



NAB Health Insights Report

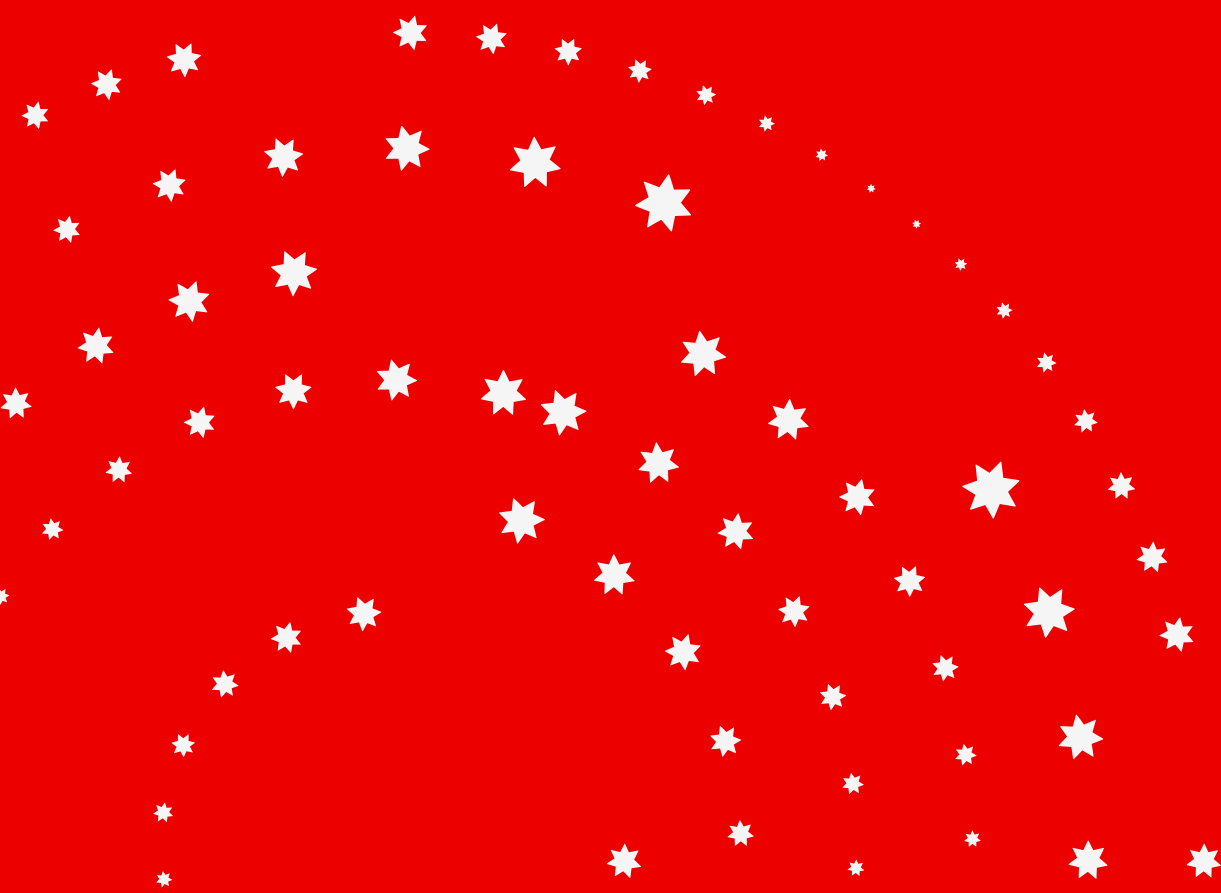
Australia's Health Scorecard 2025-26

Part 1 : Health Practitioners through
the eyes of patients



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Foreword

Australia's health system is widely regarded as one of the world's best, supported by a range of highly qualified health practitioners who provide safe, reliable and quality care for all Australians. But do patients agree and what do they really value from our health system?

Patient perceptions and experiences with health services are important in helping to inform and shape future demand, funding and payment models. But an understanding of satisfaction can also lead to more loyalty, improved clinical outcomes and greater patient compliance.

In Part 1 of this year's NAB Health Insight series, we have again asked a representative sample of the adult population to share their experiences with the health system, their interactions with practitioners and what they value most from them. The results give practitioners actionable insights to help you better meet your patients' needs and expectations. For many healthcare organisations, their future growth will depend on how well they understand what it takes to keep their patients loyal, particularly younger health consumers. While your patients are becoming more demanding, they are also very clear about what really matters to them.

Building on the success of last year, we once again asked respondents to provide feedback in their own words about the areas that matter most.

For the first time, we asked how likely they were to recommend their health practitioner to a friend or colleague, by calculating a net promoter score (NPS). Generally, an NPS above 0 is considered good, above 20 is favourable, above 50 is excellent and above 80 world-class. We know how important recommendations are in the healthcare sector in helping

to build trust, attract new patients and improve patient experiences.

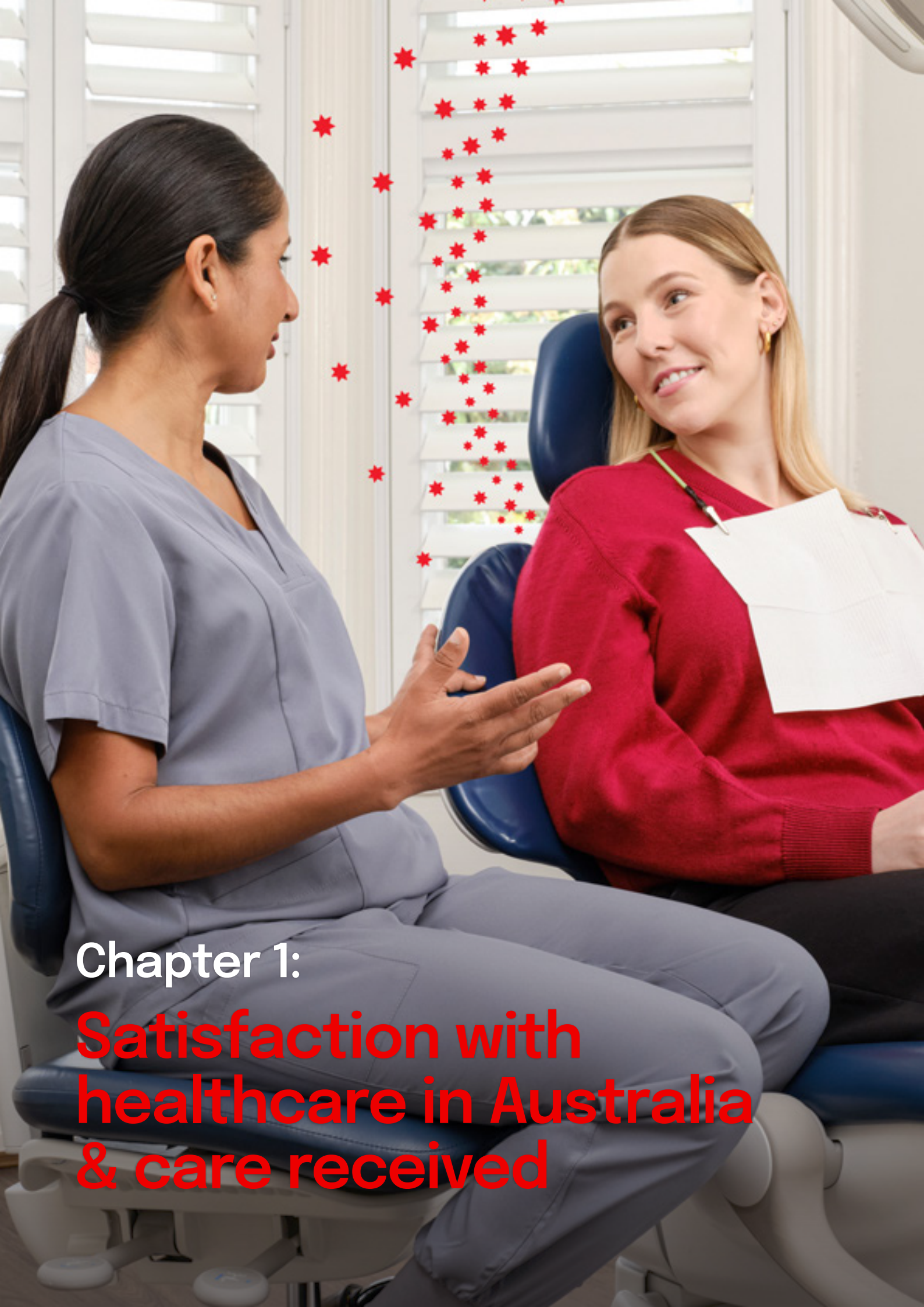
Australians continue to highly regard the care and support health practitioners provide them. But, even among those who are highly satisfied, most still believe more can be done. Health consumers want more today from a health practitioner than just good care. While there are some ongoing areas of concern, there are also a number of encouraging 'green shoots' in this year's report, suggesting real improvements have been made in the patient experience: for example, wait times for mental health support have fallen; visitation is up for many practitioner groups, particularly GPs; 'value' was scored higher for almost all practitioner groups; patients report it is easier to see most health practitioners; they felt more listened to and better understood; switching rates have eased a little; and overall patient satisfaction has improved (or was unchanged) for almost all practitioners.

We are excited to bring you the 14th annual version of this report and we hope these insights are of great value for your practice, as you plan for the year ahead and beyond.

John Avent

Executive, NAB Health & Medfin Australia





Chapter 1:

**Satisfaction with
healthcare in Australia
& care received**

Australia performs very well in many dimensions of health relative to other countries, and our healthcare system is generally considered to be high-performing and among the best in the world. But Australians are still only 'moderately' satisfied with local healthcare. Moreover, in the 2025 survey they scored their satisfaction with healthcare slightly lower at 6.4 out of 10 (from 6.5 in 2023 and 2024). Of more concern, the number of Australians who were 'very' satisfied with healthcare (scored 8 or higher) edged down for the second consecutive year to 34% (from 36% in 2024 and 37% in 2023). Just over 1 in 10 (11%) remain 'not very' satisfied (scored less than 3).

Satisfaction with healthcare in 2025 was lower in capital (6.5 vs. 6.6 in 2024) and regional (6.4 vs. 6.5) cities, and improved in rural areas but remained lowest overall (6.2 vs. 6.1). Men were less satisfied in 2025 (6.6 vs. 6.8) but unchanged for women (6.3) although still less than men. By age, satisfaction scored highest among over 65s (6.8 vs. 6.6) in 2025 followed by 18-24 (6.7 vs. 6.9) and 25-34 year olds (unchanged at 6.6). Satisfaction was lowest in the 45-54 group and fell considerably (6.0 vs. 6.5). The gulf in satisfaction levels between Australians in higher and lower income groups narrowed in 2025 as satisfaction fell in the higher

Figure 1: Satisfaction with healthcare in Australia (score)

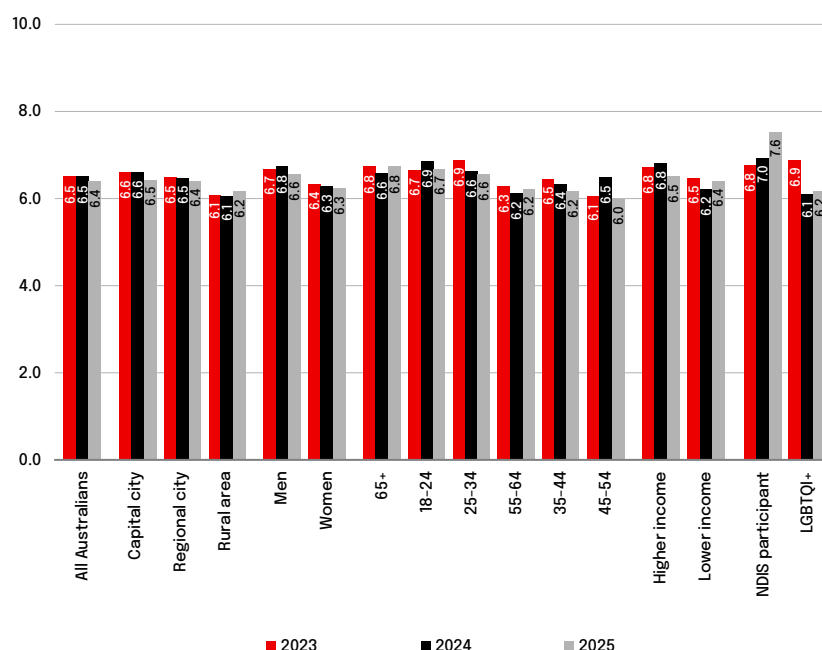
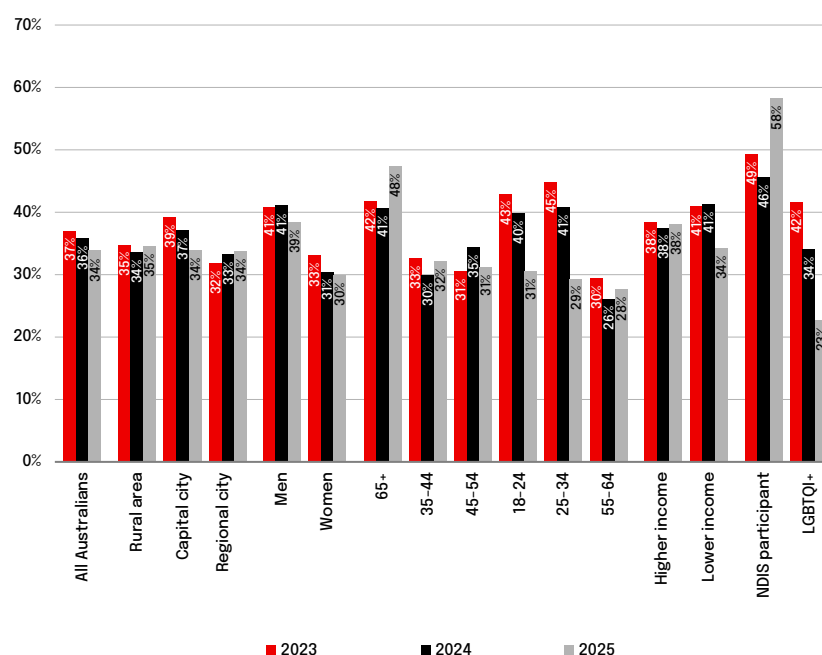


Figure 2: Satisfaction with healthcare in Australia (high)



By age, satisfaction scored highest among over 65s followed by 18-24 year olds.

income group (6.5 vs. 6.8) and rose in the lower income group (6.4 vs. 6.2). The survey also revealed a sharp increase among NDIS participants (7.6 vs. 7.0) over the year and a smaller rise among Australians who identified as LGBTQI+ (6.2 vs. 6.1).

Australians who scored satisfaction very high fell somewhat in capital cities (34% vs. 37%) but improved in rural areas (35% vs. 34%) and regional cities (34% vs. 33%). Significantly more men reported very high levels of satisfaction than women (39% vs. 30%). We also noted a large rise in over 65s who reported very high satisfaction (48% vs. 41%), which reports considerably higher satisfaction than in all other age groups. It fell sharply among 25-34 (29% vs. 41%) and 18-29 year olds (31% vs. 40%) and was lowest in the 55-64 age group (28% vs. 26%). We also counted a sharp fall in the higher income group who reported very high satisfaction (34% vs. 41%), but an unchanged number in the lower income group (38%). It increased noticeably among NDIS participants (58% vs. 46%) but fell sharply among Australians who identified as LGBTQI+ (23% vs. 34%).

Patient satisfaction is an important indicator for measuring the quality of healthcare, helping to show whether a patient's expectations about a health encounter were met. When NAB again asked those who required ongoing treatment or medication for a medical condition about their satisfaction with the care they were receiving for their condition, they scored an unchanged 7.5 in 2025, signalling they are still 'quite' satisfied. In addition, an unchanged 6 in 10 (62%) were also 'very' satisfied with their care. Only 1 in 15 (6%) were 'not very' satisfied.

Satisfaction with care was highest and increased in regional cities (7.8 vs. 7.7) and rose sharply in rural areas (7.7 vs. 7.0). It fell and was lowest in capital cities (7.4 vs. 7.6). The number of very satisfied Australians also jumped sharply in rural areas in 2025

Figure 3: Satisfaction with care for condition (score)

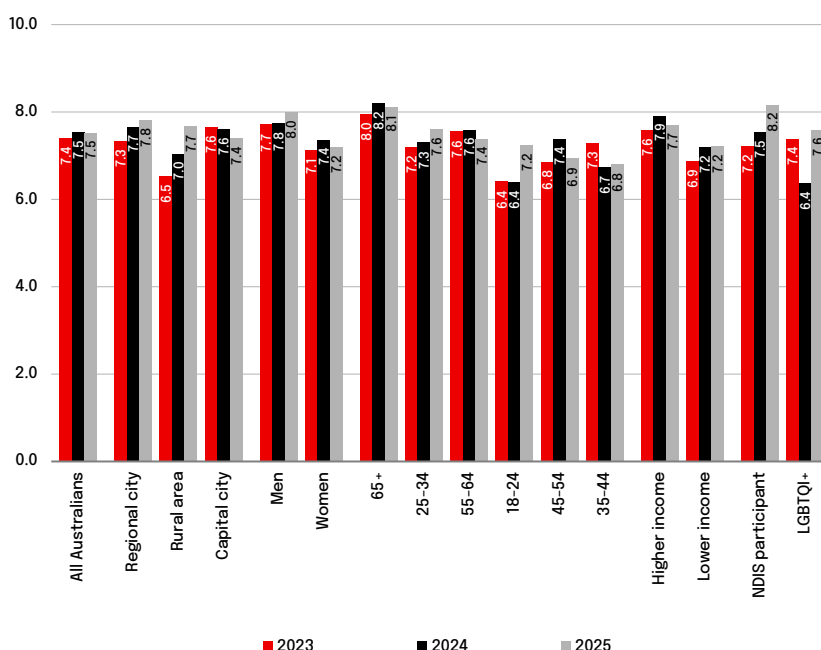
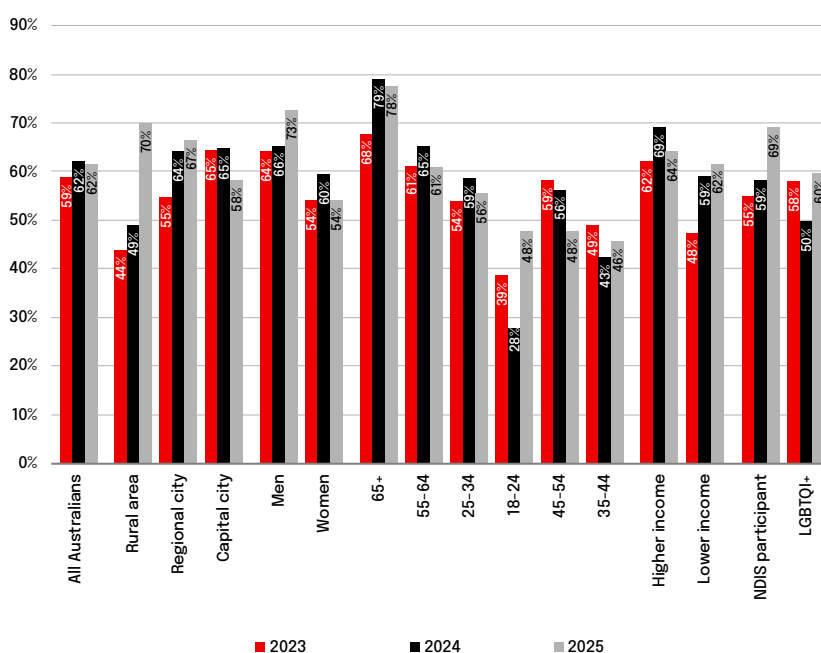


Figure 4: Satisfaction with care for condition (high)



(70% vs. 49% in 2024). It was marginally higher in regional cities (67% vs. 64%) but fell considerably in capital cities (58% vs. 65%). Men (8.0 vs. 7.8) were more satisfied with their care in 2025, but women less so (7.2 vs. 7.4). The number of men who reported high levels of satisfaction with their care also climbed to almost 3 in 4 (73%) from 2 in 3 (66%) last year, whereas it fell for women (54% vs. 60%).

