



Blue Report

Electorate Breakdown

June 2026

Who we are

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

We believe 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 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 its fourth annual Blue Report. The 2026 Blue Report was the first since the introduction of the 1 November 2025 Medicare changes to provide [both nationwide and state-by-state insights](#) into those changes' impacts on GP accessibility.

It was groundbreaking stuff. But we [weren't done yet](#).

The statewide breakdowns are helpful, but finding a bulk billing GP in Western Sydney can be a [very different experience](#) to finding one in Western New South Wales.

So, we've followed each of our previous Blue Reports with multiple breakdowns, [including Electorate Breakdowns](#), to ensure Australians can see how the data in the headline Blue Report tracks to their local area.

And we're doing exactly the same thing [again](#).

This Report takes the data from the 2025 Blue Report and compares it to the data collected for the 2026 Blue Report on an Electorate-by-Electorate basis, enabling us to [map changes in bulk billing and out-of-pocket costs to individual Commonwealth Electoral Divisions](#).

Rather than focusing on individual outliers, this year's Electorate Breakdown groups Electorates based on the bulk billing and out-of-pocket cost trends prevailing within their boundaries. These groupings enable us to control for outliers and [demonstrate how widespread particular conditions actually are on the ground](#).

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:

- **Electorate:** An individual Commonwealth Electoral Division.
- **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 iⁱ for further information on how Cleanbill defines an in-scope GP clinic).
- **Bulk Billing Clinic:** A GP clinic that has stated that it is fully bulk billing (refer to Note iiiⁱⁱⁱ).
- **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 Electorate.
- **Average Total Cost:** The sum of the Average Out-of-pocket Cost of an Electorate and the Medicare rebate for the relevant service (MBS Item 23).

Overview – Bulk Billing Clinics

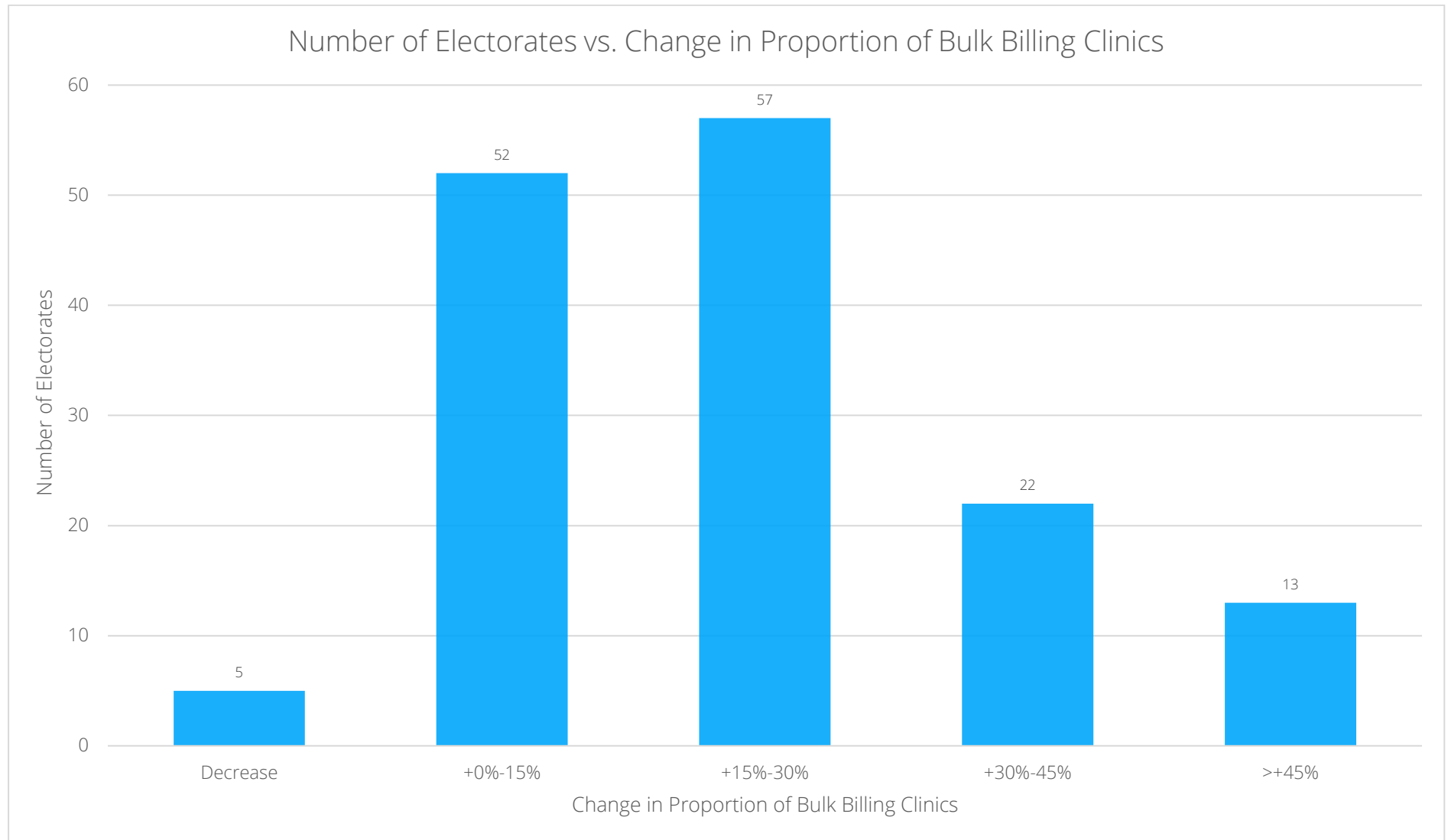
Electorates	150
Electorates with a % Bulk Billing Clinic increase	143
Electorates with >50% Bulk Billing Clinics	42
Electorates with no Bulk Billing Clinics	0

