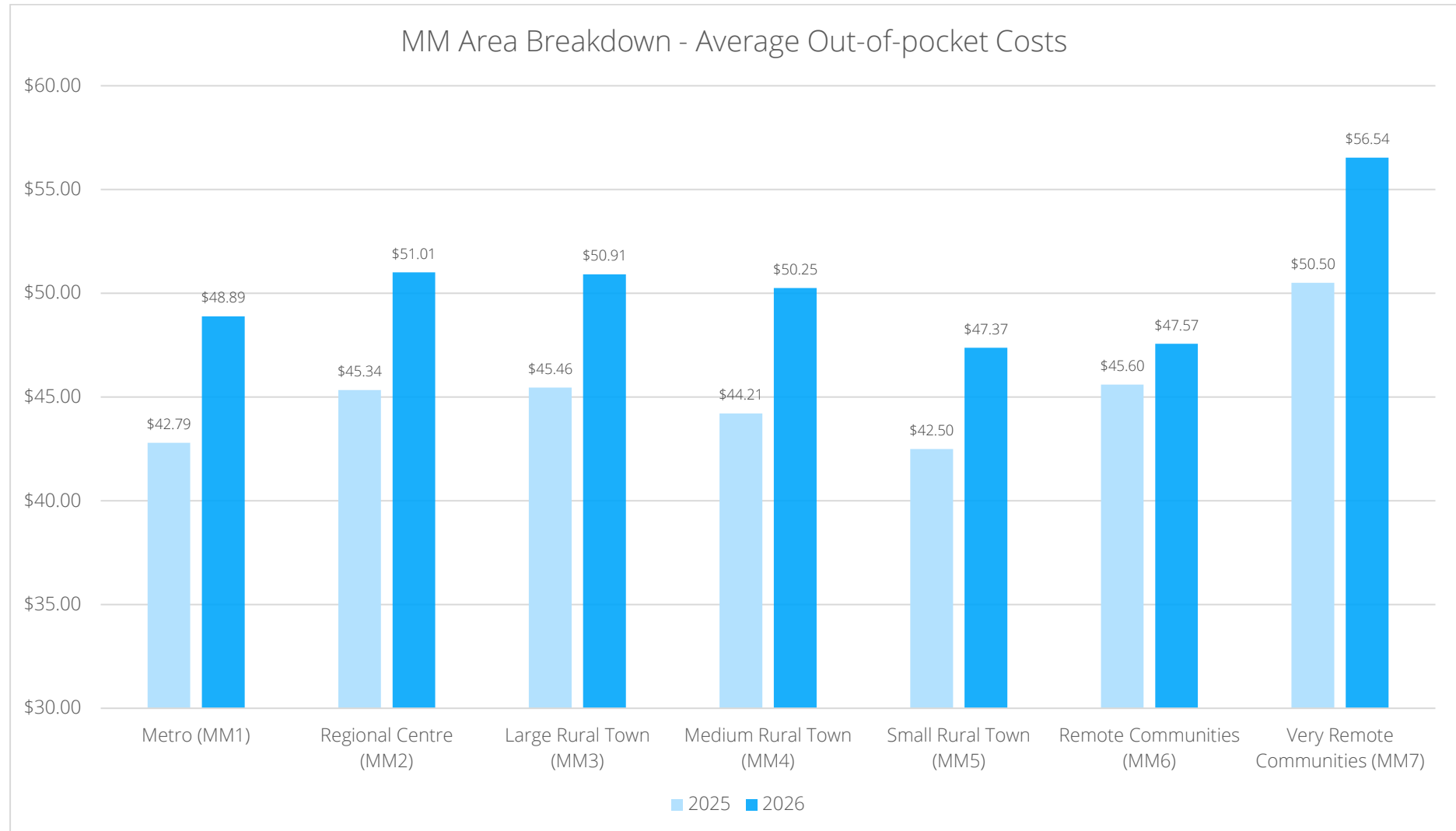
MM Area Overview - Historical Comparison