The 2025 survey suggests middle-aged health consumers are more demanding or have higher expectations about the care they receive, with patient satisfaction lowest among 35-44 (6.8 vs. 6.7) and 45-54 year olds (6.9 and down noticeably from 7.4). Satisfaction was highest in the over 65 group (8.1 vs. 8.2), followed by 25-34 (7.6 vs. 7.3), 55-64 (7.4 vs. 7.6) and 18-24 year olds who also scored noticeably higher than in 2024 (7.2 vs. 6.4). Those who reported very

high satisfaction with the care they received in 2025 ranged from almost 8 in 10 (78%) among over 65s to less than 1 in 2 (46%) in the 35-44 age group. It increased sharply in the 18-24 group (48% vs. 28%) but was considerably lower in the 45-54 group (48% vs. 56%).

People in the higher income group reported mildly lower levels of satisfaction (7.7 vs. 7.9) in 2025 but it was unchanged in the lower income group (7.2). But while those in the higher income group still scored satisfaction somewhat higher, a broadly similar 2 in 3 in higher (64% down from 69%) and lower (62% up from 59%) income groups reported very high satisfaction. NDIS participants (8.2 vs. 7.5) and the LGBTQI+ group (7.6 vs. 6.4) were much more satisfied with their care in 2025 compared to last year, with sharp uplifts in both groups also reporting very high satisfaction - NDIS (69% vs. 59%) and LGBTQI+ (60% vs. 50%).

Significantly more men reported very high levels of satisfaction than women (39% vs. 30%).





Chapter 2:

Mental health support

Many Australians continue to struggle with mental health illness or disorders (such as depression or bipolar, anxiety, personality disorders, eating disorders, psychotic disorders like schizophrenia, trauma-related disorders such as post-traumatic stress, substance abuse disorders etc.). Encouragingly, the NAB 2025 Health Survey found fewer Australians had a diagnosed mental health illness or disorder in the past 12 months (13% down from 16% in 2024 and 18% in 2023), while slightly less were also diagnosed at some point in their life (29% down from 30% in 2024 and 32% in 2023). We also counted a lower number who felt they needed professional help for their emotions, stress, or mental health over the past year (33% down from 39% in 2024 and 43% in 2022 as the COVID-19 pandemic impacted the country).

When Australians who felt they needed professional help were asked if they got help, somewhat more said they did (50% up from 47% in 2024). Also encouraging was the lower number who reached out but were waiting to see someone to assist them (14% vs. 19% in 2024). On a less positive note, more people who felt they needed professional help did not seek any help (35% up from 32% in 2023 and 2024).

Figure 5: Did you get professional help you needed for emotions, stress or mental health?

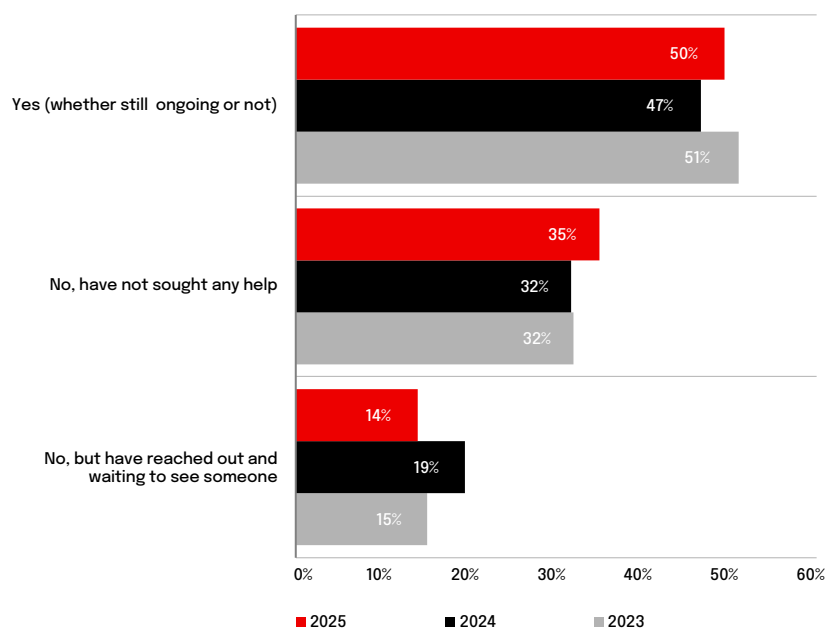


Figure 6: Received professional help for emotions, stress or mental health (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Yes	50%	49%	46%	59%	45%	52%	57%	41%	36%	58%	57%	59%	45%	49%	74%	57%
No but waiting	14%	12%	19%	16%	17%	12%	12%	18%	11%	14%	11%	18%	16%	13%	19%	19%
No	35%	37%	33%	24%	35%	35%	29%	40%	53%	27%	28%	24%	38%	38%	7%	21%

Across regions, noticeably more people in rural areas got professional help in 2025 (59%), somewhat more in regional cities were waiting for help (19%) and in capital cities did not seek help (37%). More women than men got help (52% vs. 45%), but more men were waiting for help (17% vs. 12%). We also counted much lower numbers of 35-44 (36%) and 25-34 year olds (41%) who got help and did not seek help (53% & 40% respectively), while somewhat more 25-34 year olds (18%) and over 65s (18%) were waiting for help. Trends did not vary materially by income, but a lot more NDIS participants got help (74%) while a below average 21% in the LGBTQI+ group did not seek help.

Australia's mental health sector has been under pressure in recent years, with available data suggesting the system is struggling to meet demand and improve experiences for people (National Mental Health Commission Report Card 2023). The Australian Medical Association (AMA) 2024 Public Hospital Report Card - Mental Health Edition also identified growing wait times and decreased capacity among

the key underlying issues facing Australia's mental health system.

Against these challenges, it is pleasing to report that when NAB asked surveyed Australians who accessed the support or care they needed in the past 12 months how long it took to access it, we recorded a significant improvement in wait times in the immediate term, with the 2025 survey indicating 1 in 3 (33%) were able to access support or care in less than 2 weeks (up from 24% in 2024). Just over 1 in 5 (22%) had to wait 2 weeks to less than a month (down from 34% in 2024). A broadly similar number however reported having to endure longer wait times of 1 to less than 2 months (16% vs. 15% in 2024), 2 to less than 6 months (11% vs. 9%) or 6 months and longer (unchanged at 9%).

Patient experiences varied across monitored demographic groups. By region, 35% of capital city residents were able to access help in less than 2 weeks, compared to 27% in rural areas and 28% in regional cities. Wait times of more than 6 months remained over

3 times more prevalent for Australians living in rural areas (18%) and regional cities (17%) than in capital cities (5%).

Significantly more men reported they accessed support or care in less than 2 weeks in 2025 compared to 2024 (44% vs. 21%), while it was broadly unchanged for women (27% vs. 26%). Around 1 in 4 (24%) women reported wait times of more than 6 months compared to just 14% of men.

By age, a much higher number of 35-44 (42%) and 45-54 (41%) year olds accessed help in less than 2 weeks, whereas noticeably more in 25-34 (24%) and over 65 (20%) age groups waited between 2-6 months. Wait times of more than 6 months were noticeably higher in 55-64 (15%), over 65 (15%) and 35-44 (13%) age groups.

By income, around 4 in 10 (39%) in the higher income group accessed help in less than 2 weeks (almost doubling from 21% in 2024), compared to just under 3 in 10 (28%) in the lower income group (though also rising from 22% in 2024). Somewhat more people in the

Encouragingly, fewer Australians had a diagnosed mental health illness or disorder in the past 12 months.



lower income group waited 2 weeks to 1 month (20% vs. 14%) and more than 6 months (16% vs. 7%), however more in the higher income group waited 2-6 months (17% vs. 8%).

Below average numbers of NDIS participants (20%) and in the LGBTQI+ group (29%) said they accessed support or care within 2 weeks, but above average numbers in both groups did so within 2 weeks to a month. Around twice more NDIS participants also reported waiting 2-6 months to access support or care than the Australian average (20% vs. 11%).

Australians who sought professional help said it was 'quite' helpful in assisting them to manage their emotions, stress or mental health. On average, they also scored it a little higher at 7.3 in 2025 (where 10 is 'extremely' helpful), up from 7.2 in the 2024 survey but lower than in 2022 when we first asked this question (7.5). Though scoring higher in 2025, the number who said it was 'extremely' helpful (scored 8+) fell to 48% in 2025 from 52% in the 2024 survey.

Figure 7: How long it took to access the support or care you needed

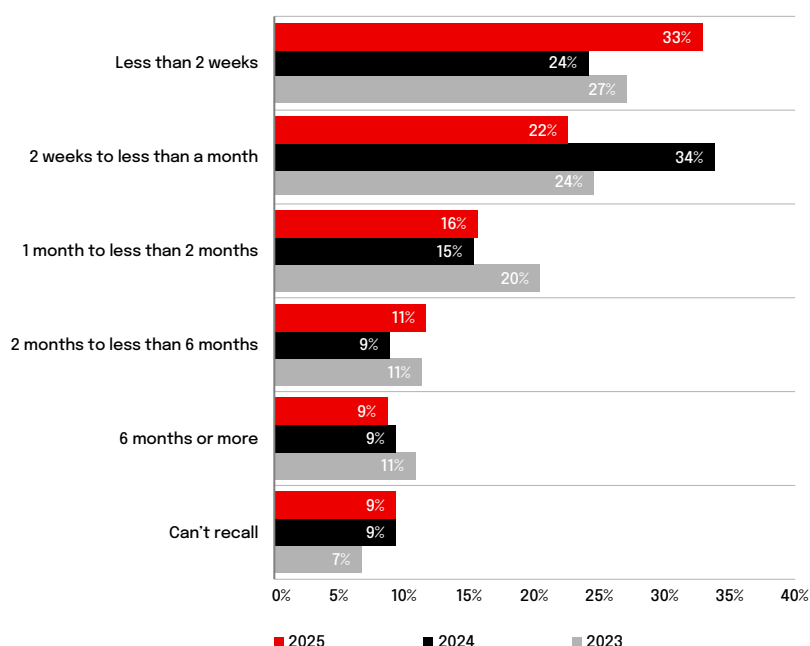
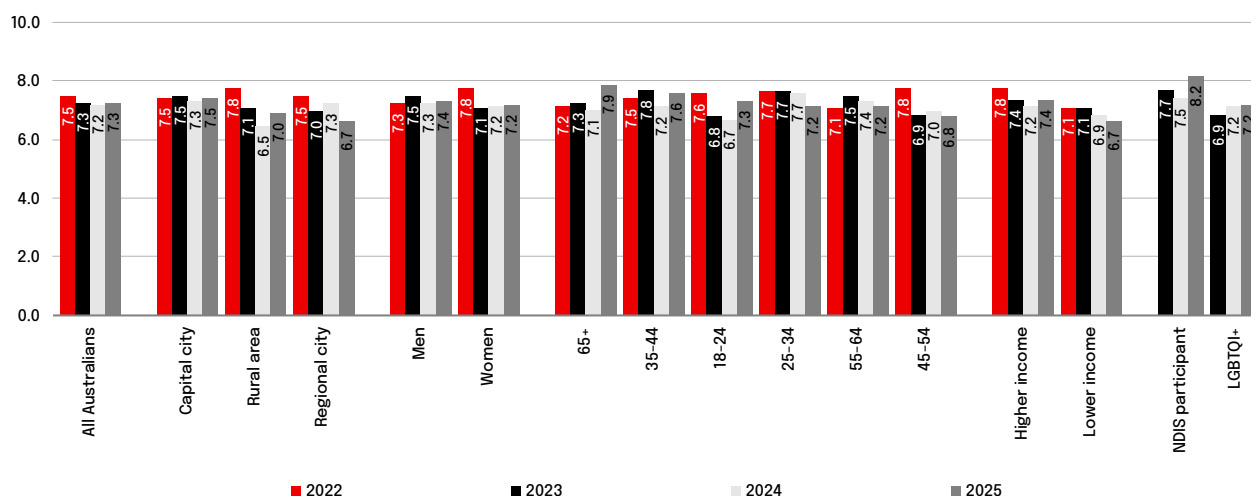


Figure 8: Time taken to access the support or care you needed (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Less than 2 weeks	33%	35%	28%	27%	44%	27%	24%	26%	42%	41%	35%	30%	28%	39%	20%	29%
2 weeks-1 month	22%	24%	21%	14%	20%	23%	36%	26%	17%	16%	27%	5%	20%	14%	30%	29%
1-2 months	16%	15%	14%	23%	14%	17%	18%	18%	17%	16%	8%	15%	16%	15%	15%	17%
2-6 months	11%	13%	10%	5%	7%	14%	3%	24%	13%	11%	0%	20%	8%	17%	20%	0%
6+ months	9%	5%	17%	18%	7%	10%	9%	3%	13%	3%	15%	15%	16%	7%	5%	13%
Can't recall	9%	8%	10%	14%	8%	10%	9%	3%	0%	14%	15%	15%	12%	7%	10%	13%

Figure 9: How helpful was help you received in assisting you to manage your emotions, stress or mental health? (score)



By region, professional help scored highest and increased a little in capital cities (7.5 vs. 7.3), followed by rural areas where it improved more sharply (7.0 vs. 6.5). It was lowest and fell noticeably in regional cities (6.7 vs. 7.3). Men scored it a little higher in 2025 (7.4 vs. 7.3) but it was unchanged for women (7.2) and still well below levels first reported in 2022 (7.8).

By age, over 65s valued the help they received most and much higher than in the 2024 survey (7.9 vs. 7.1). They were followed by 35-44 (7.6 vs. 7.2) and 18-24 year olds (7.3 vs. 6.7), with these age groups also valuing the help they received more highly than in 2024. Australians aged 45-54 scored lowest (6.8 vs. 7.0), followed by 55-64 (7.2 vs. 7.4) and 25-34 year olds (7.2 vs. 7.7), with all of these groups also scoring lower than in 2024.

The higher income group rated the help they received more positively in 2025 (7.4 vs. 7.2), whereas those in the lower income group found it less helpful (6.7 vs. 6.9). NDIS participants also scored the help they received higher (8.2 vs. 7.5 and well above the Australian average), and LGBTQI+ patients the same (7.2).

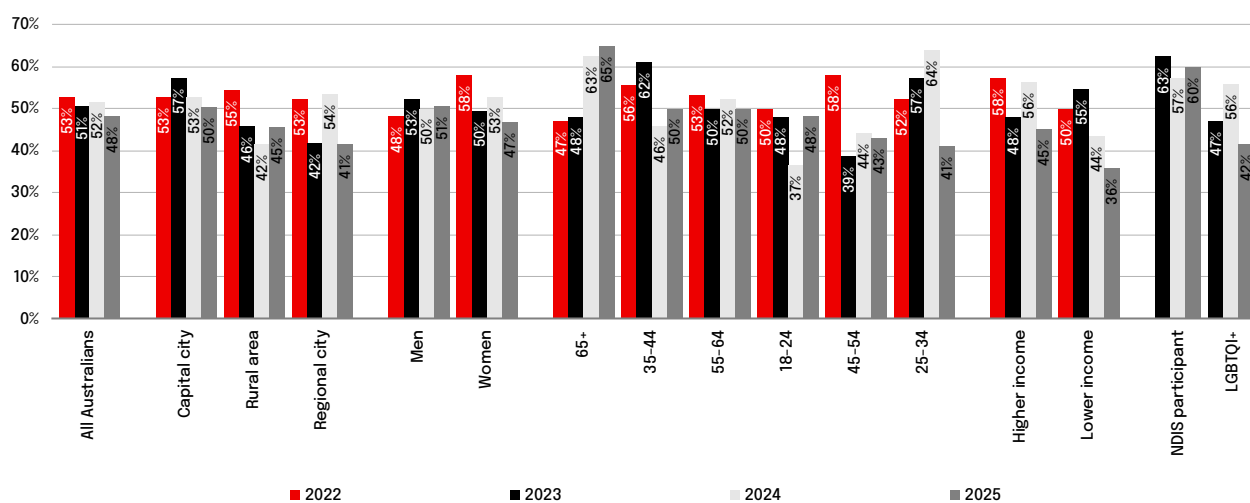
Though the average score suggests most Australians found the help they received 'quite' helpful, this masks very high numbers who said it was 'extremely' helpful (scored 8+). In capital cities, 1 in 2 (50%) found it extremely helpful though this fell from 53% in 2024. In rural areas, it rose to 45% (42% in 2024) but it declined more steeply in regional cities (41% vs. 54%). A higher number of men than women found it extremely helpful in 2025 (51% men; 47% women), reversing the 2024 result when more women did (53% women; 50% men).

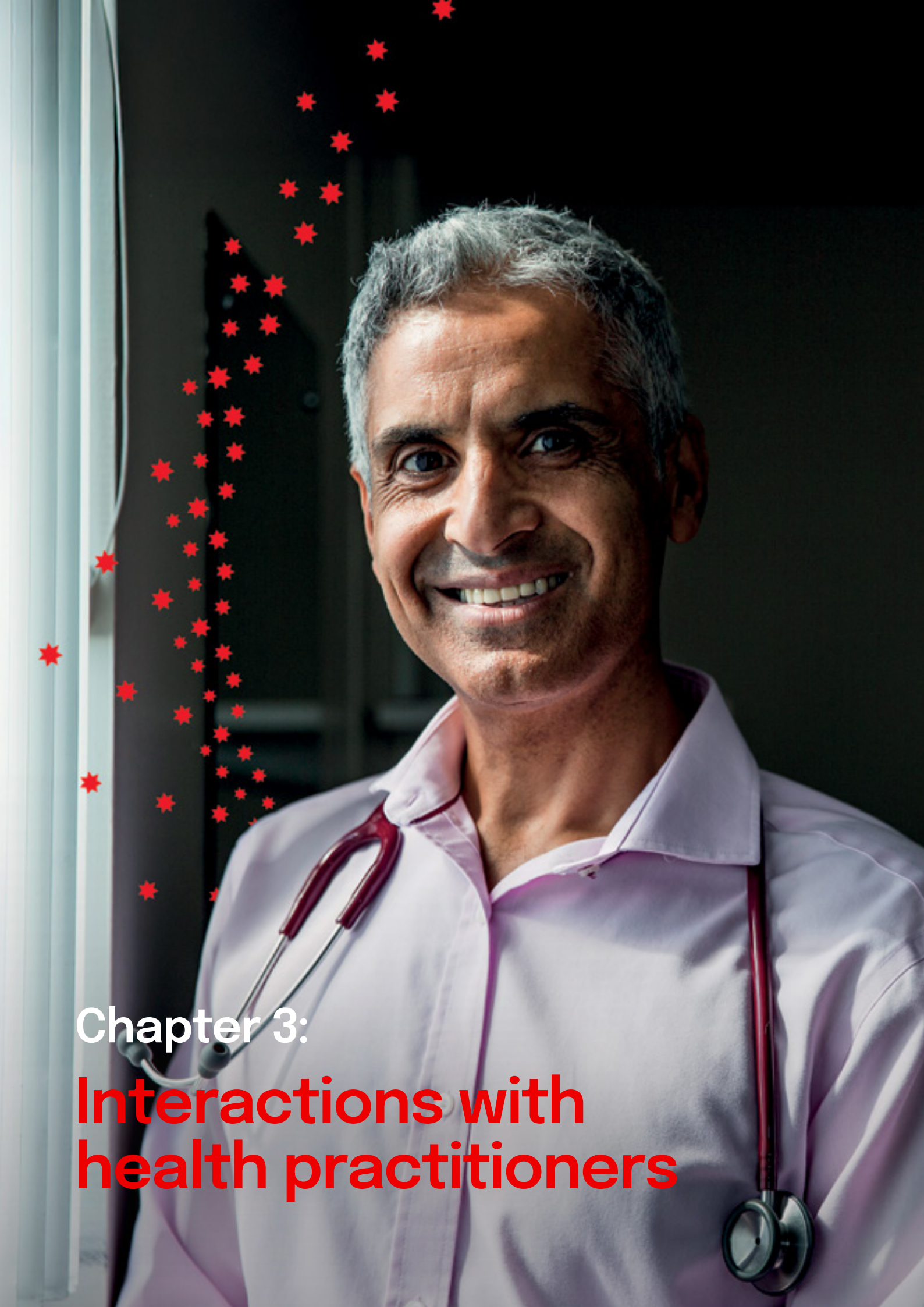
By age, significantly more over 65s (around 2 in 3 or 65%) found the assistance they received extremely helpful in 2025 than in all other age groups. Around 1 in 2 found it extremely helpful in 35-44 (50% vs. 46%), 55-64 (50% vs. 52%) and 18-24 (48% up sharply from 37% last year) age groups. It was lowest and fell heavily in the 25-34 group (41% vs. 64%) and was marginally lower among 45-54 year olds (43% vs. 44%).