There has been an unprecedented surge in the prevalence of Bulk Billing Clinics nationwide, with almost every Electorate seeing some increase in bulk billing availability. Last year, only 12 Electorates saw greater than 50% of their GP clinics fully bulk billing. Now, that number is 42. And, for the first time since at least 2023, every single Electorate has at least one available Bulk Billing Clinic.

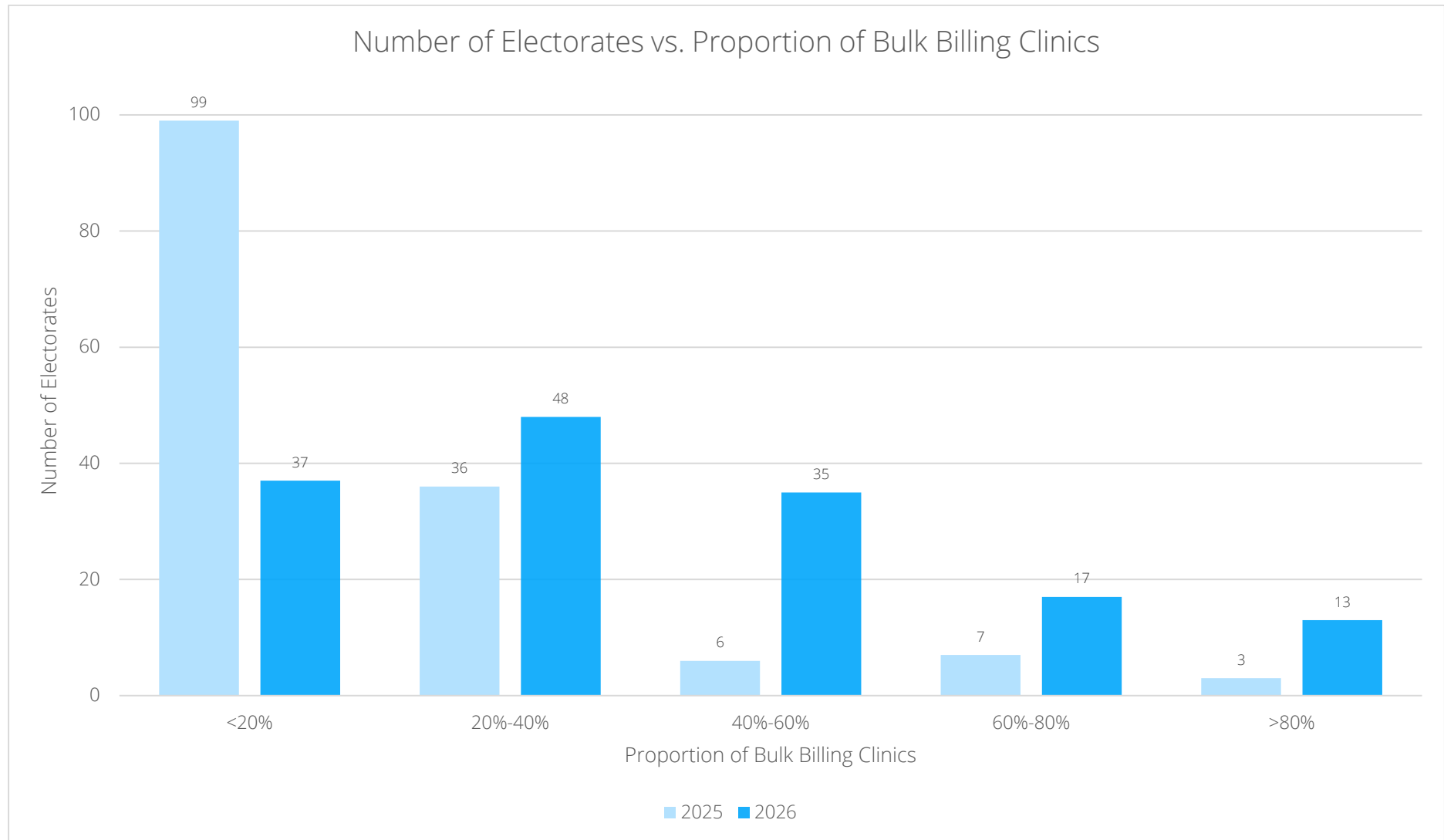
But these increases are not equally distributed across the country; every single Electorate where the proportion of Bulk Billing Clinics is 70% or higher is located in NSW or VIC, and 16 Electorates have seen an increase of less than 5% in the proportion of Bulk Billing Clinics since 2025.