MM Area	Bulk Billing Clinics			Average Out-of-pocket Cost		
	2025	2026	Change	2025	2026	Change
Nationwide	20.7%	40.3%	+19.6%	\$43.38	\$49.23	+13.5%
Metro (MM1)	22.4%	39.2%	+16.8%	\$42.79	\$48.89	+14.3%
Regional Centre (MM2)	13.4%	36.7%	+23.3%	\$45.34	\$51.01	+12.5%
Large Rural Town (MM3)	11.7%	34.4%	+22.7%	\$45.46	\$50.91	+12.0%
Medium Rural Town (MM4)	17.3%	37.2%	+19.9%	\$44.21	\$50.25	+13.7%
Small Rural Town (MM5)	21.0%	57.8%	+36.8%	\$42.50	\$47.37	+11.5%
Remote Communities (MM6)	14.7%	47.7%	+33.0%	\$45.60	\$47.57	+4.3%
Very Remote Communities (MM7)	36.6%	63.6%	+27.0%	\$50.50	\$56.54	+11.9%

MM Area Breakdown - Bulk Billing Clinics



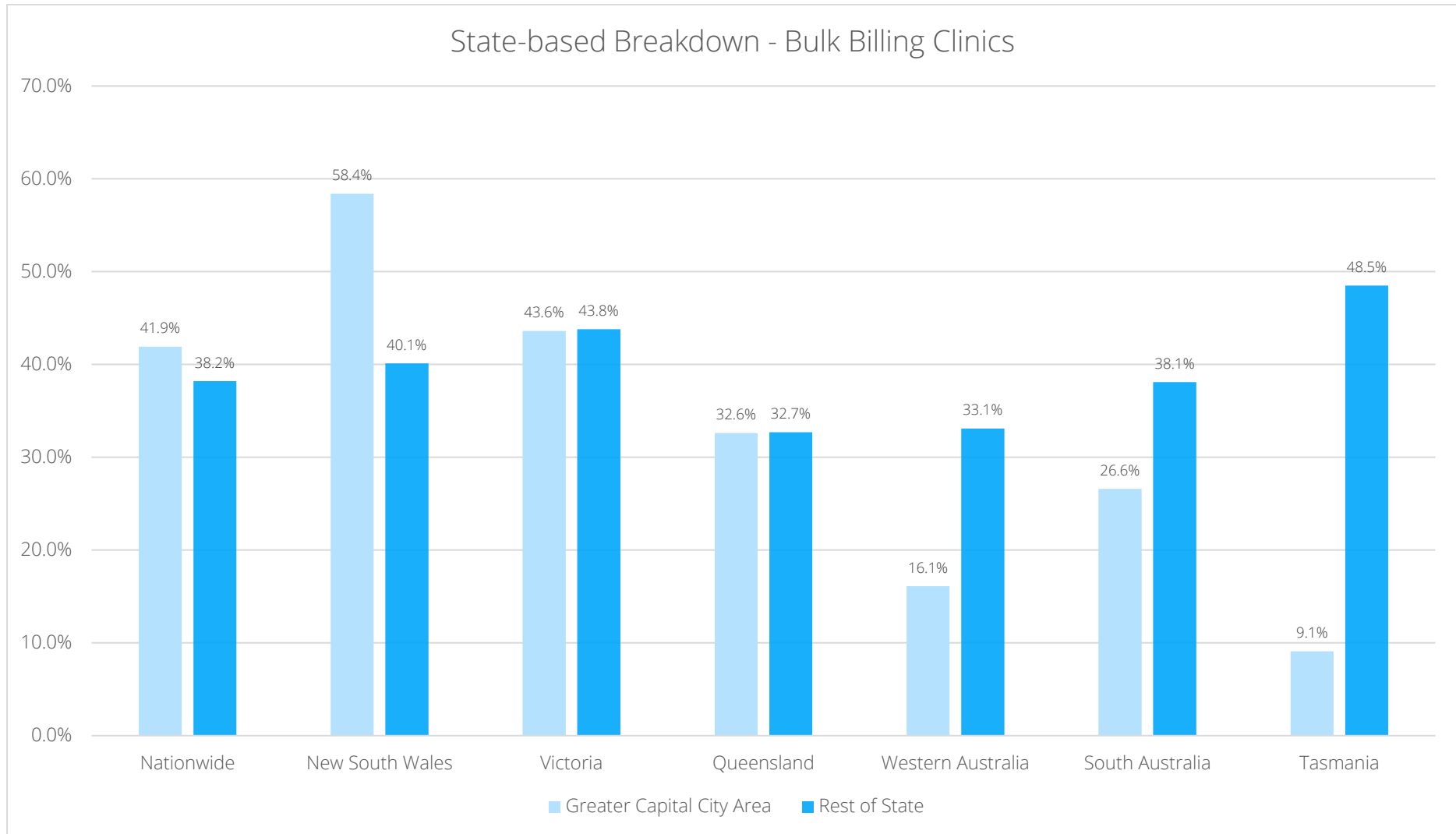
MM Area Breakdown - Average Out-of-pocket Costs