It fell noticeably in both higher (45% vs. 56%) and lower (36% vs. 44%) income groups in 2025. A higher and well above average number of NDIS participants scored extremely high in 2025 (60% vs. 57%) but a much lower number who identified as LGBTQI+ did (42% vs. 56%).

1 in 3 (33%) were able to access support or care in less than 2 weeks (up from 24% in 2024).

Figure 10: How helpful was help you received in assisting you to manage your emotions, stress or mental health? (high)





Chapter 3:

Interactions with health practitioners

The 2025 NAB Health Survey reaffirms that General Practitioners (GPs), pharmacies, and dentists are still the most commonly used or visited health practitioners by most Australians.

In 2025, visitation and use remained highest and increased for GPs with 8 in 10 (80%) of Australians overall visiting one in the past 12 months, up from 7 in 10 (71%) in 2024. A higher number also used a pharmacy in 2025 (63% vs. 61%) and dentist (55% vs. 50%) than in 2024.

The 2025 survey also highlights a comparatively large increase in the number who visited an optometrist in 2025 relative to last year (41% vs. 33%).

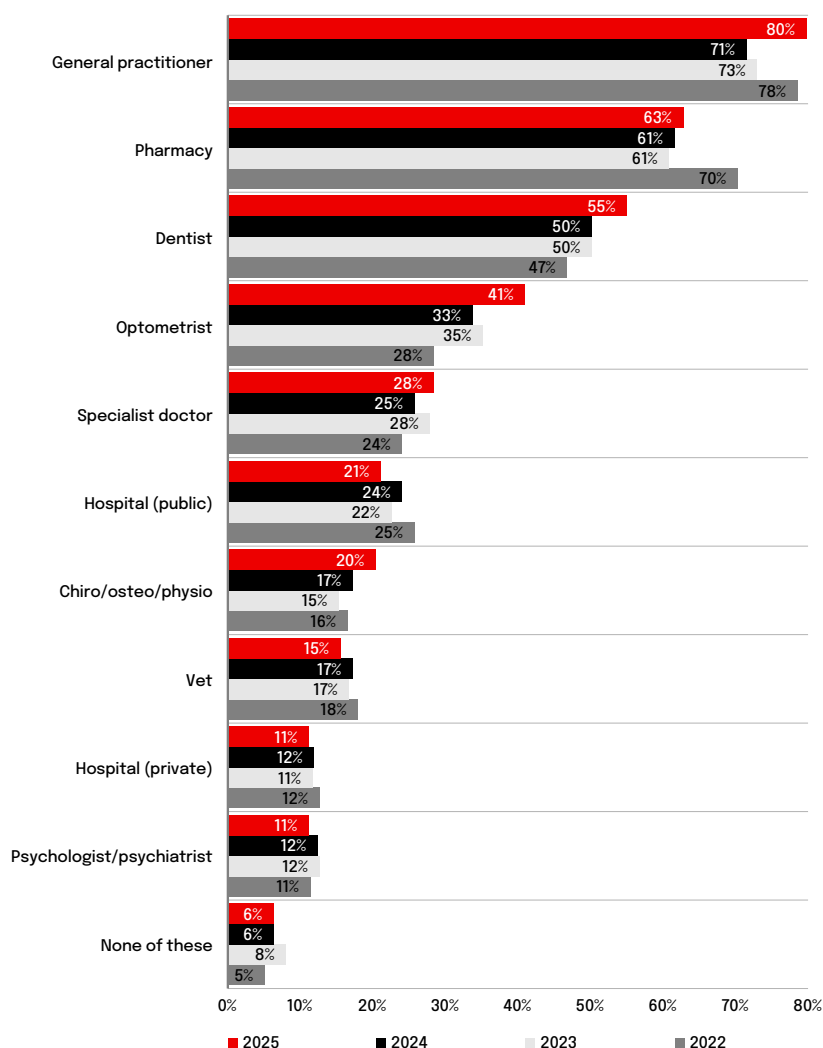
We also counted slightly higher numbers who visited a specialist doctor (28% vs. 25%) and chiropractor, osteopath or physiotherapist (20% vs. 17%) in 2025. A slightly lower number however used a public hospital (21% vs. 24%) or vet (15% vs. 17%).

Visitation or use changed marginally in 2025 for private hospitals (11% vs. 12%) and psychologists or psychiatrists (11% vs. 12%). An unchanged 1 in 15 (6%) also signalled they did not visit any of these practitioners over the last 12 months.

By region, we recorded much higher numbers in capital cities who visited a dentist in 2025 (58%) particularly when compared to rural areas (42%). Significantly more Australians living in rural areas however used a pharmacy (72%), public hospital (31%) or vet (23%).

The 2025 survey also found a lot more women than men visited a pharmacy (70% vs. 55%), optometrist (45% vs. 37%), vet (20% vs. 10%) and psychologist or psychiatrist (14% vs. 7%). Twice as many men however did not interact with any of these health practitioners (8% vs. 4%).

Figure 11: Have you used or visited any of these health practitioners in the past year?



General Practitioners (GPs), pharmacies, and dentists are still the most commonly used or visited health practitioners.

Interactions with health practitioners were much more common for older Australians for GPs, pharmacy, dentists, optometrists and specialist doctors. We also counted a much higher number of 18-24 year olds (around 1 in 4 or 24%) who used or visited a psychologist or psychiatrist in the past 12 months compared to Australians in all other age groups.

The widest disparities by income in 2025 were the much bigger number in the higher income group that visited a dentist (56% vs. 43%), a chiropractor, osteopath or physiotherapist (25% vs. 11%) and vet (20% vs. 9%) in the last 12 months, but in the lower income group a public hospital (32% vs. 19%).

Well above average numbers of NDIS participants used or visited a specialist doctor (49%), public hospital (42%) and psychologist or psychiatrist (23%) in 2025, but a well below average number used or visited a GP (64%). Over 1 in 3 LGBTQI+ patients used or visited a psychologist or psychiatrist in the last 12 months, more than three times higher than the Australian average.

People sometimes avoid health practitioners when they should have visited them for many reasons. But not accessing timely healthcare when needed can adversely impact their health and wellbeing. When NAB again asked which practitioners they should have seen in the last 12 months but did not for some

reason, it is pleasing to report a higher number did not avoid visiting any practitioners they should have seen in 2025 (52%) than in 2024 (48%).

Visitation and use remained highest and increased for GPs with 8 in 10 (80%) of Australians visiting one in the past 12 months, up from 7 in 10 (71%) in 2024.

Figure 12: Used or visited these health practitioners in the past 12 months (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
General practitioner	80%	80%	80%	80%	77%	82%	71%	67%	73%	83%	83%	94%	79%	81%	64%	85%
Pharmacy	63%	60%	65%	72%	55%	70%	54%	49%	49%	63%	68%	85%	64%	61%	53%	74%
Dentist	55%	58%	51%	42%	55%	55%	57%	42%	49%	58%	54%	67%	43%	59%	47%	67%
Optometrist	41%	40%	42%	43%	37%	45%	25%	24%	26%	42%	52%	64%	40%	38%	42%	33%
Specialist doctor	28%	28%	28%	30%	26%	30%	25%	17%	19%	25%	26%	50%	32%	24%	49%	38%
Hospital (public)	21%	19%	22%	31%	20%	22%	18%	23%	20%	16%	20%	25%	32%	19%	42%	23%
Chiro/osteo/ physio	20%	20%	17%	22%	18%	22%	15%	17%	20%	19%	27%	21%	11%	25%	13%	23%
Vet	15%	15%	10%	23%	10%	20%	16%	16%	13%	17%	16%	14%	9%	20%	15%	23%
Psychologist/ psychiatrist	11%	11%	9%	12%	7%	14%	24%	13%	8%	16%	9%	3%	10%	10%	23%	35%
Hospital (private)	11%	12%	9%	8%	10%	11%	9%	10%	10%	9%	11%	14%	7%	11%	19%	11%
None of these	6%	7%	4%	5%	8%	4%	10%	7%	9%	7%	4%	1%	6%	6%	6%	2%

Figure 13: Which health practitioners should you have visited in the last year but were unable to do so for some reason?

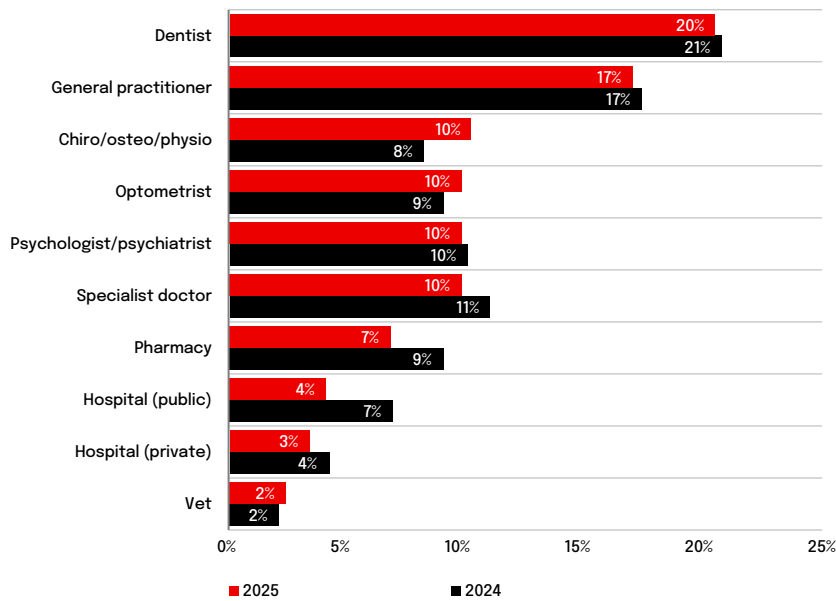


Figure 14: Health practitioners that patients needed to see but unable to do so for some reason (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Dentist	20%	19%	23%	25%	20%	21%	18%	26%	19%	22%	25%	13%	24%	20%	28%	20%
General practitioner	17%	17%	18%	17%	17%	17%	12%	22%	19%	15%	24%	10%	18%	18%	21%	15%
Specialist doctor	10%	10%	10%	9%	7%	13%	12%	12%	11%	10%	8%	9%	13%	12%	9%	8%
Psychologist/psychiatrist	10%	10%	12%	7%	10%	10%	11%	6%	9%	10%	12%	11%	16%	7%	23%	12%
Optometrist	10%	10%	9%	11%	6%	13%	13%	17%	10%	8%	7%	5%	11%	9%	13%	23%
Pharmacy	10%	10%	8%	12%	7%	12%	8%	9%	10%	12%	15%	6%	11%	10%	15%	9%
Chiro/osteo/physio	7%	7%	9%	5%	8%	6%	4%	10%	7%	6%	11%	3%	6%	7%	15%	6%
Hospital (public)	4%	4%	3%	5%	4%	4%	5%	6%	6%	2%	5%	1%	7%	3%	15%	3%
Hospital (private)	3%	3%	4%	4%	3%	4%	6%	5%	4%	2%	4%	2%	3%	4%	15%	2%
Vet	2%	2%	2%	5%	1%	3%	4%	2%	2%	4%	4%	0%	3%	3%	8%	6%
None of these	52%	54%	47%	47%	57%	48%	50%	38%	49%	51%	52%	67%	43%	52%	26%	52%

Among those who did not visit a health practitioner when they should have in 2025, the majority did not see a dentist (20% vs. 21% in 2024) or GP (unchanged at 17%). 1 in 10 did not see a chiropractor, osteopath or physiotherapist (10% vs. 8%), optometrist (10% vs. 9%), psychologist or psychiatrist (unchanged at 10%) or specialist doctor (10% vs. 11%). Fewer did not visit a pharmacy (7% vs. 9%) or public hospital (4% vs. 7%). They were least likely to have not used a vet (unchanged at 2%) or private hospital (3% vs. 4%).

By region, somewhat higher numbers in 2025 did not visit a dentist in rural areas (25%) and regional cities (23%) than capital cities (19%), and specialist doctors in regional (12%) and capital cities (10%) than in rural areas (7%). A much higher number in capital cities did not need to visit any of these practitioners (54%) than in regional cities and rural areas (47%).

By gender, we counted somewhat higher numbers of women who did not visit a chiropractor, osteopath or physiotherapist (13% women vs. 7% men), psychologist or psychiatrist

(13% vs. 6%) and optometrist (12% vs. 7%) when needed, but a much higher number of men who did not need to visit any practitioners (57% men vs. 48% women). The biggest differences by age in 2025 included higher numbers of 25–34 (26%) and 55–64 year olds (25%) who did not visit a dentist, GP (22% & 24% respectively) or pharmacy (10% & 11% respectively) when they should have, and in the 25–34 group a psychologist or psychiatrist (17%).

Responses did not vary widely in higher and lower income groups, except for a somewhat higher number in the lower income group who did not see a specialist doctor (16% vs. 7%). Far more people in the higher income group did not need to visit any of these practitioners than in the lower income group (52% vs. 43%).

Well above average numbers of NDIS participants did not visit a dentist (28%), GP (23%), pharmacy (15%), public (15%) or private hospital (15%) when they should have. Half as many NDIS participants also did not need to see any of these practitioners compared

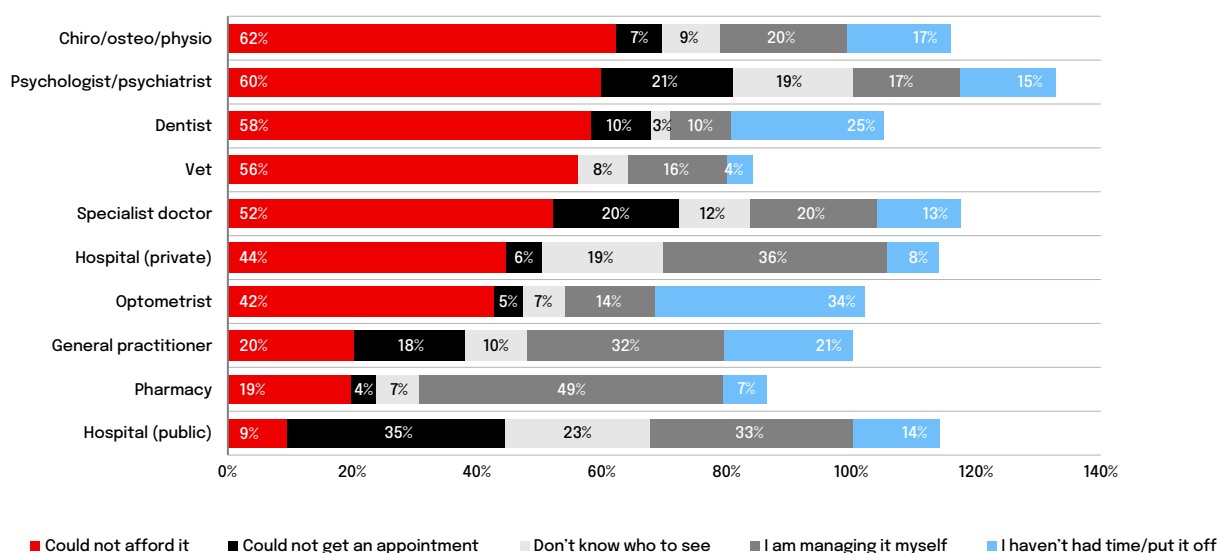
to the average Australian (26% vs. 52%). People in the LGBTQI+ group were much more likely to have not visited a psychologist or psychiatrist when they should have (23%) compared to the Australian average (10%).

Survey participants who were unable to see or use health practitioners over the last 12 months were also asked why they did not.

Cost or affordability was the main reason for most practitioners, with 6 in 10 indicating they could not afford to visit a chiropractor, osteopath or physiotherapist (62%), psychologist or psychiatrist (60%), dentist (58%) and vet (56%). Around 1 in 2 also did not visit a specialist doctor (52%) and around 4 in 10 a private hospital (44%) and optometrist (42%) because of the cost.

The most common reason for not visiting a GP however was because I am managing it myself (32%), a pharmacy because they were managing it themselves (49%) and a public hospital because they could not get an appointment (35%).

Figure 15: Why you did not visit practitioners more over the past year (2025)





These charts compare reasons why Australians did not visit each practitioner in 2025 against 2024. Among key changes:

- **GPs:** No time to visit was a bigger issue in 2025 (21% vs. 16%).
- **Specialist doctor:** Affordability biting harder (52% vs. 38%) but easier to get an appointment (20% vs. 28%).
- **Dentist:** Affordability (58% vs. 51%) and time (25% vs. 20%) were bigger issues, but far fewer self-managing (10% vs. 19%).
- **Private hospital:** Noticeably more cited affordability (44% vs. 33%), not knowing who to see (19% vs. 12%) and self-managing (36% vs. 28%) as reasons, but far fewer were not able to get an appointment (6% vs. 21%).
- **Public hospital:** Getting an appointment (35% vs. 16%) and not knowing who to see (23% vs. 9%) was much harder.
- **Optometrist:** Far fewer self-managing (14% vs. 26%) and don't know who to see (7% vs. 15%).
- **Psychologist or psychiatrist:** Affordability (60% vs. 49%) a greater issue but far less were self-managing (17% vs. 30%).
- **Pharmacy:** A much lower number don't know who to see (7% vs. 16%).
- **Chiro, Osteo or Physio:** Noticeably more people not visiting because of affordability (62% vs. 54%).
- **Vet:** Affordability (56% vs. 29%) weighing much more heavily, but far fewer could not get an appointment (0% vs. 19%), don't know who to see (8% vs. 24%), are self-managing (16% vs. 33%) and don't have time (4% vs. 14%).