Notably, despite this recent growth, 49 Electorates still have a lower proportion of Bulk Billing Clinics today than they did in 2023.

Breakdown – Change in Proportion of Bulk Billing Clinics (2025 to 2026)



Breakdown – Proportion of Bulk Billing Clinics (2025 vs. 2026)



Overview – Average Out-of-pocket Costs

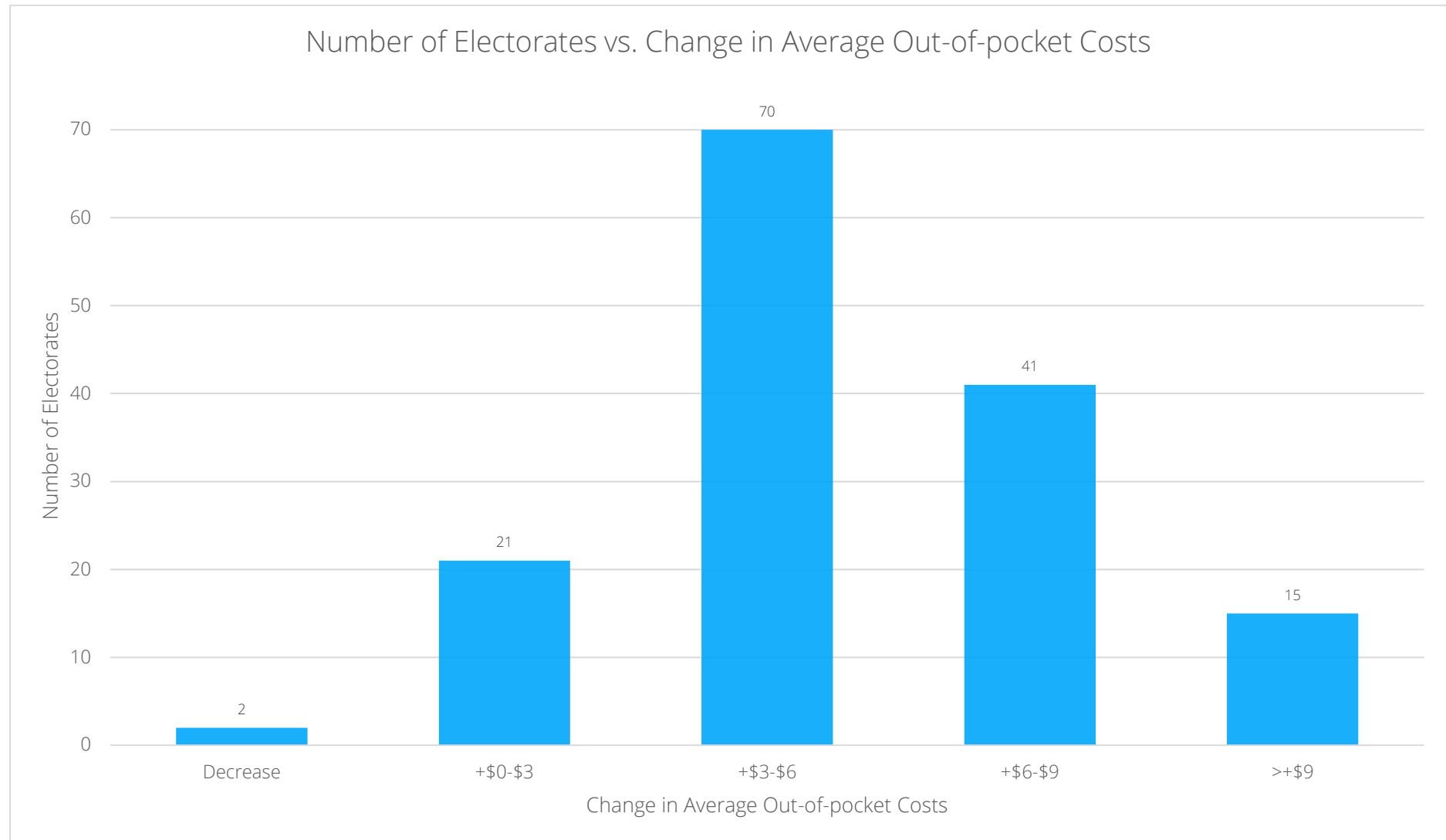
Electorates	150
Electorates with an Average Out-of-pocket Cost increase	147
Electorates where the Average Total Cost exceeds \$100	10