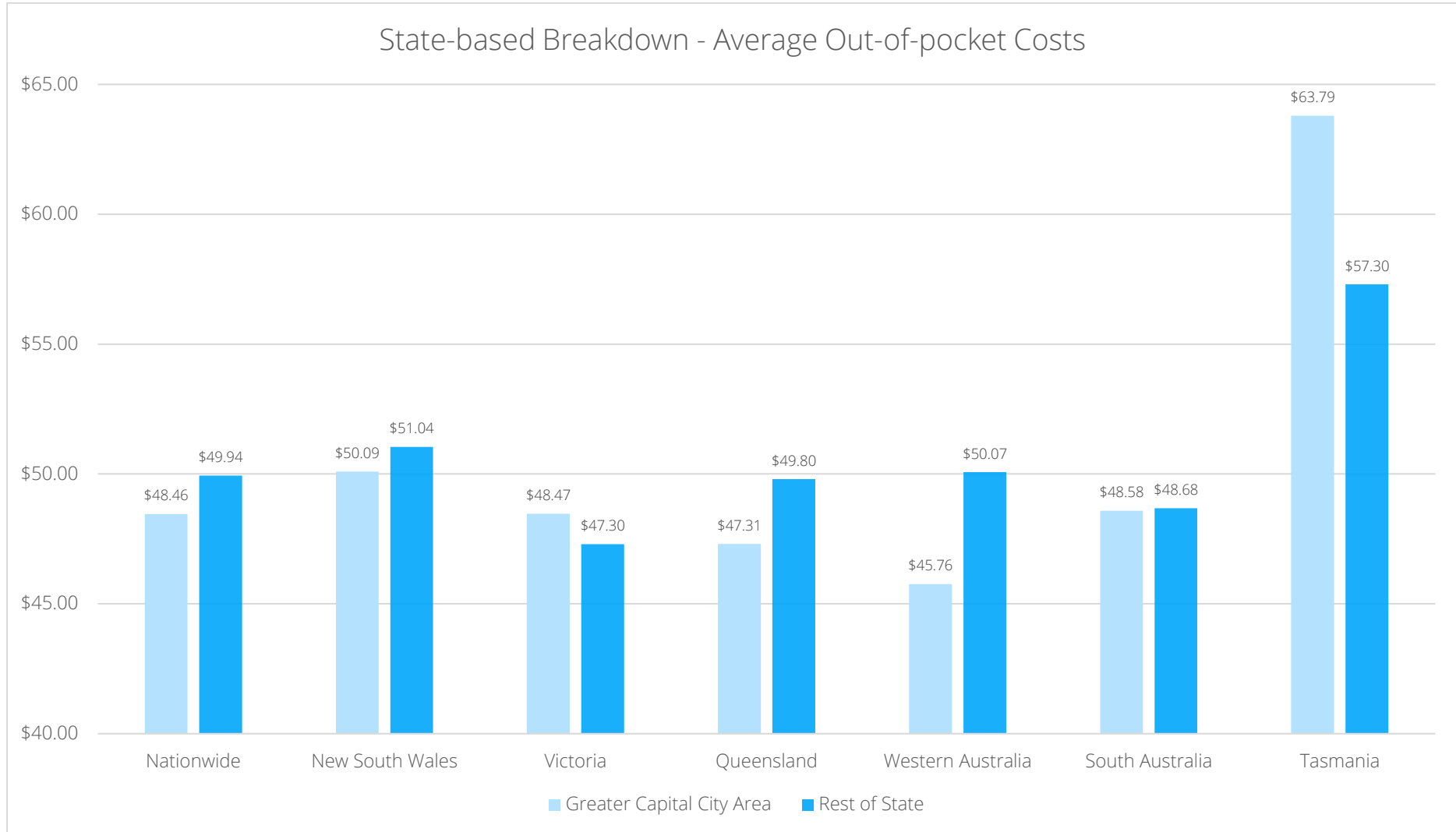
State-based Overview - Comparison

State	Clinics Listed	% of Clinics	Bulk Billing Clinics	Average Out-of-pocket Cost
All States (Cities)	4,440	66.0%	41.9%	\$48.46
All States (Rest of State)	2,290	34.0%	38.2%	\$49.94
Greater Sydney	1,534	65.5%	58.4%	\$50.09
Rest of NSW	808	34.5%	40.1%	\$51.04
Greater Melbourne	1,351	75.3%	43.6%	\$48.47
Rest of Vic	442	24.7%	43.8%	\$47.30
Greater Brisbane	663	48.8%	32.6%	\$47.31
Rest of Qld	697	51.3%	32.7%	\$49.80
Greater Perth	500	76.1%	16.1%	\$45.76
Rest of WA	157	23.9%	33.1%	\$50.07
Greater Adelaide	336	75.3%	26.6%	\$48.58
Rest of SA	110	24.7%	38.1%	\$48.68
Greater Hobart	56	42.4%	9.1%	\$63.79
Rest of Tas	76	57.6%	48.5%	\$57.30

State-based Breakdown - Bulk Billing Clinics



State-based Breakdown - Average Out-of-pocket Costs



Conclusion

This Report provides a [first-of-its-kind analysis](#) of how the 1 November 2025 Medicare changes have impacted GP accessibility [across metropolitan and regional Australia](#).

The trends it outlines are [mixed but encouraging](#).

Following the Medicare changes, rural, regional and remote areas have experienced an [unprecedented surge](#) in bulk billing.

While regional centres and large-medium rural towns still trail metropolitan areas in overall bulk billing proportions, [the gap has closed considerably](#). And, in small rural towns and remote communities, the odds of a given GP clinic being fully bulk billing are [higher than 50%](#) for the [first time](#) since Cleanbill began collecting data in 2023.

However, [significant accessibility gaps](#) remain outside Australia's capital cities.

In all states other than Queensland and Tasmania, [fewer than 35%](#) of GP clinics are located outside of the capital cities, meaning [geography alone](#) presents a major barrier to care.

And, for any patients not being bulk billed, average out-of-pocket costs remain [generally higher outside of our capital cities](#). This is particularly pronounced in Western Australia, where visiting a non-bulk billing regional clinic [costs an average \\$4.30 more](#) than visiting one in Perth.