Figure 16: Why you did not visit GP

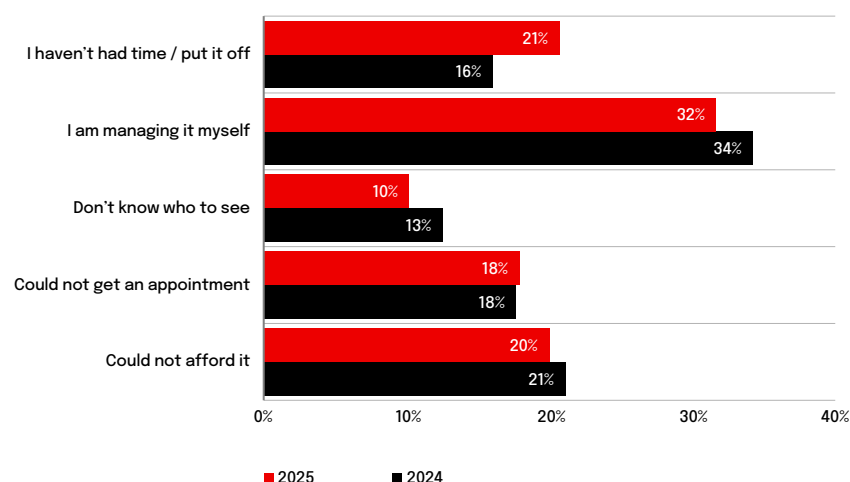


Figure 17: Why you did not visit Specialist

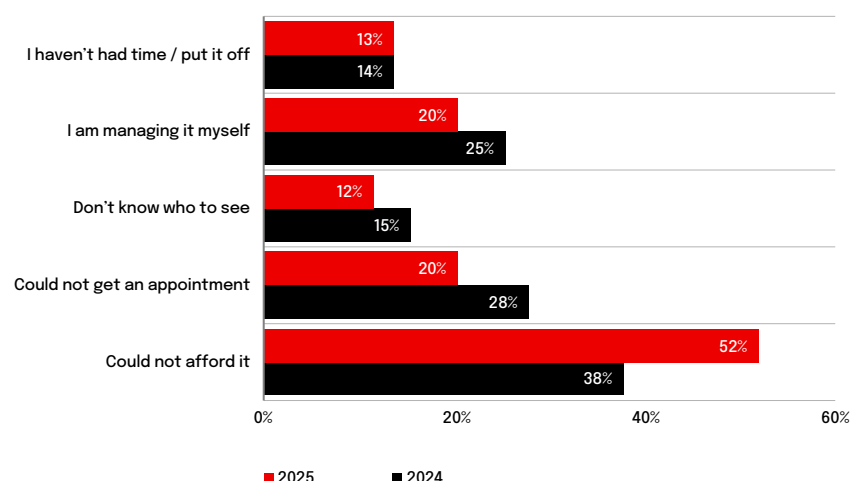


Figure 18: Why you did not visit Dentist

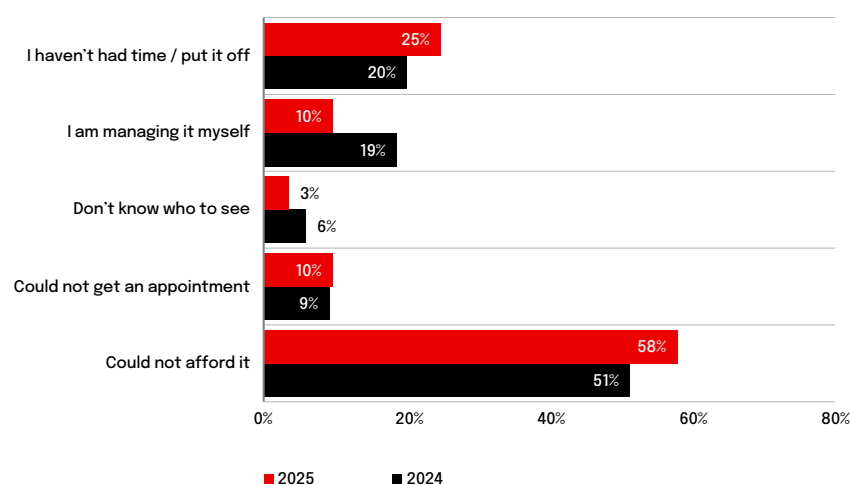


Figure 19: Why you did not visit Private Hospital

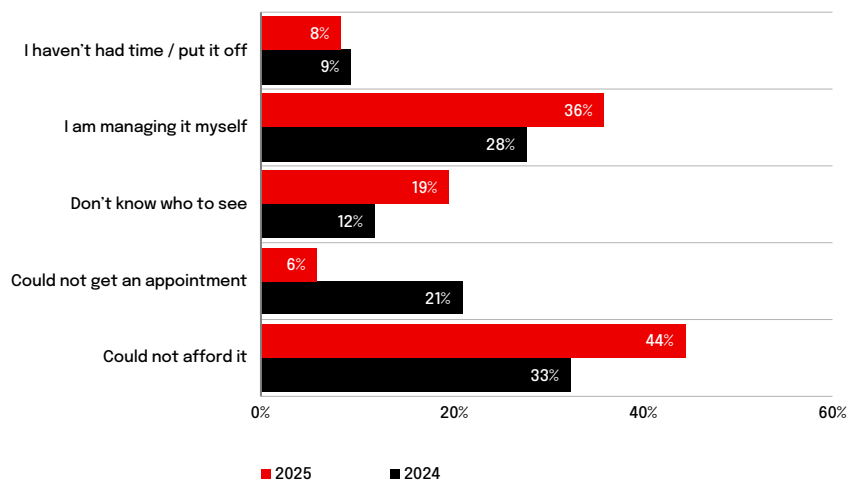


Figure 20: Why you did not visit Public Hospital

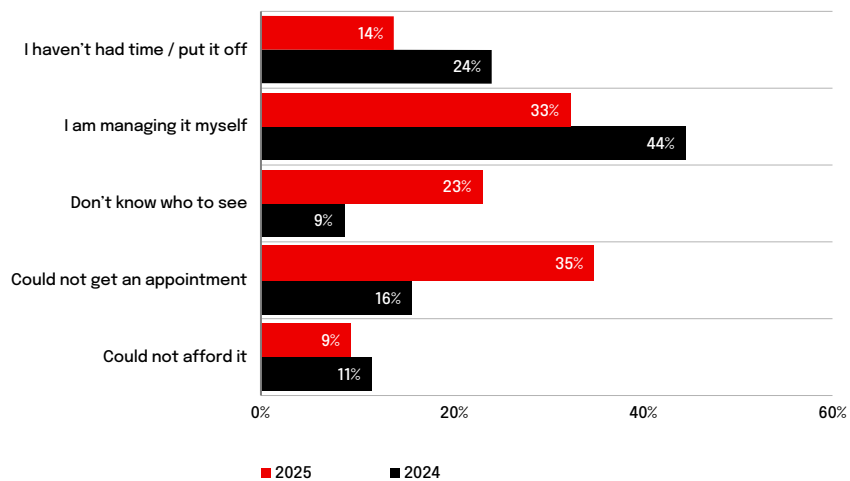


Figure 21: Why you did not visit Optometrist

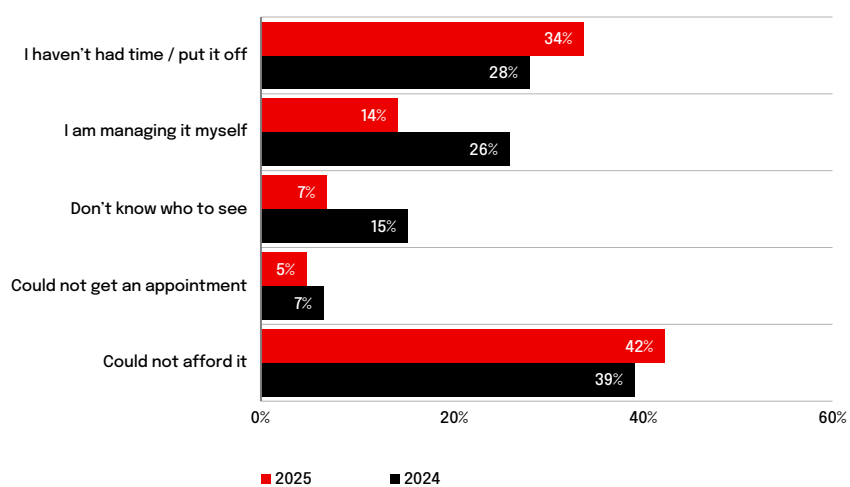


Figure 22: Why you did not visit Psychologist

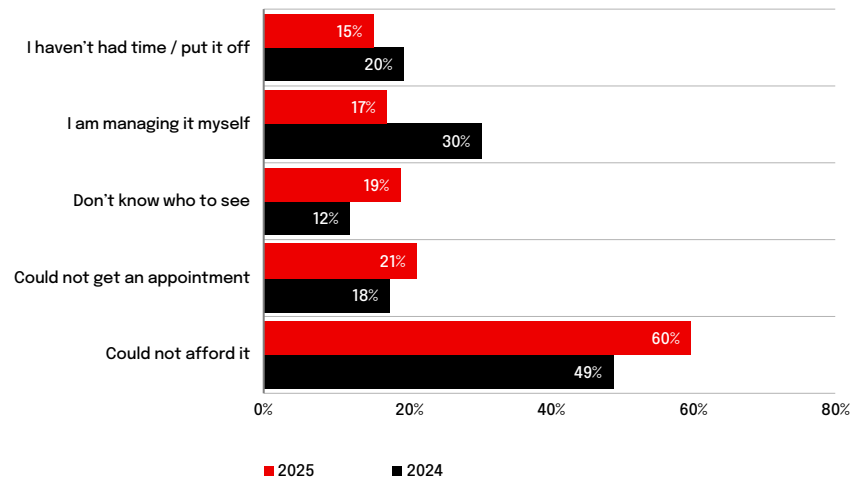


Figure 23: Why you did not visit Pharmacy

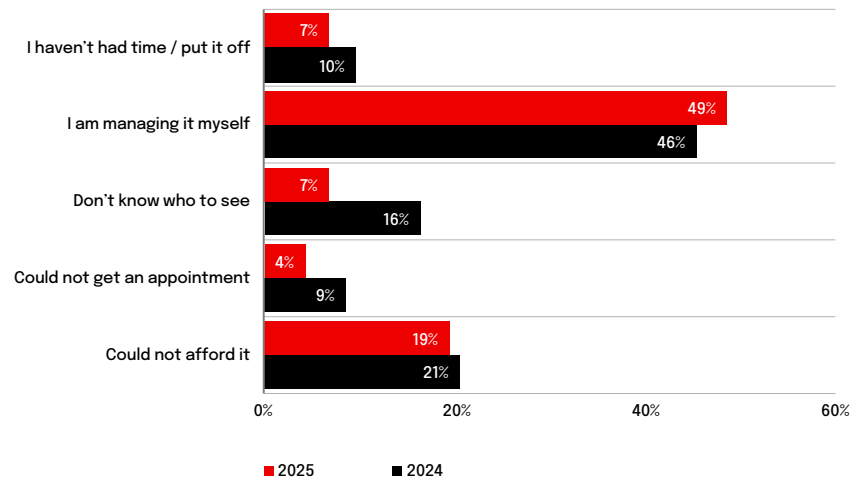


Figure 24: Why you did not visit Chiro/Physio

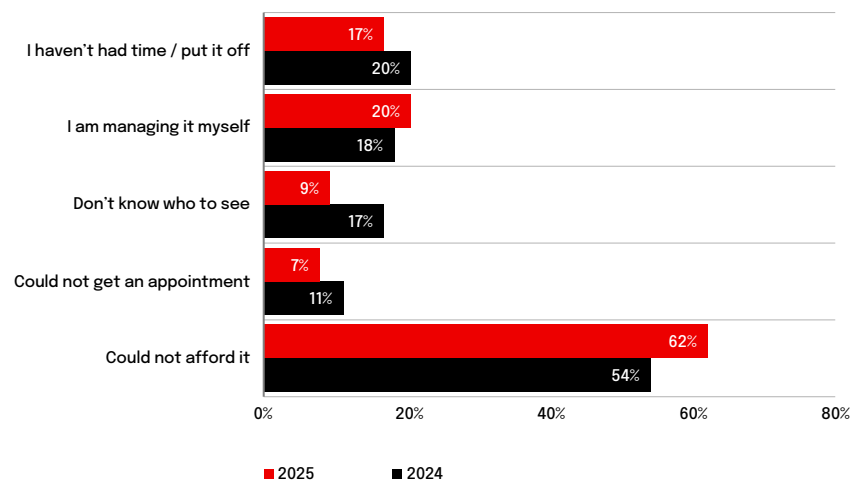
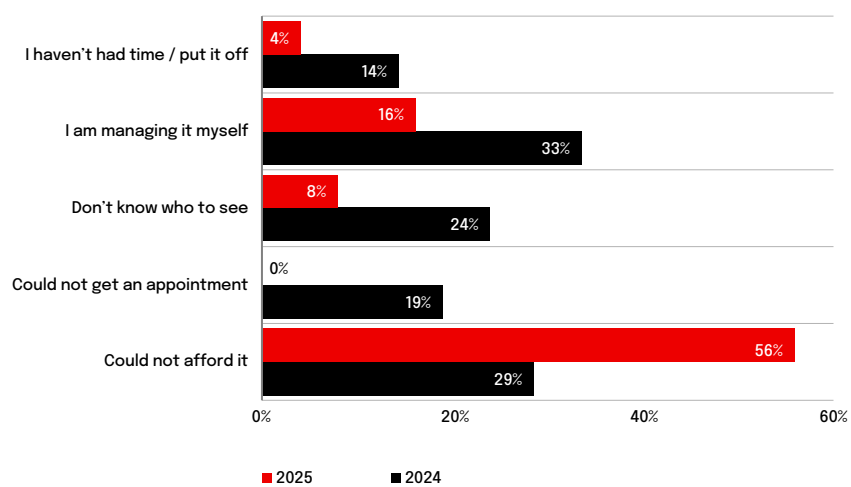


Figure 25: Why you did not visit Vet





Chapter 4:

Promoters, Passives and Detractors - Net Promoter Score (NPS)

Recommendations, particularly word of mouth, help drive business success because they build trust and sales. Research shows a high percentage of consumers report recommendations as the main reason they buy a product or service. Recommendations in the healthcare sector can also play a key role in building trust, attracting new patients and improving patient experiences.

A net promoter score (NPS) provides a customer loyalty metric that measures the likelihood of consumers recommending a company, product or service to others.

In the 2025 survey, we asked Australians for the first time how likely they are to recommend the health practitioner they visit most frequently to a friend or colleague based on a score from 0-10. From this we calculate an NPS.

In calculating an NPS, responses are categorised into Promoters (9-10), Passives (7-8), and Detractors (0-6), and the NPS is calculated by subtracting the percentage of Detractors from the percentage of Promoters. Generally, an NPS above 0 is considered good, above 20 is

favourable, above 50 is excellent and above 80 world-class.

This method of categorisation of health consumers can however be overly simplistic, potentially obscuring valuable feedback, while the focus on a single number can distract from the complexity of the customer experience. Nonetheless, it provides an interesting internationally recognised benchmark and may be better used in conjunction with a larger survey such as this one.

Using this framework, all practitioner types had a positive NPS which indicates more patients are likely to recommend their practitioner than criticise it. Nonetheless it may still indicate that a business is not doing enough to actively drive customer advocacy and could benefit from focusing on enhancing the customer experience. Chiropractors, osteopaths and physiotherapists came out on top with an NPS of 31, followed by vets (28), specialists (27), optometrists (25), pharmacy and private hospitals (21), dentists (19), GPs (17), public hospitals (10) and psychologists/psychiatrists (9).

The overall NPS score does however mask a much wider

Almost 1 in 2 (45%) of Australians were extremely likely to recommend their specialist doctor.

range of health consumers who are 'Promoters' and highly likely to promote their practitioner.

In 2025, the survey also revealed that almost 1 in 2 (45%) Australians were extremely likely to recommend their specialist doctor, and around 4 in 10 their vet (42%), chiropractor, osteopath or physiotherapist (41%), optometrist (39%), dentist (39%), GP (38%), private hospital (38%). This fell to around 1 in 3 for psychologists or psychiatrists (32%) and public hospitals (35%).

Figure 26: Net Promoter Score (NPS)

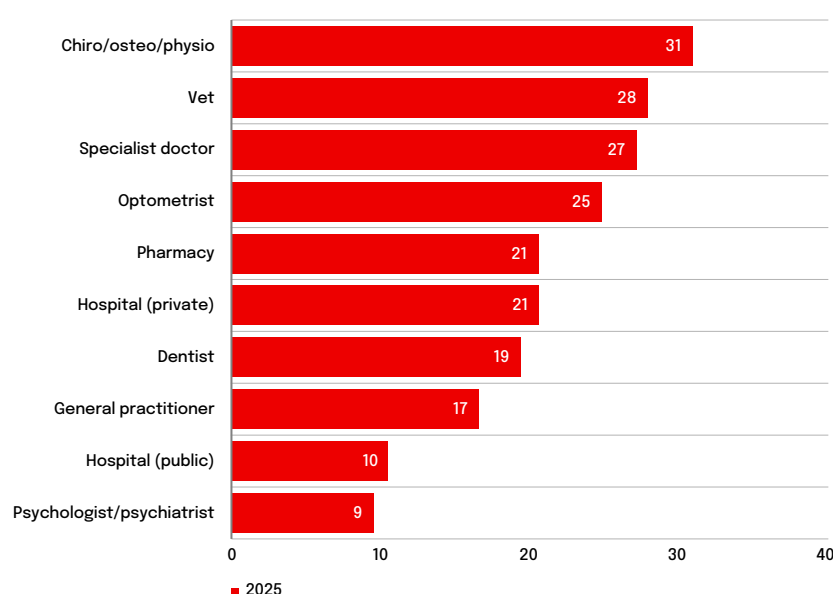
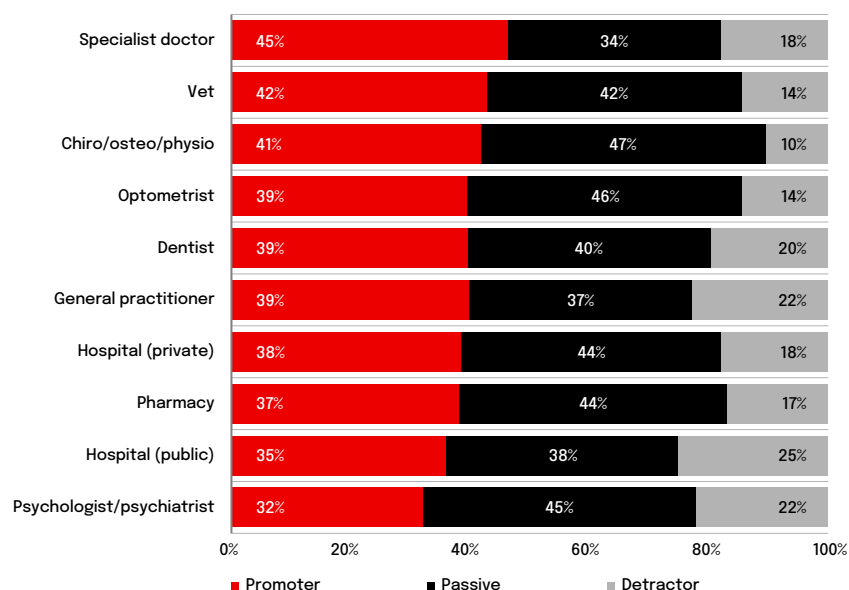


Figure 27: NPS (distribution)



All practitioner types had a positive NPS which indicates more patients are likely to recommend their practitioner than criticise it.

The number of 'Detractors' however was somewhat lower for their chiropractor, osteopath or physiotherapist (10%), vets (14%) and optometrists (14%), particularly when compared to public hospitals (25%), GPs (22%) and psychologists or psychiatrists (22%).

NPS scores also varied more widely when focussing on those extremely likely to recommend a health practitioner to their friends or colleagues. By region, NPS scores were much higher in rural areas for their chiropractor, osteopath or physiotherapist (57), private hospital (75), psychologist or psychiatrist (54) and public hospitals (33) compared to other regions, and vets in regional cities (50). In capital cities, NPS scores were lowest for most practitioners, particularly specialist doctors (23), optometrists (19) and private hospitals. Vets were scored much lower in rural areas (19) and psychologists or psychiatrists in regional cities (-7).

By gender, NPS scores were much higher for men than women for private hospitals (36 vs. 7), GPs (23 vs. 11) and dentists (23 vs. 15), but much higher for women for their vet (36 vs. 15).

The survey found much higher NPS scores in the 65+ group for their chiropractor, osteopath or physiotherapist (50), private hospital (55) and GP (40) and in the 55-64 age group their specialist doctor (50), dentist (41) and along with 45-54 year olds their vet (50). Vets scored a negative NPS score from 35-44 year olds (-7), specialist doctors by 18-24 year olds (-8), optometrists by 25-34 year olds (-9) and 18-24 year olds (-4), pharmacy by 25-34 year olds (-6), GPs by 18-24 year olds (-4), public hospitals by 25-34 year olds (-21) and psychologists or psychiatrists by 35-44 year olds (-7), 45-54 year olds (-5) and 18-24 year olds (-5).

NPS scores were much higher in the higher income group for their chiropractor, osteopath or physiotherapist than in the lower income group (25 vs. 0) and somewhat higher for private hospitals (26 vs. 17). NPS scores were, however, higher in the lower income group for all other practitioners (except public hospitals), with the gap widest for vets (44 vs. 22), specialist doctors (41 vs. 23), pharmacy (25 vs. 10) and dentists (34 vs. 20).