Alongside the increase in Bulk Billing Clinics, the last year has also seen a broad-based surge in Average Out-of-pocket Costs for non-bulk billed patients. Blaxland and Hume saw minor decreases in Average Out-of-pocket Costs, but all other Electoratesⁱⁱⁱ saw increases, most of which were between \$3 and \$9 for a standard consultation.

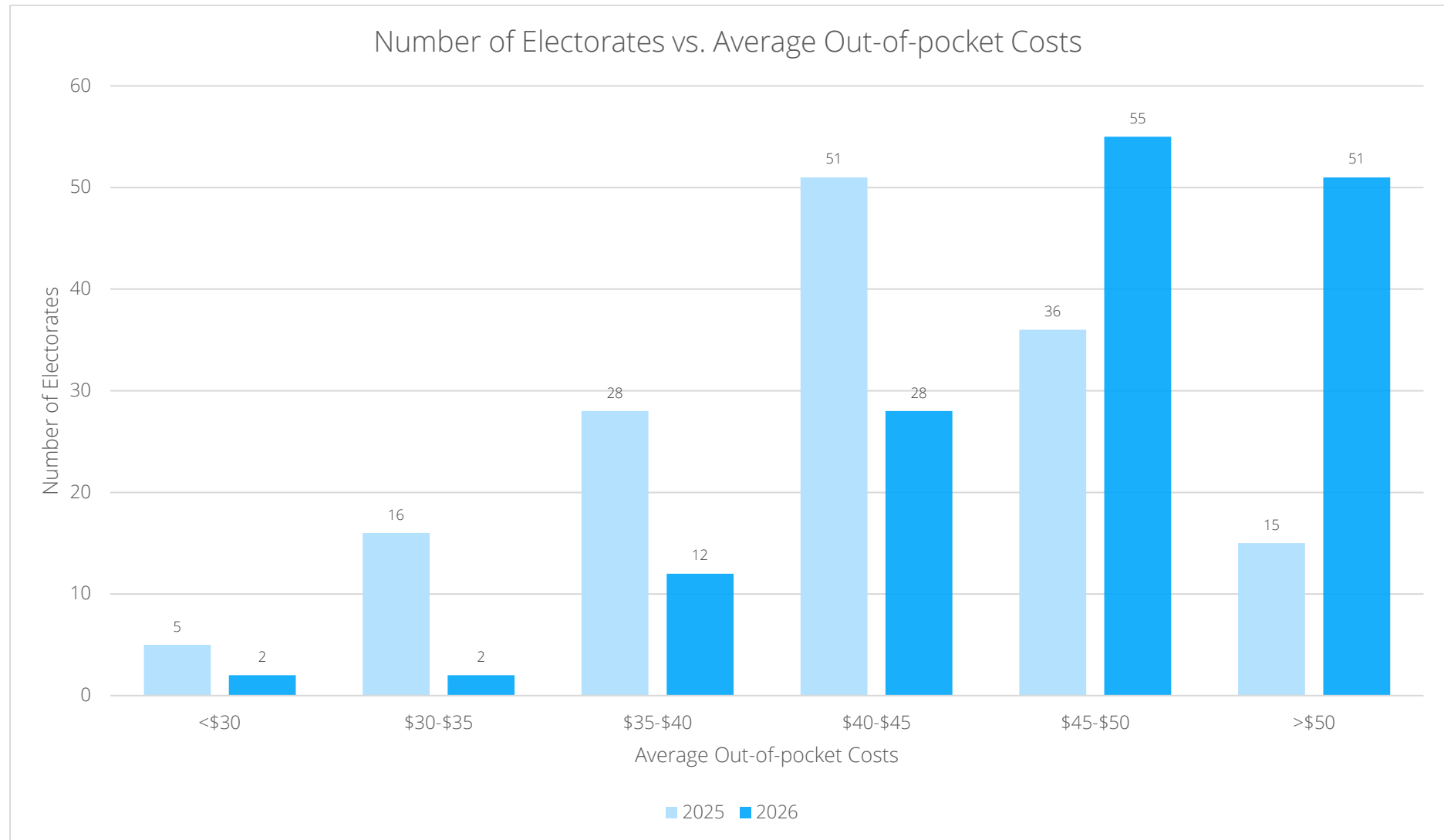
Where last year over two-thirds of Electorates sat within the \$35-\$50 price range, now two-thirds sit in the \$45+ price range.

And there are now 10 Electorates where the Average Total Cost sits above \$100, only 2 of which boast proportions of Bulk Billing Clinics exceeding 50%. As with Bulk Billing Clinics, these Electorates tend to be concentrated in certain areas: 6 of the 10 Electorates are located in either TAS or the ACT.

Breakdown – Change in Average Out-of-pocket Costs (2025 to 2026)



Breakdown – Average Out-of-pocket Costs (2025 vs. 2026)



Conclusion

This Report is the first to provide insights into GP accessibility at the [local electorate level](#) since the 1 November 2025 Medicare changes came into effect. As with our headline Blue Report, the trends it outlines are [mixed but encouraging](#).

Encouraging because there has been a [clear, broad-based increase in proportions of Bulk Billing Clinics across most Electorates](#). Over one-quarter of Electorates now boast proportions of Bulk Billing Clinics [exceeding 50%](#). And, [for the first time since at least 2023](#), every single Electorate across the country has at least one available Bulk Billing Clinic.

However, the results become [more mixed](#) when viewed from the perspectives of [geography](#) and [out-of-pocket costs](#).

As with previous years, the highest proportions of bulk billing clinics are concentrated in specific localities; [all 18 Electorates](#) where the proportion of Bulk Billing Clinics [is 70% or higher are in NSW and VIC](#).

Average out-of-pocket costs have also seen a [broad-based surge](#) across Electorates. Average out-of-pocket fees now [exceed \\$45 in over two-thirds of Electorates](#) across the country. And there are now [10 Electorates](#) where the average total cost of a standard consultation exceeds \$100, [up from 2 at the start of 2025](#).

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 Cleanbill defines a GP clinic as:

- A bricks-and-mortar clinic;
- With at least one practicing GP;
- Providing generalist standard consultation (MBS Item 23) medical services;
- To any member of the general public;
- During regular business hours.

Any clinics not meeting this definition (Medicare Urgent Care Clinics, skin cancer clinics, university clinics that only see staff and students, etc.,) are considered out of scope and not included in this Report.

ⁱⁱ 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.

ⁱⁱⁱ Excepting Bullwinkel, which was not an Electorate prior to the 2025 election, so has no comparative historical data.