In this environment, it's critically important that Australians have access to [clear, up-to-date information](#) on [where](#) all the GP clinics around them are, which of those clinics will [bulk bill them](#), and [how much it will cost](#) to visit those that won't.

Cleanbill has been providing this [vital transparency](#) through our free directory [since 2022](#) and remains committed to continuing this service for the Australian community [into the future](#).

Notes

ⁱ These territories were omitted, as neither provided an opportunity for further meaningful analysis:

- Australian Capital Territory (ACT): The ACT does not have a split between a Greater Capital City Statistical Area and the rest of the Territory.
- Northern Territory (NT): There are too few clinics in the NT (only 9 outside the Greater Darwin area) to enable analysis beyond that already provided in the 2026 Blue Report.

ⁱⁱ The following clinics are not counted as GP clinics for the purposes of this Report:

- Clinics where GP-like services are provided by non-GPs (e.g. State-funded nurse practitioner clinics);
- Clinics that are only accessible to certain segments of the population (e.g. university GP clinics accessible only to staff and students); and
- Clinics that are attached to GP clinics, but which do not operate as GP clinics (e.g. Medicare Urgent Care Clinics). The clinics they are attached to are still considered GP clinics.

ⁱⁱⁱ The following clinics are considered Bulk Billing Clinics for the purposes of this Report:

- Clinics with at least one doctor who is taking on new patients and established as fully bulk billing; and
- Clinics that fully bulk bill without charging a one-off, yearly, or monthly fee to access bulk billing.

^{iv} Prior to 1 November 2025, the designation of a clinic as “fully bulk billing” did not exist as a formal concept. To enable a historical comparison, Cleanbill considers any clinic that bulk billed non-concession patients prior to 1 November 2025 to have been a Bulk Billing Clinic.