NPS scores for NDIS participants were higher than the Australian average for all health practitioners except private hospitals (much lower at -14 vs. 21) and their chiropractor, osteopath or physiotherapist (25 vs. 31). NPS scores in the LGBTQI+ group were also higher than or in line with the Australian average except pharmacy (15 vs. 21).

Figure 28: Net Promoter Score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	31	26	32	57	30	32	21	12	28	36	29	50	0	25	25	45
Vet	28	27	50	19	15	36	17	5	-7	50	50	39	44	22	33	29
Specialist doctor	27	23	37	35	27	27	-8	7	3	24	50	42	41	23	42	36
Optometrist	25	19	37	39	23	27	-4	-9	11	28	38	35	28	24	31	50
Pharmacy	21	19	23	26	21	21	5	-6	0	17	37	42	25	10	47	15
Hospital (private)	21	13	38	75	36	7	0	0	0	25	20	55	17	26	-14	25
Dentist	19	17	23	33	23	15	7	10	9	6	41	33	34	20	50	26
General practitioner	17	15	20	19	23	11	-4	3	1	7	29	40	22	10	38	26
Hospital (public)	10	5	6	33	14	8	6	-21	0	15	30	33	23	25	19	30
Psychologist/psychiatrist	9	4	-7	54	7	10	-5	30	-7	-5	38	17	27	20	25	17





Chapter 5:

Accessing private system for specialist appointments

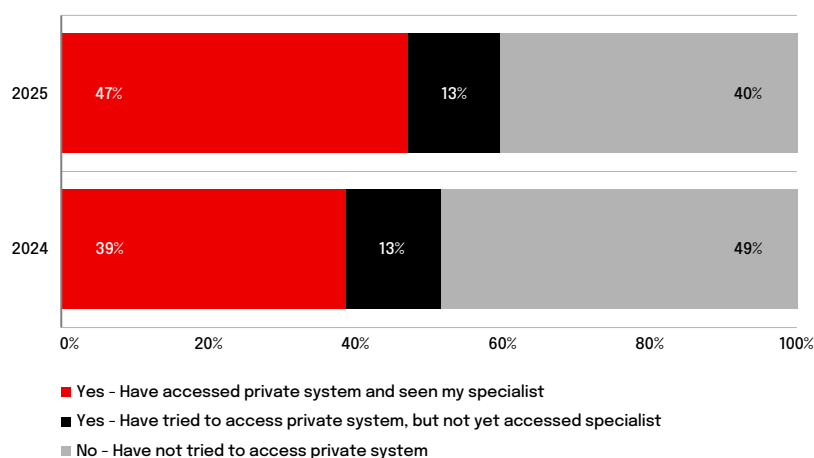
Though improving, the 2025 survey suggests specialist doctors are still among the hardest to see, with 1 in 5 (20%) who should have visited one in the past year not doing so because they could not get an appointment time – although this fell from almost 3 in 10 (28%) in 2024. In this section, we explore if those who did visit a specialist doctor in the last 12 months accessed the private system to get an appointment more quickly. It seems a much higher number did, which may also help explain why fewer Australians said it was harder to get an appointment to see a specialist doctor in 2025 compared to last year.

Overall, those who accessed the private system in 2025 rose to almost 1 in 2 (47%), from 4 in 10 (39%) in 2024. An unchanged 13% tried to access the system but have yet to access a specialist, while the number who had not tried to access the system fell to 40% in 2025 from 49% in 2024.

By region, more people accessed the private system and saw a specialist in capital cities (52% in 2025 vs. 43% in 2024) and rural areas (40% vs. 23%) in 2025, while the number that did in regional areas fell slightly (34% vs. 36%). Around 1 in 2 in regional cities (54% vs. 52% in 2024) and rural areas (50% vs. 56%) had not tried to access the private system compared to a much lower 1 in 3 (35% vs. 46%) in capital cities.

By gender, we noted a sharp increase in the number of women who accessed the private system and saw a specialist in 2025 (46% vs. 33%) and a smaller increase among men (49% vs. 47%). A much lower number of women also said they had not accessed the system (41% vs. 55%).

Figure 29: Accessed private system to get appointment more quickly to see specialist in last 12 months



Those who accessed the private system in 2025 rose to almost 1 in 2 (47%), from 4 in 10 (39%) in 2024.

Figure 30: Accessed private system to get appointment more quickly to see Specialist in last 12 months

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+	Private Health Cover
2024																	
Yes (and seen)	39%	43%	36%	23%	47%	33%	35%	43%	32%	33%	38%	43%	32%	51%	50%	41%	53%
Yes (not yet seen)	13%	11%	12%	21%	13%	13%	30%	19%	27%	14%	0%	8%	10%	13%	12%	7%	12%
No (not tried)	49%	46%	52%	56%	40%	55%	35%	38%	41%	53%	62%	48%	58%	36%	38%	52%	35%
2025																	
Yes (and seen)	47%	52%	34%	40%	49%	46%	27%	53%	40%	50%	48%	51%	30%	56%	53%	55%	64%
Yes (not yet seen)	13%	13%	13%	10%	11%	14%	30%	25%	21%	15%	2%	5%	8%	14%	17%	14%	10%
No (not tried)	40%	35%	54%	50%	40%	41%	42%	22%	38%	35%	50%	44%	62%	31%	30%	31%	26%
Change																	
Yes (and seen)	8%	9%	-3%	17%	2%	13%	-8%	10%	8%	17%	10%	8%	-2%	5%	3%	14%	11%
Yes (not yet seen)	0%	2%	1%	-11%	-2%	1%	0%	6%	-6%	1%	2%	-3%	-2%	0%	5%	6%	-1%
No (not tried)	-8%	-11%	2%	-6%	0%	-14%	8%	-16%	-2%	-18%	-12%	-5%	4%	-5%	-8%	-21%	-9%

The number who accessed the private system and saw a specialist rose in all age groups in 2025, except the 18-24 group (27% vs. 35%). It ranged from 53% in the 25-34 group (up from 43% in 2024) to 40% in the 35-44 group (32% in 2024), and increased most among 45-54 year olds (50% vs. 33%). Those who had not tried to access the private system was highest in the 55-64 age group (50% vs. 62%) and lowest in the 25-34 group (22% vs. 38%).

Nearly twice as many people in the higher income group reported having accessed the private system to see a specialist more quickly in 2025 (56% up from 51% in 2024) than in the lower income group (30% down from 32%). But a much higher number in the lower income group had not tried to access the system (62% up from 58%) than the higher income group (31% vs. 36%).

Significantly more Australians who had private health cover in 2025 tried to access the system in 2025 (64% vs. 53%), as did those who identified as LGBTQI+ (55% vs. 41%). NDIS participants also reported a small increase (53% vs. 50%). Well below average numbers in all these groups also said they had not tried to access the system, particularly those with private health cover (26% down from 35% in 2024).



By gender, we noted a sharp increase in the number of women who accessed the private system and saw a specialist in 2025 (46% vs. 33%) and a smaller increase among men (49% vs. 47%).



Chapter 6:

Ease of seeing health practitioners

It was easier to see or use most health practitioners in 2025. Overall, Australians who visited a practitioner in the last 12 months said it was easiest (and scored 'extremely' easy i.e. 8+) to use a pharmacy in 2025 (unchanged at 8.7).

It scored next highest and increased for optometrists (8.5 vs. 8.3 in 2024), vets (8.4 vs. 8.1) and chiropractors, osteopaths or physiotherapists (8.3 vs. 7.9), with seeing them considered 'extremely' easy.

Australians also reported it was 'quite' easy (and also a little easier) to see dentists (7.7 vs. 7.5) and use private hospitals (7.7 vs. 7.5). GPs scored an unchanged 7.3.

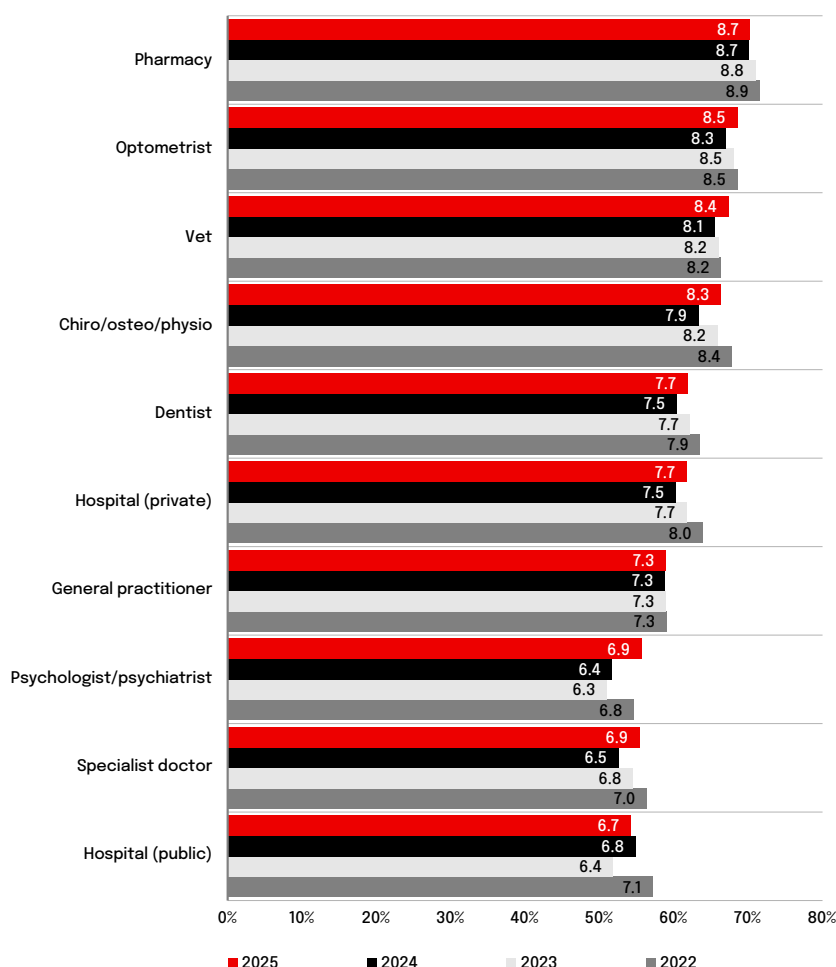
With many Australians struggling with mental health issues, it was pleasing that the ease of seeing psychologists or psychiatrists scored somewhat higher in 2025 (6.9 vs. 6.4), and highest since tracking this data.

The ease of seeing a specialist doctor also scored somewhat higher than in 2024 (6.9 vs. 6.5).

Australians now consider it hardest to use public hospitals and also scored the ease of using them lower (6.7 vs. 6.8 in 2024). Consequently, public hospitals replaced psychologists and psychiatrists as the most difficult health practitioners to see or use in 2025.

Australians living in rural areas said it was much more difficult to see a psychologist or psychiatrist in 2025 (5.8), but much easier to see optometrists (9.1) and use private (9.0) and public hospitals (7.3). Vets however were much harder to see

Figure 31: How easy was it to see or use each of these health practitioners?



It was easier to see or use most health practitioners in 2025.

in regional cities (7.8) and private hospitals in capital cities (7.5). Women report it was considerably harder use private hospitals (7.2 vs. 8.2), GPs (7.1 vs. 7.6) and psychologists or psychiatrists (6.7 vs. 7.4) than men. By age, older Australians typically indicated it was easier to see or use most health practitioners, particularly pharmacies, optometrists and GPs. The exception was chiropractors, osteopaths or physiotherapists which were considered easiest to see by 18-24 year olds (8.6).

Experiences of Australians in the higher and lower income group varied

most for private hospitals (8.1 vs. 5.8) and psychologists & psychiatrists (7.3 vs. 6.2), which were considered much easier to use or see by those in the higher income group. NDIS participants scored well above the Australian average when it came to ease of using psychologists or psychiatrists (7.9), specialist doctors (7.8) and public hospitals (7.3). The LGBTQI+ community scored above the Australian average for ease of seeing or using all health practitioners in 2025.

Survey participants were invited to also describe in their own words what a health practitioner could do to make

it easier to see them. Being available emerged as the key theme, with most wanting longer hours, availability on weekends and more appointments.

Cost was also critical, with a large number wanting more bulk billing, no out of pocket expenses, cheaper services or lower costs. Shorter wait times and waiting lists, more practitioners, better online booking systems, more telehealth, longer consultations, follow ups, better advice and improved service offerings were also valued. Some however said they wanted nothing more or that no improvement was necessary.

Figure 32: Ease of seeing or using health practitioners (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Pharmacy	8.7	8.8	8.6	8.9	8.8	8.7	7.9	8.1	8.5	8.6	9.2	9.2	9.1	8.6	8.6	8.9
Optometrist	8.5	8.4	8.7	9.1	8.6	8.5	8.2	7.9	7.9	8.3	8.8	8.9	8.9	8.4	8.3	9.1
Vet	8.4	8.4	7.8	8.8	8.4	8.4	7.8	8.2	8.2	8.6	8.4	8.7	8.7	8.3	8.3	8.9
Chiro/Osteo/Physio	8.3	8.3	7.9	8.3	8.1	8.3	8.6	8.0	7.8	8.3	8.5	8.4	8.1	8.2	7.8	8.9
Dentist	7.7	7.8	7.2	7.5	7.8	7.6	7.3	7.8	7.4	7.5	7.9	7.9	7.8	7.6	7.6	7.8
Hospital (private)	7.7	7.5	8.2	9.0	8.2	7.2	7.6	8.0	6.9	7.3	8.0	8.1	5.8	8.1	8.1	8.0
General practitioner	7.3	7.3	7.4	7.2	7.6	7.1	6.9	7.1	7.0	7.0	7.3	8.0	7.8	7.3	7.6	7.4
Psychologist/psychiatrist	6.9	7.1	6.7	5.8	7.4	6.7	6.5	6.8	7.4	7.0	7.1	7.2	6.2	7.3	7.9	7.0
Specialist doctor	6.9	6.8	6.9	7.3	7.0	6.8	6.3	7.3	6.4	6.0	7.2	7.2	6.5	7.0	7.8	6.9
Hospital (public)	6.7	6.6	6.4	7.3	6.8	6.7	5.5	6.5	6.2	6.2	7.6	7.6	6.9	7.1	7.3	7.2



What health practitioners could do to make it easier to see them...

“Just be on time for appointments and provide genuine care about my wellbeing rather than just trying to get me out the door quickly.”

“Have dedicated disabled parking.”

“Walk-ins with GPs used to be very easy. Now, you’ve recovered before you see them.”

“Eliminate unnecessary appointments like for prescriptions.”

“Have appointments available when I’m actually sick rather than having to book a month in advance.”

“Shorter wait times would be good.”

“Bulk bill and understand low or fixed income patients are wanting to be proactive about their health but are limited from doing so by income and access to opportunity.”

“Get fully trained in natural health remedies and lengthen times for appointments.”

“Don’t refer me to a specialist who has long waiting time of more than 2 years!”

“Have an online booking system.”

“Let me know when they are leaving the medical practice.”

“The ongoing referrals is a bit of a waste of time. If you’re already a patient, you should not have to go back to a GP to get another referral. You are just clogging up their calendar with referral appointments.”

“Make it more affordable if possible, to see specialists. I can’t afford them, which means I see them less regularly or put it off, which likely makes my symptoms worse over time.”

“My doctor works part time so I you have to book a week in advance. It’s hard to see anyone for a same day illness. More telehealth would also be better and quicker.”

“Longer appointments so you don’t need to try to have multiple appointments for a specific need.”

“Expand bulk billing to dentists.”

“Truly listen to me and don’t judge me.”

“Be more consistent. The quality varies so dramatically.”

“Have fewer appointments per day instead of just wanting to make money. There are way too many people booked in to see health practitioner on a daily basis. It’s the constant waiting because an appointment takes longer for a patient in the allotted time slot. Every 10 minutes someone’s booked in, but you can take up to maybe 20 minutes to half hour on a 10-minute slot.”

“Potentially having a reminder email if I have not booked a scheduled appointment yet. Or just a check-up email or text after 6 months from the last appointment if they have not heard from me for a while.”

“Specialists should be transparent that they also practise in the public system before booking appointments.”

“Start by actually caring about health and using natural remedies instead of just promoting pharmaceuticals.”

“The good ones are normally booked out, leaving not so good ones available.”

“Have more Australian female doctors.”

“Private health funds should cut waiting lists for pre-existing conditions.”



Chapter 7:
**Changing cost
of healthcare**

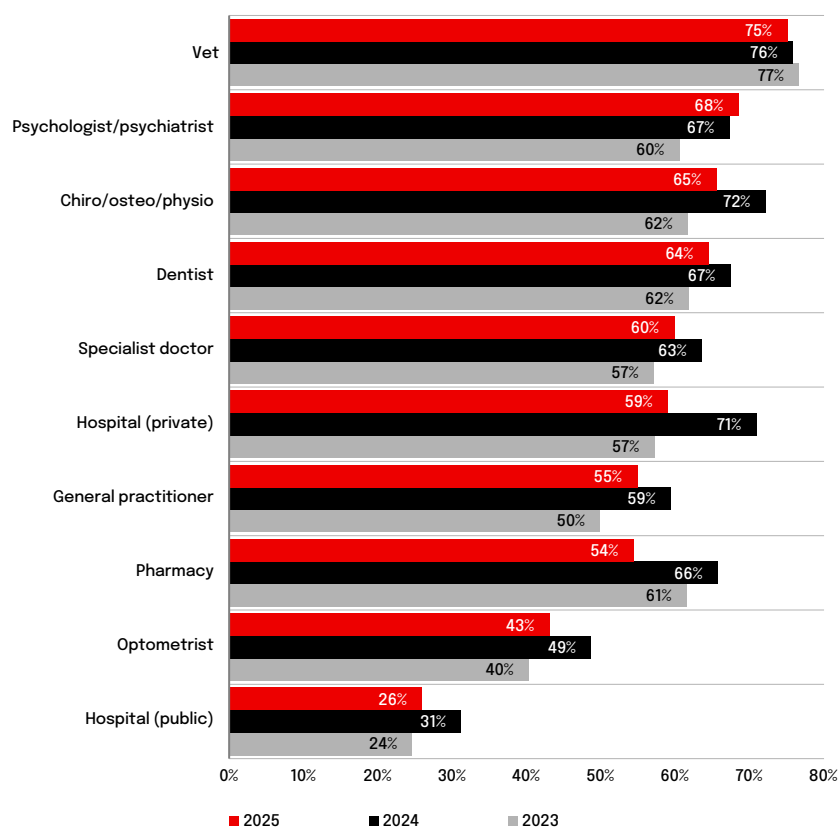
The **NAB Consumer Stress Index** eased to a 2-year low in the June quarter. Stress levels fell for all index components. Though cost of living pressure still weighed most heavily on Australian consumers, it eased to its lowest level since March 2022 as headline inflation held steady within the RBA's target range. And with the labour market remaining resilient, concerns over job security also eased to below average levels for the first time in nearly 2 years. Over 1 in 3 Australians are 'very' concerned about the impact of US tariffs on the Australian economy, however this falls to around 1 in 4 when asked about the potential impact on their household's financial position.

When asked how they see the year ahead, a growing number of consumers on balance expect interest rates to decrease in the next 12 month. Household financial stress also lessened after increasing for two consecutive quarters. Financial stress fell in both the lower and higher income groups, albeit much more so among higher income earners.

Against this, the majority of Australians also said prices of services charged by most health practitioners increased in the last 12 months. That said, it was encouraging that the number reporting higher charges was either basically unchanged or lower for all health practitioners.

Most Australians (3 in 4 or 75%) said the cost of vet services increased in the last 12 months, with 2 in 3 also reporting higher prices for psychologists or psychiatrists – the

Figure 33: How has price of health practitioner services changed in past 12 months (more expensive)



only health practitioners where more Australians said their costs increased in 2025 (68% vs. 67% in 2024), chiropractors, osteopaths or physiotherapists (65% vs. 72%) and dentists (64% vs. 67%). Many also said specialist doctors (60% vs. 63%), private hospitals (59% vs. 71%), GPs (55% vs. 59%), pharmacies (54% vs. 66%) and optometrists (54% vs. 49%) were more expensive. Only 1 in 4 (26%) reported higher prices for public hospitals (31% in 2024).

Figure 34: How price of health practitioner services changed in last 12 months (more expensive) 2025

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Vet	75%	75%	92%	67%	76%	74%	75%	74%	60%	100%	56%	72%	89%	76%	100%	71%
Psychologist/psychiatrist	68%	69%	73%	62%	75%	66%	59%	85%	71%	65%	69%	50%	64%	71%	63%	83%
Chiro/Osteo/Physio	65%	68%	60%	57%	64%	66%	64%	72%	66%	64%	68%	59%	50%	69%	75%	45%
Dentist	64%	65%	64%	62%	65%	64%	53%	61%	65%	65%	75%	64%	62%	66%	75%	71%
Specialist doctor	60%	62%	67%	39%	60%	60%	46%	74%	66%	71%	64%	52%	49%	60%	74%	55%
Hospital (private)	59%	62%	54%	25%	64%	55%	71%	86%	60%	50%	70%	35%	67%	68%	71%	75%
General practitioner	55%	58%	49%	47%	52%	57%	66%	66%	60%	59%	56%	37%	42%	63%	63%	59%
Pharmacy	54%	53%	57%	55%	50%	57%	50%	57%	62%	69%	61%	39%	51%	58%	59%	59%
Optometrist	43%	45%	37%	41%	43%	43%	33%	53%	43%	50%	46%	36%	36%	51%	69%	31%
Hospital (public)	26%	24%	39%	20%	30%	22%	44%	35%	14%	25%	45%	10%	25%	20%	63%	50%

Perceptions of how prices changed in 2025 varied in key groups. By region, we noted much higher numbers in regional cities who said prices increased for vets (92%) and public hospitals (39%), and in capital cities chiropractors, osteopaths or physiotherapists (68%), GPs (58%) and private hospitals (62%) – especially when compared to rural areas (25%). By gender, significantly more men than women reported higher prices for psychologists or psychiatrists (75% vs. 66%) and for private (64% vs. 55%) and public (30% vs. 22%) hospitals.

Among the big outliers by age groups, all survey participants in the 45-54 age groups pointed to higher prices charged by vets (100%). Noticeably more 55-64 (45%) and 18-24 year olds (44%) noted higher prices charged by public hospitals, in the 25-34 age group psychologists or psychiatrists (85%) and private hospitals (86%) and in the 55-64 age group dentists (75%).

Significantly more people in the lower than higher income group reported higher prices charged by vets (89% vs. 76%) in 2025, but in the higher income group by GPs (63%

vs. 42%), chiropractors, osteopaths or physiotherapists (69% vs. 50%), optometrists (51% vs. 36%) and specialist doctors (60% vs. 49%).

Above average numbers of NDIS participants said all health practitioners were more expensive to see in 2025, especially public hospitals (63% vs. 26%), optometrists (69% vs. 43%) and vets (100% vs. 75%). In the LGBTQI+ group, well above average numbers reported higher prices charged by public (50% vs. 26%) and private (75% vs. 59%) hospitals and by psychologists or psychiatrists (83% vs. 68%).





Chapter 8:

Value for money

The cost of healthcare does not necessarily equate to value for money. Value has to do with more than just what something is worth in monetary terms. Value can also be linked directly to people's own personal experiences and perspectives, their age, circumstances, cultural influences and even simple things like easy access to healthcare services in their local community. In this section, we explore if Australians who used a health practitioner in the past year thought the care, advice or treatment they received was good value for money.

The 2025 survey finds that Australians continue to see very good or excellent value for money from the care, advice or treatment they received from all health professionals. Moreover, they scored all practitioners higher for value, except pharmacies (a little lower but still offering among the highest value for money across all health practitioners) and psychologists or psychiatrists (unchanged).

Across all health practitioners, Australians on average scored value highest for optometrists (8.2 up from 8.0), replacing pharmacy in the top spot (8.0 vs. 8.1) in 2025. Value scored next equal highest for public (7.7 vs. 7.6) and private (7.7 vs. 7.5) hospitals, chiropractors, osteopaths or physiotherapists (7.7 vs. 7.6) and specialist doctors (7.7 vs. 7.3). Australians also scored value quite high for GPs (7.6 vs. 7.3), vets (7.4 vs. 7.3) and dentists (7.4 vs. 7.3). Value for money scored lowest for psychologists or psychiatrists but still at quite good levels (unchanged at 7.1).

Figure 35: Was the care, advice or treatment you received good value for money (score)

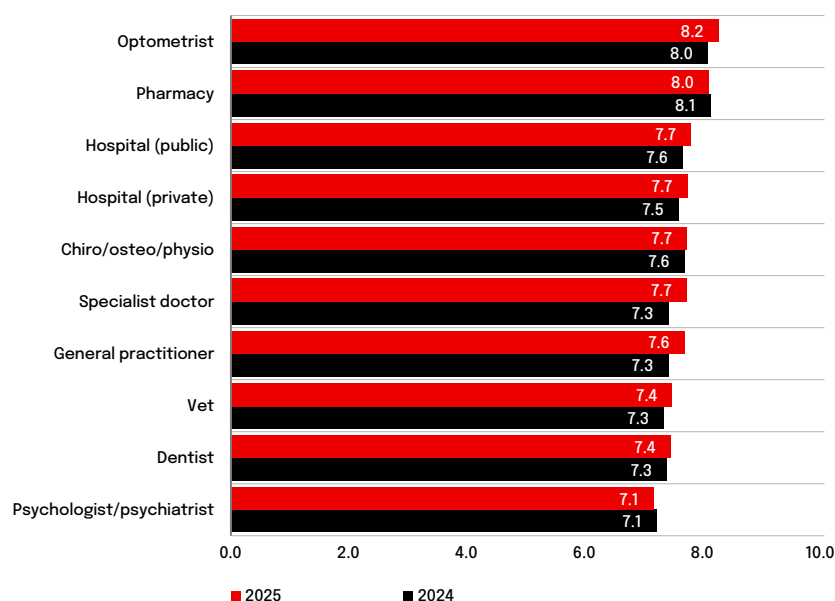
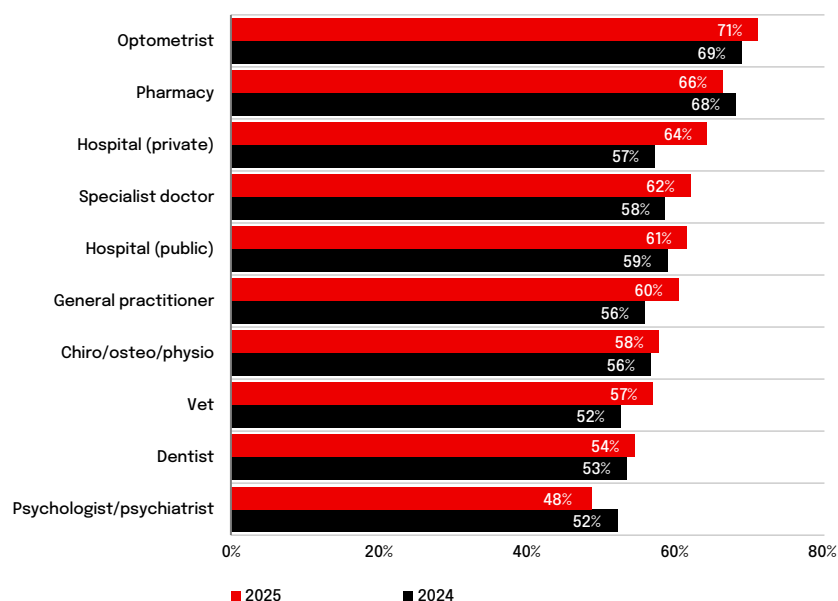


Figure 36: Was the care, advice or treatment you received good value for money (high)



A somewhat different picture emerged when we counted the number who said the care, advice or treatment they received was 'excellent' value for money (scored 8+). In this respect, optometrists led the way with over 7 in 10 (71%) indicating they represented excellent value (69% in 2024). They were followed by pharmacy (66% vs. 68%), private hospitals (where the number rose considerably to 64% from 57% in 2024), specialist doctors (62% vs. 58%), public hospitals (61% vs. 59%), GPs (60% vs. 56%), chiropractors, osteopaths or physiotherapists (58% vs. 56%), vets (57% vs. 52%), dentists (54% vs. 53%) and psychologists or psychiatrists (48% vs. 52%), who were with pharmacy the only health practitioners where a lower number of Australians reported they offered excellent value for money in 2025.

Value perceptions however varied within key groups. By region, people in rural areas scored value for money much higher for public hospitals (8.8) in 2025 than in other regions, but psychologists or psychiatrists much lower (6.7). Australians in capital cities scored value much lower for private hospitals (7.5). Men and women were broadly in agreement for all practitioners except GPs where men scored value somewhat higher (7.9 vs. 7.4). By age, over 65s reported higher value for money than all other age groups for all practitioners, especially private (9.1) and public hospitals (8.8) and dentists (8.2). We also noted that 35-44 year olds scored value for money much lower than all other age groups for private hospitals (6.3) and vets (6.4). Australians in the lower income group scored value for money better than the higher income

group for most practitioners except private and public hospitals (same) and psychologists or psychiatrists (7.0 vs. 7.5). NDIS participants scored value noticeably higher than the Australian average for public hospitals (8.4 vs. 7.7), specialist doctors (8.5 vs. 7.7) and vets (8.8 vs. 7.4). Australians who identified as LGBTQI+ however saw much better value for money than the Australian average for chiropractors, osteopaths or physiotherapists (8.8 vs. 7.7), but well below average value for money for pharmacy (7.3 vs. 8.0), GPs (6.8 vs. 7.6) and psychologists or psychiatrists (6.0 vs. 7.1).

In terms of people who scored value high, the biggest outliers by region included a significantly higher number in regional cities who said optometrists (87%), public hospitals (73%) and chiropractors, osteopaths or physiotherapists

Figure 37: Value for money: Care, advice or treatment - score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Optometrist	8.2	8.0	8.4	8.8	8.4	8.0	8.2	7.3	7.5	8.0	8.4	8.7	8.6	8.0	8.1	8.0
Pharmacy	8.0	7.9	8.3	8.0	8.2	7.9	7.6	7.4	7.6	7.7	8.1	8.8	8.4	7.8	8.6	7.3
Hospital (public)	7.7	7.6	7.4	8.4	7.5	7.9	7.1	7.4	7.8	6.9	7.7	8.6	8.1	8.1	8.4	7.2
Hospital (private)	7.7	7.5	8.4	8.5	7.9	7.5	7.1	7.9	6.3	7.6	7.2	9.1	7.7	7.7	7.9	8.0
Chiro/Osteo/Physio	7.7	7.5	7.9	8.3	7.6	7.7	7.3	7.2	7.5	7.5	7.6	8.5	8.0	7.3	8.1	8.8
Specialist doctor	7.7	7.6	7.7	8.0	7.6	7.7	6.8	7.5	7.0	6.6	8.0	8.3	8.2	7.5	8.5	8.4
General practitioner	7.6	7.6	7.5	7.8	7.9	7.4	7.0	7.2	7.1	7.2	7.7	8.7	8.0	7.3	7.1	6.8
Vet	7.4	7.5	7.5	7.2	7.3	7.5	6.8	7.0	6.4	7.9	7.5	8.3	7.4	7.1	8.8	8.1
Dentist	7.4	7.3	7.5	7.9	7.5	7.3	7.4	7.3	7.0	6.8	7.3	8.2	8.0	7.1	8.0	7.7
Psychologist/psychiatrist	7.1	7.1	7.4	6.7	6.9	7.2	7.2	7.0	7.3	6.5	7.5	7.7	7.0	7.5	7.2	6.0

(78%) were excellent value for money, and in regional cities vets (67%) and psychologists or psychiatrists (60%).

By gender, the main difference was the much higher number of men than women who said GPs offered excellent value for money (54% vs. 38%). A considerably higher number of over 65s said all practitioners they used provided excellent value for money compared to all other age groups, ranging from 95% for private hospitals to 67% for psychologists or psychiatrists.

We counted much higher numbers in the lower income group who said most practitioners provided excellent value for money in 2025, especially chiropractors, osteopaths or physiotherapists (80% vs. 48%), dentists (66% vs. 49%) and pharmacy (75% vs. 59%). Psychologists or

psychiatrists (57% vs. 36%), public hospitals (67% vs. 63%) and vets (46% vs. 44%) were the only health providers where more people in the higher income group saw excellent value.

A well above average number of NDIS participants highlighted specialist doctors (84% vs. 62%) and dentists (75% vs. 54%) for providing excellent value for money, but a well below average number of LGBTQI+ participants saw excellent value for money from vets (29% vs. 57%), private hospitals (50% vs. 64%) and dentists (41% vs. 54%).

Survey participants were also asked to tell us in their own words what a health practitioner could do to offer them better value for money. Cost was the key theme, with most wanting their health practitioner to be cheaper and more affordable, provide bulk billing and lower out of pocket costs.

Australians on average scored value highest for optometrists (8.2 up from 8.0), replacing pharmacy in the top spot (8.0 vs. 8.1) in 2025.

Figure 38: Value for money: Care, advice or treatment - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Optometrist	71%	67%	75%	87%	74%	68%	67%	53%	57%	69%	74%	81%	79%	68%	85%	75%
Pharmacy	66%	64%	72%	69%	70%	63%	55%	49%	52%	63%	69%	85%	75%	59%	76%	63%
Hospital (private)	64%	61%	77%	75%	67%	62%	29%	71%	40%	67%	50%	95%	67%	58%	57%	50%
Specialist doctor	62%	60%	63%	71%	64%	60%	46%	59%	34%	44%	67%	80%	71%	60%	84%	55%
Hospital (public)	61%	59%	58%	73%	59%	63%	44%	50%	55%	65%	70%	76%	63%	67%	56%	70%
General practitioner	60%	59%	59%	66%	67%	54%	38%	50%	49%	55%	64%	82%	66%	54%	63%	67%
Chiro/Osteo/Physio	58%	53%	60%	78%	53%	61%	50%	40%	48%	52%	61%	82%	80%	48%	50%	64%
Vet	57%	58%	67%	48%	55%	59%	58%	47%	33%	67%	50%	78%	44%	46%	50%	29%
Dentist	54%	52%	59%	64%	58%	51%	47%	50%	41%	43%	56%	75%	66%	49%	75%	41%
Psychologist/psychiatrist	48%	46%	60%	46%	46%	49%	45%	55%	57%	30%	54%	67%	36%	57%	63%	44%

Many also said they would derive more value from longer appointment times, and for practitioners to be more thorough, offer better advice and fix their problems. Greater efficiency was also a common thread with many highlighting reduced wait times for appointments, more availability, being on time and online booking systems. Some said practitioners could offer them better value for money just by listening to them, being more attentive and caring.



What health practitioners could do to offer better value for money...

“Pay attention to me. Listen to me and hear me. Read my notes prior to my attending and know my history. Allow me to be in control of my healthcare.”

“Dentist could be a lot cheaper! They make in 10 minutes what it takes me a day to earn. They should also provide loyalty discounts for long-term patients.”

“Give me things to read afterwards and things I can do in the meantime. If it's affordable, then I'm more likely to go frequently and get more out of it.”

“My doctor is wonderful, he listens, supports and understands me and never looks at his watch to get me out the door. He just needs to clone himself!”

“Fix the problem. So many practitioners just charge the fee, but never really fix the problem. Particularly annoying is when a problem just gets better anyway, regardless of seeing the doctor. But you still pay for it.”

“I was billed for time the vet spent playing with my dog. I just needed a new prescription and had to pay a consultation fee. No medical activity occurred, just play time.”

“Take more interest in the individual instead of rushing everyone through as quickly as possible.”

“Give more detailed information and respect the knowledge and intelligence that the patient may already have.”

“It always seems too rushed and textbook. More personalised care and a deeper attempt to understand needs and concerns would be good. A more holistic approach to health would also help.”

“It would be great to be able to get appointments within a reasonable timeframe and not be placed on a 6-month waiting list.”

“I booked a double appointment to deal with many issues only to spend less than 10 minutes with my issues left unsolved or treated.”

“Don't try to upsell everything (dentist). A quick 5-minute appointment shouldn't be charged the same as 30 minute one.”

“Have a payment plan with easier requirements to apply.”



Chapter 9:

**Do health practitioners
listen to and care for
their patients?**

Patients highly value being listened to by their health practitioners. They want to be taken seriously, heard and understood. To patients, actively listening is also important for practitioners for gathering accurate clinical data, diagnosis and choosing the right treatments. Beyond this, listening can foster stronger practitioner-patient relationships. In this section, we explore the extent Australians who visited health practitioners in the past year felt they were listened to, involved in the decisions about their care, and able to express their concerns and questions without being rushed.

The 2025 survey found that Australians felt more heard than last year by most practitioners, with most also being scored quite high. Chiropractors, osteopaths or physiotherapists led the way and scored higher in 2025 (8.4 vs. 7.9 in 2024), overtaking optometrists who also improved (8.3 vs. 8.1). They were followed by vets (8.1 vs. 8.0), pharmacy (unchanged at 8.0), specialist doctors (7.9 vs. 7.6), dentists (7.9 vs. 7.7), psychologists or psychiatrists (7.9 vs. 7.4), GPs (7.6 vs. 7.5) and private hospitals (unchanged at 7.6). Public hospitals were scored lowest and declined slightly from the previous year (7.1 vs. 7.2).

We did, however, note some differences in key groups. Across the regions, people in rural areas scored specialist doctors (8.5) and private hospitals (9.3) somewhat higher, and those in regional cities rated public hospitals noticeably lower (6.5) compared to other regions. Responses did not vary materially by gender.

By age, older Australians tended to feel more strongly that they were listened to and included in their care decisions without being rushed, with GPs (8.5) and public hospitals (8.1) in particular being scored much higher by those over 65 than by other age groups.

By income, the main differences related to lower income earners

Figure 39: Felt listened to and included in decisions about your care without being rushed (score)

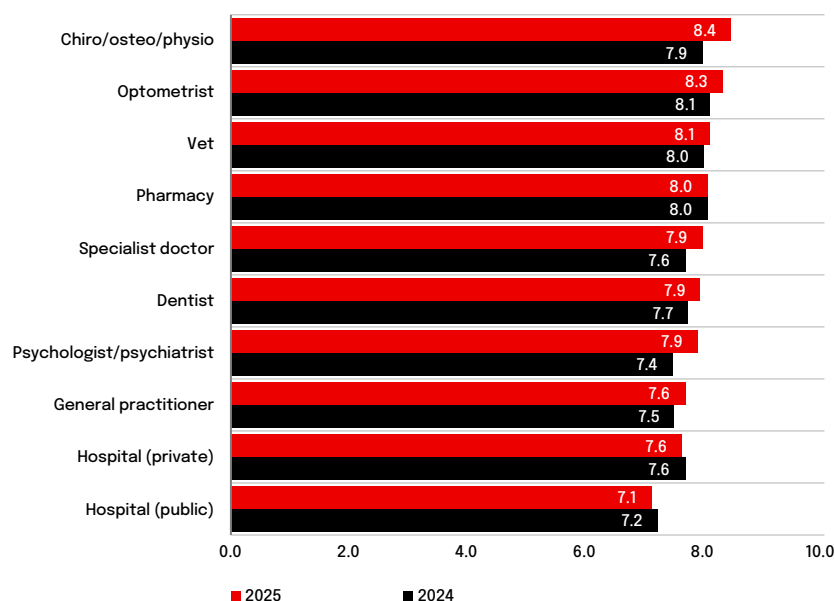
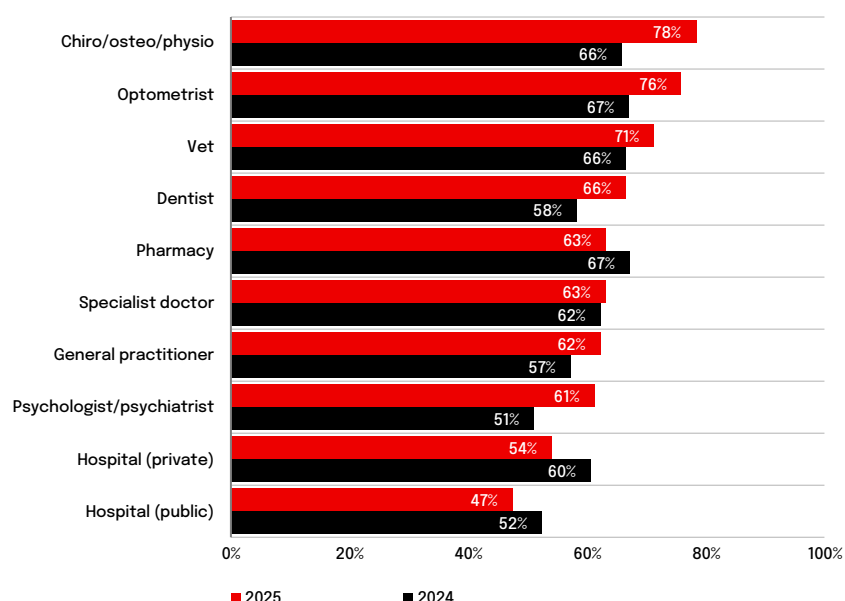


Figure 40: Felt listened to and included in decisions about your care without being rushed (high)



feeling they were being better heard by pharmacies (8.5 vs. 7.7), specialist doctors (8.4 vs. 7.7) and psychologists or psychiatrists (8.5 vs. 7.9), and in the higher income group by private hospitals (7.8 vs. 7.0).

We did not see any major differences among NDIS participants against the Australian average, nor within the LGBTQI+ community except for vets, who scored much lower than the Australian average (7.0 vs. 8.1).

The average score masks the fact that a very large numbers of Australians said that practitioners were 'completely' listening to them (scored 8+). This also ranged more widely from almost 8 in 10 for chiropractors, osteopaths or physiotherapists (78%), 3 in 4 optometrists (76%), 7 in 10 vets (71%), 2 in 3 dentists (66%), pharmacies (63%) and specialist doctors (63%), 6 in 10 GPs (62%) and psychologists

or psychiatrists (61%) to around 1 in 2 private (54%) and public hospitals (47%).

Among some of the bigger differences across regions, the 2025 survey found a much higher number in rural areas felt they were completely heard by psychologists or psychiatrists (77%) and private hospitals (75%), but much lower numbers in regional cities by chiropractors, osteopaths or physiotherapists (68%) and in capital cities specialist doctors (59%). By gender, the biggest differences were being heard by GPs (68% men; 57% women) and private hospitals (58% men; 50% women).

A significantly higher number of over 65s told us they felt completely heard by most practitioners, especially pharmacies (83%), GPs (79%) and psychologists or psychiatrists (83%) than in other age groups. In contrast, we counted a much lower number of

18-24 year olds who felt completely heard by pharmacies (38%), 25-34 year olds by optometrists (44%) and public hospitals (26%) and by 35-44 year olds by specialist doctors (34%) and psychologists or psychiatrists (36%).

Considerably more people in the higher income group felt completely listened to by private hospitals (55% vs. 33%) and psychologists or psychiatrists (74% vs. 64%) but in lower income group by specialist doctors (73% vs. 57%) and pharmacies (71% vs. 59%).

NDIS participants, reported well below average numbers did not feel completely listened to by vets (50% vs. 71%). Participants from the LGBTQI+ community scored psychologists or psychiatrists (78% vs. 61%) and chiropractors, osteopaths or physiotherapists (91% vs. 78%) much higher than the Australian average, but vets well below average (57% vs. 71%).

Figure 41: Listening to patients - score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	8.4	8.4	8.2	8.7	8.2	8.6	8.4	7.6	8.2	8.5	8.8	8.8	8.4	8.2	8.5	8.3
Optometrist	8.3	8.2	8.5	8.6	8.4	8.2	7.6	7.3	7.8	8.5	8.4	8.7	8.3	8.3	8.3	7.8
Vet	8.1	8.1	8.3	7.8	7.8	8.2	7.6	7.5	7.3	8.6	8.3	8.6	8.6	7.8	7.7	7.0
Pharmacy	8.0	8.0	8.1	8.1	8.2	7.9	7.2	7.2	7.7	7.9	8.2	8.8	8.5	7.7	8.1	7.9
Specialist doctor	7.9	7.8	7.9	8.5	8.0	7.9	7.4	7.6	7.1	6.9	8.2	8.7	8.4	7.7	8.0	7.9
Dentist	7.9	7.8	7.8	7.8	7.9	7.9	7.4	7.5	7.6	7.6	8.1	8.6	8.2	7.8	7.9	7.4
Psychologist/psychiatrist	7.9	7.8	7.7	8.2	7.8	7.9	8.0	7.7	6.9	8.0	8.3	8.8	8.5	7.9	8.0	8.4
General practitioner	7.6	7.6	7.5	8.0	7.8	7.5	7.3	7.2	7.1	7.4	7.7	8.5	7.8	7.4	7.8	7.7
Hospital (private)	7.6	7.5	7.7	9.3	7.8	7.4	7.0	7.4	6.7	7.7	8.0	8.5	7.0	7.8	7.6	7.3
Hospital (public)	7.1	7.0	6.5	7.9	7.2	7.0	6.7	6.4	6.7	6.7	7.3	8.1	7.4	7.3	7.0	7.0

Survey participants were asked to tell us in their own words what health practitioners could do to make them feel more listened to and included in decisions about their care. Most conveyed the message they don't want to be rushed and want to have longer appointment times. They want to be listened to with care and empathy, and for their practitioners to be patient with them. Many also told us that having things explained better, in more detail and in language that was simpler and easy to understand would make them feel better. They want to be included in the process and any decisions made. Practitioners should respond to their requests and questions and follow up with them. Some also intimated they wanted health practitioners to be more supportive and open toward alternative treatments.

Feeling cared for as a person and not just a health condition by health practitioners can help foster trust and adherence to treatment plans, leading to improved health outcomes and higher patient satisfaction. Acknowledging and addressing patient concerns demonstrates that health practitioners see each of their patients as individuals with unique needs.

When Australians were asked again in 2025 to score the extent they felt cared for as a person by health practitioners, most scored very well, though scores ranged somewhat across practitioner groups. It was also noteworthy that Australians felt more cared for than last year by most practitioners, except for private hospitals and pharmacy (which scored lower) and vets and public hospitals (which remain unchanged).

Australians felt more heard than last year by most practitioners, with most also being scored quite high.

Figure 42: Listening to patients - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	78%	79%	68%	83%	76%	80%	79%	52%	76%	80%	87%	88%	70%	74%	75%	91%
Optometrist	76%	73%	81%	85%	79%	73%	58%	44%	59%	78%	82%	89%	79%	77%	77%	76%
Vet	71%	75%	67%	62%	70%	71%	58%	58%	53%	88%	69%	89%	67%	65%	50%	57%
Dentist	66%	66%	66%	69%	67%	66%	52%	59%	61%	54%	78%	82%	72%	65%	69%	59%
Pharmacy	63%	62%	66%	64%	67%	60%	38%	43%	55%	61%	70%	83%	71%	59%	65%	59%
Specialist doctor	63%	59%	69%	74%	67%	60%	42%	48%	34%	41%	78%	84%	73%	57%	63%	68%
General practitioner	62%	61%	63%	69%	68%	57%	48%	54%	50%	57%	70%	79%	63%	57%	69%	61%
Psychologist/psychiatrist	61%	58%	60%	77%	61%	61%	68%	60%	36%	65%	62%	83%	64%	74%	63%	78%
Hospital (private)	54%	54%	46%	75%	58%	50%	43%	36%	40%	67%	70%	65%	33%	55%	43%	50%
Hospital (public)	47%	47%	45%	50%	51%	44%	33%	26%	38%	50%	55%	71%	53%	47%	50%	60%

What health practitioners could do to make you feel listened to and included...

“Allow me to speak and tell you where I’m at, then allow me to be a part of an action plan moving forward.”

“I feel like they should give me all their attention and try to help me feel comfortable enough to open up to them.”

“When initial concerns are brought up that you are seeing other practitioners for other concerns, the GP should take this seriously and do their own check ins also and not just go off word of mouth.”

“Actually ask questions and don’t brush off problems as normal or part of ageing. Care about what I have to say and don’t rush me out so you can just see as many patients as possible.”

“Look towards me when talking to me, not simply staring at their computer while writing notes and charts. Take a few seconds to look at me not only as a patient but as a person.”

“Not be rushed. Ask me some clarifying questions so I feel like you’re paying attention and thinking about my concerns rather than how to quickly to band aid it.”

“Ask more about my opinion, how I feel about the course of treatment, is it working for you? Why or why not? How would these options suit? What would you feel comfortable with? Are these affordable for you?”

“Speak better English. Write notes and speak slowly.”

“Extend the duration of appointment. Sometimes it’s hard to discuss a complicated issue in just 10 minutes.”

“Not judging me for my lifestyle choices, act like they care about my concerns not just dismiss them and stare at the screen. I now have an aversion to getting medical care because of this treatment.”

“Be more holistic in the care and coordinate with other providers.”

“By asking how I feel about certain treatment plans and recommending books or articles to read so I feel included in my treatment.”

Figure 43: Felt cared for as a person (score)

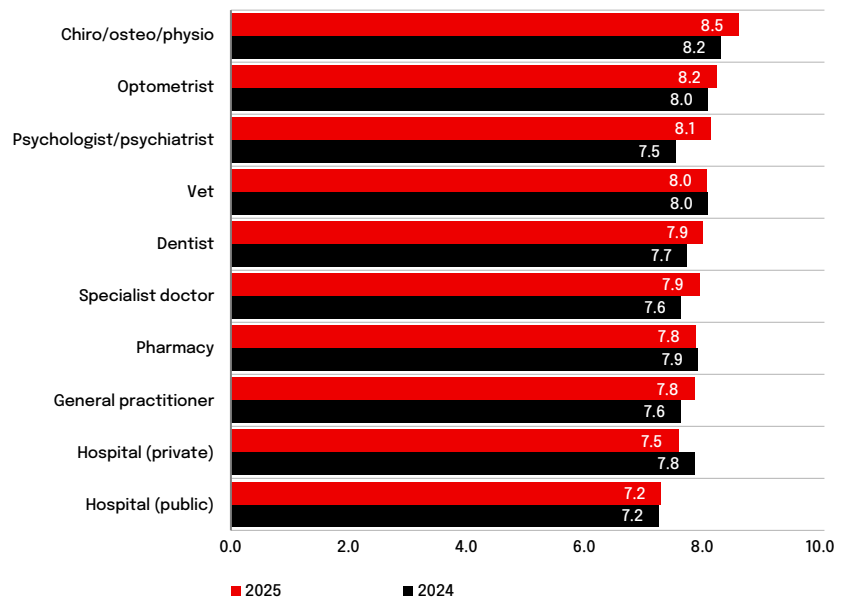
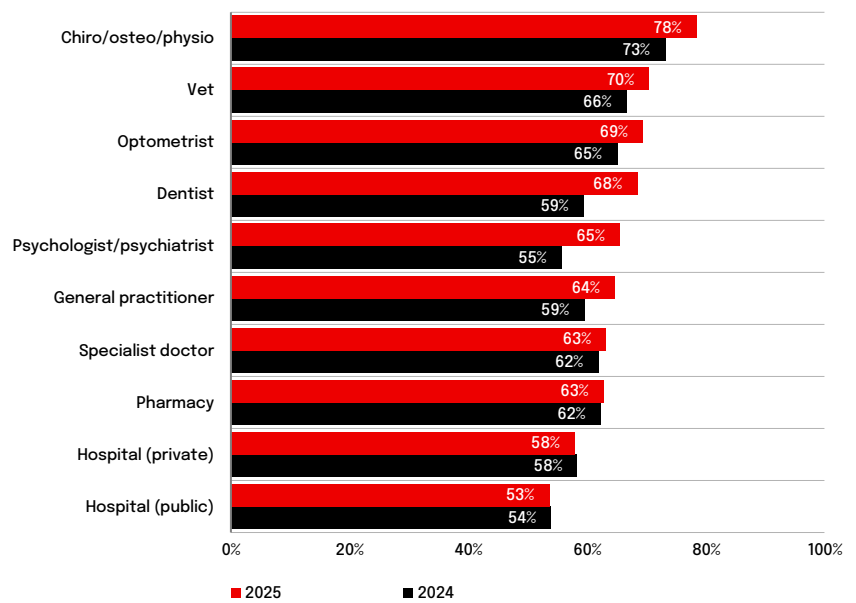


Figure 44: Felt cared for as a person (high)



Chiropractors, osteopaths or physiotherapists again came out on top, scoring a higher 8.5 out of 10 (with 10 meaning they felt completely cared for), up from 8.2 in 2024. Optometrists were next (8.2 vs. 8.0), followed by psychologists or psychiatrists (up noticeably to 8.1 from 7.5), vets (unchanged at 8.0), dentists (7.9 vs. 7.7), specialist doctors (7.9 vs. 7.6), pharmacy (7.8 vs. 7.9), GPs (7.8 vs. 7.6), private hospitals (7.5 vs. 7.8) and public hospitals (unchanged at 7.2).

A large number of Australians also scored the extent they felt cared for 'completely' (scored 8+). We also recorded much higher numbers who felt completely cared for by chiropractors, osteopaths or physiotherapists (78% vs. 73% in 2024), vets (70% vs. 66%), optometrists (69% vs. 65%), dentists (68% vs. 59%), psychologists or psychiatrists (65% vs.

55%), GPs (64% vs. 59%) and specialist doctors (63% vs. 62%). It was unchanged for private hospitals (58%) and lower for public hospitals (53% vs. 54%).

Perceptions of care did not vary significantly across regions, except for specialist doctors (8.6) and private hospitals (9.3), which scored somewhat higher in rural areas, and public hospitals somewhat lower in regional cities (6.6). We did not observe any major differences in feelings of care between women and men.

Australians over the age of 65 rated the extent they felt cared for highest for all practitioner groups, particularly public hospitals (8.2) and GPs (8.5). In contrast, 35-44 year olds felt noticeably less cared about as people by vets (6.9) and along with 45-54 year olds psychologists or psychiatrists compared to other age groups (7.5).

Income was not an overly important determinant, with lower and higher income groups scoring the extent they felt cared for about the same for most practitioners except pharmacy, which scored much higher in the lower income group (8.5 vs. 7.5).

NDIS participants scored the extent they felt cared for somewhat above the Australian average for pharmacies (8.4 vs. 7.8) and public hospitals (7.9 vs. 7.2). Those who identified as LGBTQI+ scored feelings of being cared about as a person basically in line with Australian averages for all practitioners, except vets who they scored somewhat below average (7.1 vs. 8.0) – see table below.

The survey also revealed much higher numbers in rural areas who felt completely cared for by chiropractors, osteopaths or physiotherapists (87%), optometrists (87%) and private (75%) and public hospitals (73%), and in regional

Figure 45: Cared for as a person - score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	8.5	8.5	8.3	8.8	8.4	8.7	8.3	8.2	8.2	8.6	8.8	8.9	8.8	8.4	8.3	8.8
Optometrist	8.2	8.0	8.4	8.7	8.4	8.0	8.0	7.6	7.8	7.8	8.2	8.6	8.5	8.0	8.5	8.2
Psychologist/psychiatrist	8.1	8.0	8.0	8.5	7.9	8.1	8.4	8.3	7.5	7.5	8.6	8.7	8.5	8.0	8.4	8.4
Vet	8.0	8.0	8.7	7.5	8.0	8.0	7.9	7.7	6.9	8.3	8.4	8.6	7.4	7.8	7.7	7.1
Dentist	7.9	7.9	8.0	8.1	8.1	7.8	7.5	7.8	7.7	7.6	8.0	8.6	8.1	7.8	8.4	7.9
Specialist doctor	7.9	7.7	7.9	8.6	8.0	7.8	7.4	7.7	7.2	6.9	8.2	8.5	8.1	7.7	8.2	7.9
Pharmacy	7.8	7.7	7.9	8.0	8.0	7.6	7.1	7.2	7.5	7.5	8.0	8.5	8.5	7.5	8.4	7.6
General practitioner	7.8	7.8	7.6	8.0	8.0	7.6	7.6	7.5	7.3	7.5	7.8	8.5	7.9	7.6	7.9	8.0
Hospital (private)	7.5	7.4	7.7	9.3	7.8	7.3	7.3	7.6	6.4	7.5	7.7	8.3	7.8	8.0	7.7	7.0
Hospital (public)	7.2	7.2	6.6	8.1	7.3	7.1	6.7	6.9	6.8	6.8	7.2	8.2	7.7	7.3	7.9	7.0

cities vets (92%), particularly when compared to rural areas (57%). Men valued care more highly than women for all practitioners except chiropractors, osteopaths or physiotherapists (83% vs. 71%) and psychologists or psychiatrists (67% vs. 61%).

More Australians over the age of 65 felt completely cared for by most practitioners, particularly pharmacies (80%), whereas far fewer 35-44 year olds felt completely cared for by GPs (48%). Far more people in the lower than higher income group felt completely cared about by chiropractors, osteopaths or physiotherapists (93% vs. 77%) but far fewer by private hospitals (50% vs. 65%) and vets (44% vs. 65%).

Above average numbers of NDIS participants felt completely cared for by all practitioners except chiropractors, osteopaths or physiotherapists (75% vs. 78%) and vets (67% vs. 70%). In the LGBTIQ+

group, we noted significantly lower than average numbers who felt cared about as people by private hospitals (25% vs. 58%) and vets (57% vs. 70%).

Survey participants were asked to tell us in their own words what health practitioners could do to make them feel more cared for. The majority said listening and being more attentive, showing more empathy, being less judgmental and more personal mattered to them. They want their health practitioner to take more time with them and provide longer appointments. Following up, asking more questions and providing more explanation would make them feel their practitioner cares about them. Several also said they would feel more cared if their practitioner worked with them and involved them more, as well being on time, readily available and responded to their questions.

Chiropractors, osteopaths or physiotherapists led the way and scored higher in 2025.

Figure 46: Cared for as a person - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	78%	79%	68%	87%	71%	83%	71%	72%	72%	72%	84%	88%	93%	77%	75%	91%
Vet	70%	70%	92%	57%	79%	67%	67%	58%	47%	88%	69%	83%	44%	65%	67%	57%
Optometrist	69%	65%	73%	87%	72%	67%	67%	47%	51%	60%	78%	81%	79%	66%	85%	75%
Dentist	68%	66%	75%	76%	70%	67%	57%	64%	66%	57%	74%	80%	72%	64%	75%	74%
Psychologist/psychiatrist	65%	63%	73%	69%	61%	67%	73%	70%	50%	55%	69%	83%	64%	66%	75%	72%
General practitioner	64%	64%	63%	72%	69%	60%	54%	60%	48%	58%	70%	82%	65%	60%	69%	61%
Specialist doctor	63%	59%	67%	77%	68%	59%	46%	56%	41%	53%	72%	77%	68%	58%	68%	68%
Pharmacy	63%	60%	66%	67%	68%	59%	45%	52%	52%	62%	62%	80%	71%	59%	71%	59%
Hospital (private)	58%	57%	54%	75%	64%	52%	43%	64%	33%	67%	60%	70%	50%	65%	64%	25%
Hospital (public)	53%	50%	45%	73%	57%	51%	33%	41%	34%	50%	70%	79%	65%	53%	63%	60%

What health practitioners could do to make you feel more cared for...

“Be calm while speaking to me, no matter how quiet I am. Some people suffer with trust issues.”

“Have a secondary waiting area for patients who need to be alone when emotionally distressed rather than having to sit in general waiting area.”

“Understand my anxieties and listen. At the moment I have a good GP, but have had incredibly dismissive doctors in the past, resulting in my reluctance to trust or visit GPs.”

“I felt cared for at the pharmacy because the pharmacist actually knows me and has done for many years.”

“If the doctors remembered us.”

“Ask me more about my health and my goals and concerns are relating to both my physical health and mental health.”

“Ensure that I’m getting proper follow-up treatment. However this is difficult for the specialist as I’m on the waiting-list as a public patient.”

“Listen to my concerns without judgement. Stop rushing treatment and take the time to be caring and empathetic.”

“Take time to hear the full story. A patient needs to be provided and given time for their questions to be appropriately answered. The 10-15 minutes currently being forced upon patients is depriving them of being able to explain and report issues that can seriously affect and impact what doctors advise and prescribe.”

“Find out more about my emotional and mental health status not just my physical health.”

“Listen, hear, understand and offer clear responses. Talk to me, prescribe if needed, and make verbal comments instead of just typing on computer.”

“Provide solutions, not rushing the appointment through. Bulk bill if we are only allowed 5 minutes for the appointment.”

“Involve me in the conversation so I feel heard not just seen in 10 minutes and your times up.”

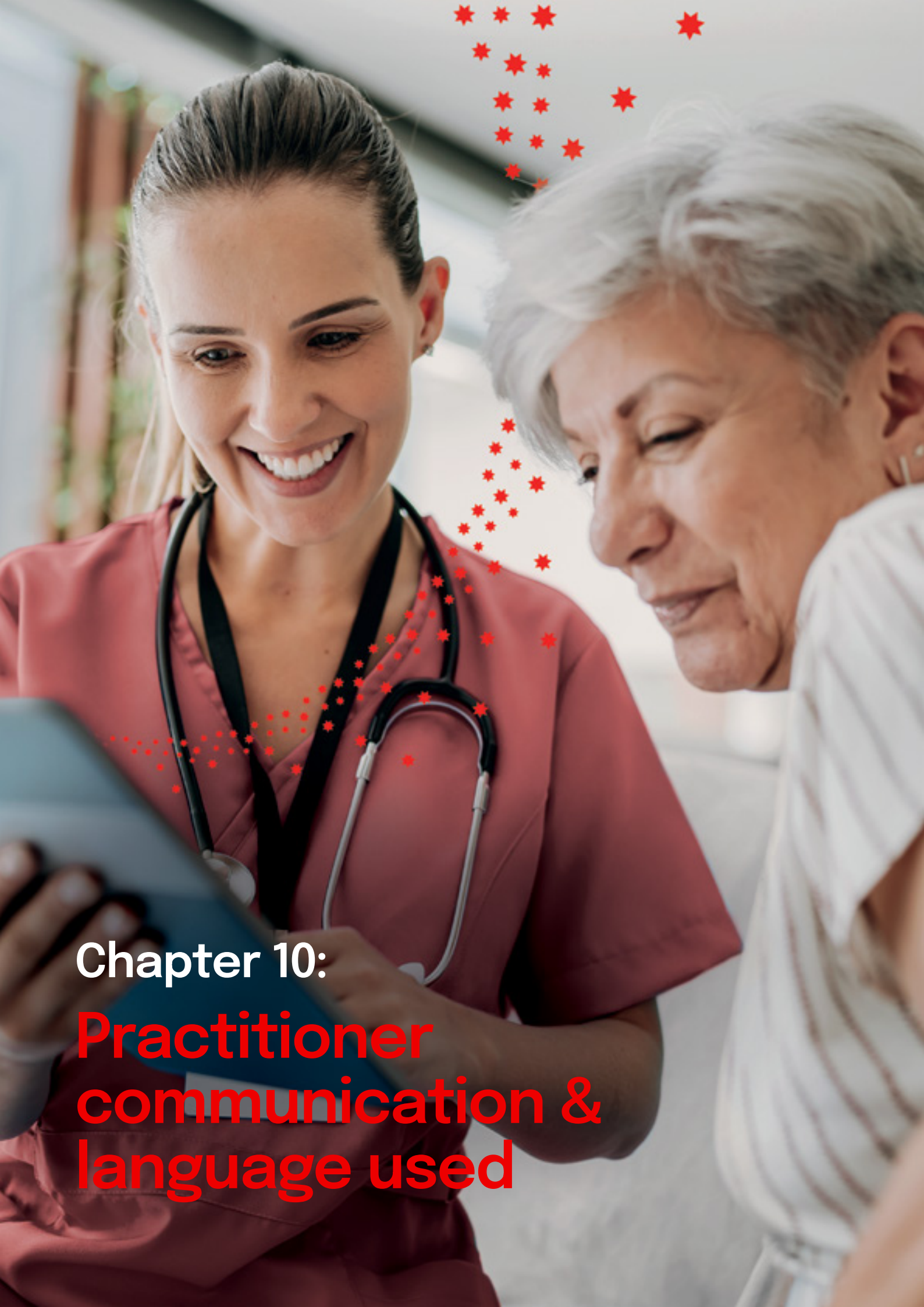


“Optometrist could take more time to explain options rather than fobbing me off to their assistant.”

“Remind me periodically when tests or check-ups are needed and be able to be contacted by phone or e-mail when some questions come up.”

“Optometrists seem to be a bit like a conveyer belt. Once they’ve done their check and sold you new glasses, that’s it until your next check-up. Maybe they could contact you for a follow up to see how you are doing and if you have any issues.”

“Address my health concerns properly rather than brushing it off with rest more and have more fluids or dismiss me by telling me I’m just anxious.”
Listen to my concerns.”



Chapter 10:

**Practitioner
communication &
language used**

Health practitioners are encouraged to use clear and plain language when dealing with their patients and avoid using complex medical terms to help them fully understand any information they are given and treatment plans. This includes using simple language and avoiding complex terms, and making sure patients understand what is being communicated.

Practitioners need to also consider their patient's age, cultural background and any other special communication needs (e.g. non-English speakers may need an interpreter or a family member or friend to help them understand). Good communication is very important for patients because it helps them make informed decisions that are right for them.

In this section, we explore the extent Australians feel everything was explained to them about the problem or conditions, the medications, follow up instructions and in language they could understand.

Overall, practitioners scored very well in this area. Chiropractors, osteopaths or physiotherapists again scored highest in 2025 at 8.6 out of 10 (10 is completely), up from 8.4 in 2024. Optometrists scored next highest (8.5 vs. 8.2) followed by vets (8.4 vs. 8.3), pharmacy (unchanged at 8.2), dentists (8.2 vs. 8.0), specialist doctors (8.0 vs. 7.9), GPs (8.0 vs. 7.8) and psychologists or psychiatrists (7.9 vs. 7.6), with all

of these practitioners also scored higher or unchanged from 2024. Public (7.4 vs. 7.5) and private hospitals (7.7 vs. 7.8) scored lowest in 2025 and were also the only practitioners to score lower than in 2024.

However, when we counted the number who scored the extent they felt everything was explained to them 'completely' (scored 8+), this ranged more widely from 8 in 10 chiropractors, osteopaths or physiotherapists (80% vs. 78% in 2024) and optometrists (79% up considerably from 70% in 2024) to just over 1 in 2

Chiropractors, osteopaths or physiotherapists again scored highest in 2025.

Figure 47: Extent everything explained to you in a language you could understand (score)

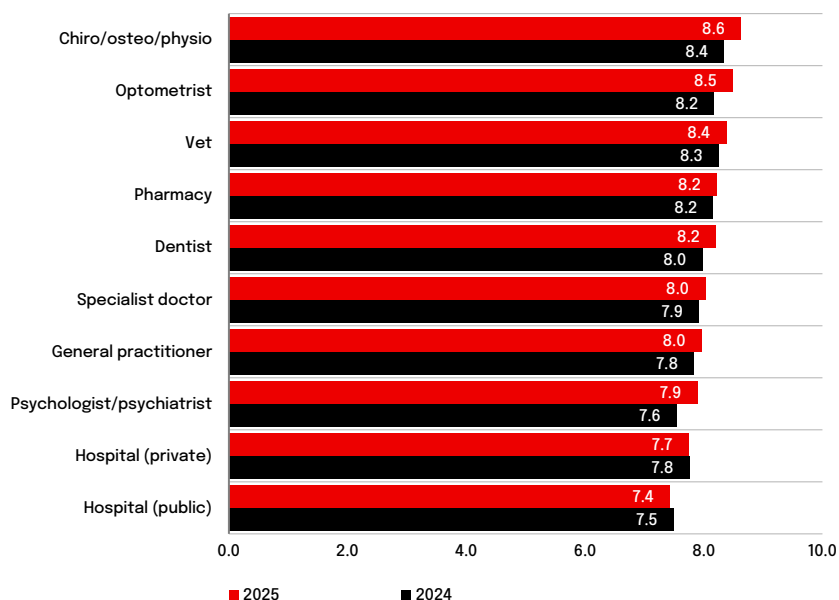


Figure 48: Extent everything explained to you in a language you could understand (high)

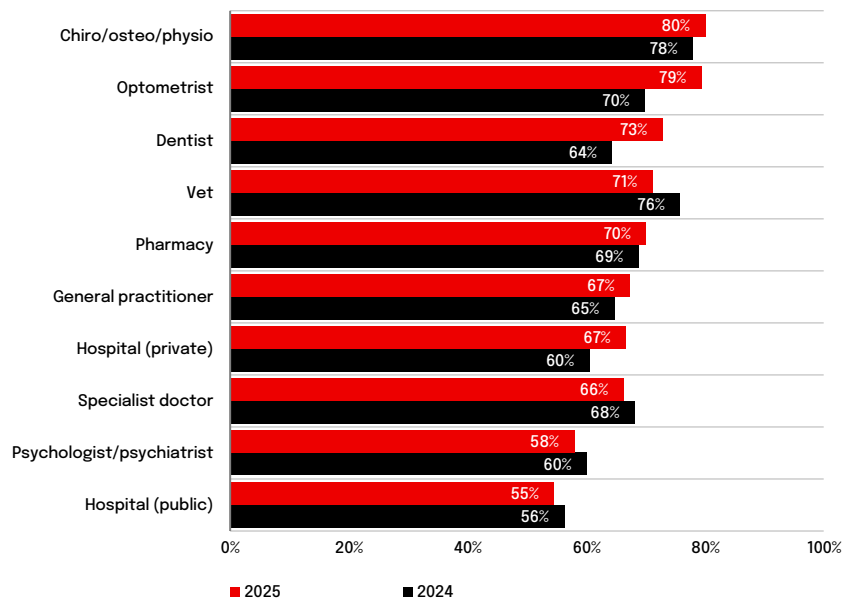


Figure 49 : Cared for as a person - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	8.6	8.5	8.7	9.0	8.4	8.8	8.5	8.4	8.5	8.4	8.7	9.1	8.5	8.5	8.3	9.0
Optometrist	8.5	8.4	8.6	9.0	8.7	8.3	8.4	7.8	8.1	8.4	8.8	8.7	8.9	8.5	8.7	8.9
Vet	8.4	8.4	8.5	8.3	8.4	8.4	7.9	7.9	8.3	8.4	8.9	8.7	8.3	8.3	7.7	8.5
Pharmacy	8.2	8.2	8.3	8.2	8.4	8.1	7.7	7.8	7.8	8.0	8.6	8.8	8.6	8.0	8.4	8.7
Dentist	8.2	8.3	7.9	8.3	8.2	8.2	7.9	8.0	7.9	7.9	8.7	8.6	8.4	8.2	8.4	8.1
Specialist doctor	8.0	7.9	8.0	8.6	8.0	8.0	7.5	8.1	7.5	6.7	8.7	8.5	8.3	8.0	8.4	8.0
General practitioner	8.0	7.9	7.9	8.1	8.1	7.8	7.8	7.6	7.5	7.7	8.1	8.5	7.9	7.9	7.9	8.2
Psychologist/psychiatrist	7.9	7.8	7.8	8.5	7.2	8.2	8.1	7.8	7.6	7.6	8.4	8.2	8.0	8.0	7.6	8.2
Hospital (private)	7.7	7.6	7.8	9.5	8.1	7.4	7.4	7.9	6.4	8.1	8.1	8.4	7.2	8.0	7.6	8.5
Hospital (public)	7.4	7.2	7.2	8.3	7.7	7.2	7.4	6.9	7.1	6.9	8.0	8.1	7.9	7.5	7.9	7.0

Older Australians were typically more positive about the extent things were explained to them for most practitioners.

for public hospitals (55% down from 56%) and 6 in 10 for psychologists or psychiatrists (58% down from 60%). The 2025 survey also revealed considerably higher numbers of Australians who also said that their dentist (73% vs. 64%) and private hospitals (67% vs. 60%) explained everything completely compared to last year.

Perceptions about the way things were explained by their practitioners in 2025 did, however vary in key groups. People in rural areas scored their experiences clearly higher with psychologists or psychiatrists (8.5), and private (9.5) and public hospitals (8.3). Women scored psychologists or psychiatrists much higher than men (8.2 vs. 7.2) but men private hospitals (8.1 vs. 7.4).

Older Australians were typically more positive about the extent things were explained to them

for most practitioners. We did however note much lower scores assigned to specialist doctors by 45-54 year olds (6.7) and to private hospitals by 35-44 year olds (6.4).

The higher income group valued the explanations they received from private hospitals much higher than the lower income group (8.0 vs. 7.2). NDIS participants scored all practitioners basically in line with the national average, as did those who identified as LGBTQI+, except private hospitals which they scored well above average (8.5 vs. 7.7).

More people in rural areas said most practitioners explained things to them completely than in other regions (particularly private hospitals - 100%), except for vets which was much lower (57%). A much higher number of men said public hospitals (61% vs.

Figure 50: Extent everything explained to you and in a language you could understand - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	80%	80%	72%	87%	77%	82%	86%	72%	72%	64%	87%	94%	80%	78%	75%	82%
Optometrist	79%	76%	83%	91%	83%	77%	79%	59%	62%	72%	89%	87%	91%	78%	92%	88%
Dentist	73%	73%	68%	82%	74%	72%	59%	64%	63%	63%	88%	86%	75%	71%	75%	71%
Vet	71%	73%	83%	57%	73%	70%	50%	68%	60%	71%	88%	83%	67%	67%	50%	57%
Pharmacy	70%	69%	75%	68%	74%	67%	55%	60%	55%	66%	80%	84%	77%	66%	59%	76%
General practitioner	67%	66%	69%	72%	71%	64%	63%	60%	50%	63%	75%	82%	69%	64%	63%	69%
Hospital (private)	67%	67%	54%	100%	72%	62%	57%	71%	47%	75%	70%	75%	33%	71%	57%	50%
Specialist doctor	66%	65%	65%	77%	69%	64%	46%	56%	47%	44%	81%	83%	78%	62%	79%	62%
Psychologist/psychiatrist	58%	54%	60%	77%	46%	63%	73%	50%	43%	55%	62%	67%	64%	57%	75%	72%
Hospital (public)	55%	51%	52%	70%	61%	49%	44%	35%	45%	60%	70%	71%	65%	58%	63%	50%

49%) and GPs (71% vs. 64%) explained things completely but more women psychologists or psychiatrists (63% vs. 46%). While more older Australians typically said all practitioners explained things completely, we counted much lower numbers of 18-24 year olds (50%) who said vets did and 35-44 year olds private hospitals (47%) and psychologists or psychiatrists (43%) did.

By far the biggest disparity by income was the much greater number in the higher income group who said private hospitals explained things completely than the lower income group (71% vs. 33%). NDIS participants who said vets explained things

completely was well below the Australian average (50% vs. 71%) but well above average for psychologists or psychiatrists (75% vs. 58%). In the LGBTQI+ group, well below average numbers said private hospitals (50% vs. 67%) and vets (57% vs. 71%) explained things completely, but a well above average number said psychologists or psychiatrists did (72% vs. 58%).

Survey participants were asked to tell us in their own words what health practitioners could do to help them better understand their advice and information. Speaking clear English, using simple language and layman's terms, and explaining things thoroughly emerged as the

key themes that would help them to better understand their health practitioners. Many also told us they wanted health practitioners to take more time, print out information and written instructions for them and provide them with online tools. Australians also want their health practitioners to listen to them. They want better advice and to be shown more empathy, openness and respect. They highly value practitioners who speak their language. And they want to ask questions and have them answered. Follow up was also something they could do to help their patients better understand them.

What health practitioners could do to help you better understand them...

“They could be more specific and detailed, maybe use scientific details and visuals.”

“Give me treatment options and explain thoroughly the different options, benefits and side effects.”

“Gain an understanding of the patient’s knowledge on the topic and adjust accordingly.”

“Explain why they’re doing the things they’re doing. If there’s an information sheet or some collection of relevant information that’s connected to my issues, let me know about it.”

“I want them to be able to explain complicated medical terminology in plain English and always check that I have understood what they have told me. I also want them to be Australian and speak good English.”

“I think sitting and discussing the issue and then giving us written information would help. Often I get handed a leaflet with no discussion.”

“Provide me with respect and be honest with the results of test or scans.”

“Language translators and doctors reading the history before an appointment will make a big difference.”



Chapter 11:

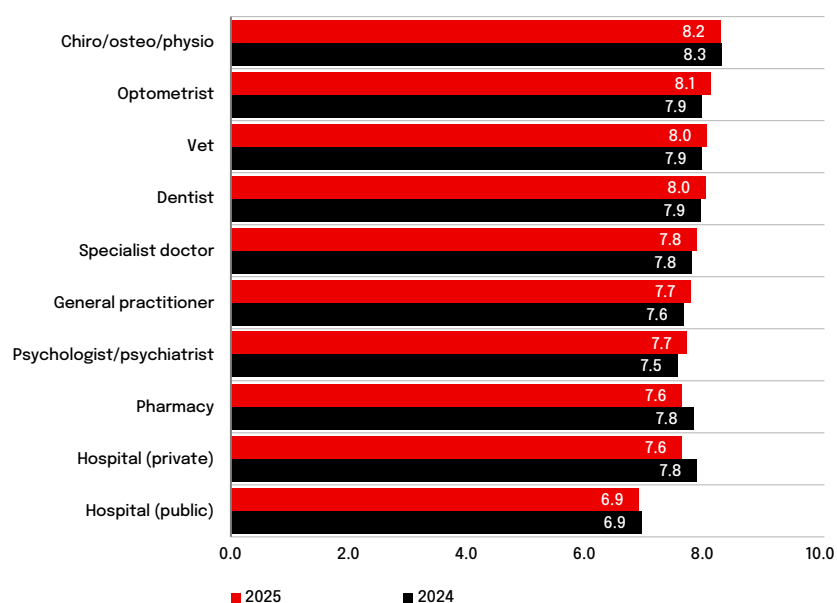
**Overall practice
environment**

There is abundant research available that the built environment, including the ambience of rooms, patient facilities, comfortable seating, friendly staff and other aspects of the healthcare setting, exert significant effects on patients and improve overall healthcare quality. An enhanced environment is often associated with improvements in patients' perception of patient-doctor communication, reduction in anxiety and increases in patient satisfaction.

When Australians were asked to rate the overall environment of the practitioners they visited over the past year, we found little material change since 2024 with most practitioners still scored very well in 2025. Chiropractors, osteopaths or physiotherapists again scored highest but marginally lower in 2025 (8.2 vs. 8.3 in 2024), ahead of optometrists (8.1 vs. 7.9). Dentists were next (8.0 vs. 7.9), followed by vets (8.0 vs. 7.9), specialist doctors (unchanged at 7.8), GPs (7.7 vs. 7.6), psychologists or psychiatrists (7.7 vs. 7.5), pharmacies (7.6 vs. 7.8) and private hospitals (7.6 vs. 7.8). The overall environment for public hospitals was again scored more moderately at an unchanged 6.9.

Around 6 in 10 or more also scored the overall environment for most practitioners very high (8+), ranging from 75% for chiropractors, osteopaths or physiotherapists to 58% for psychologists or psychiatrists and private hospitals. In contrast, just over 4 in 10 (44%) rated the overall environment at public hospitals very high and lower than in 2024 (46% vs. 48%). In the 2025 survey, we also counted somewhat higher numbers who scored very high for dentists (71% vs. 65%), optometrists (69% vs. 64%), vets (68% vs. 59%) and GPs (63% vs. 68%), but a somewhat lower number for private hospitals (58% vs. 65%).

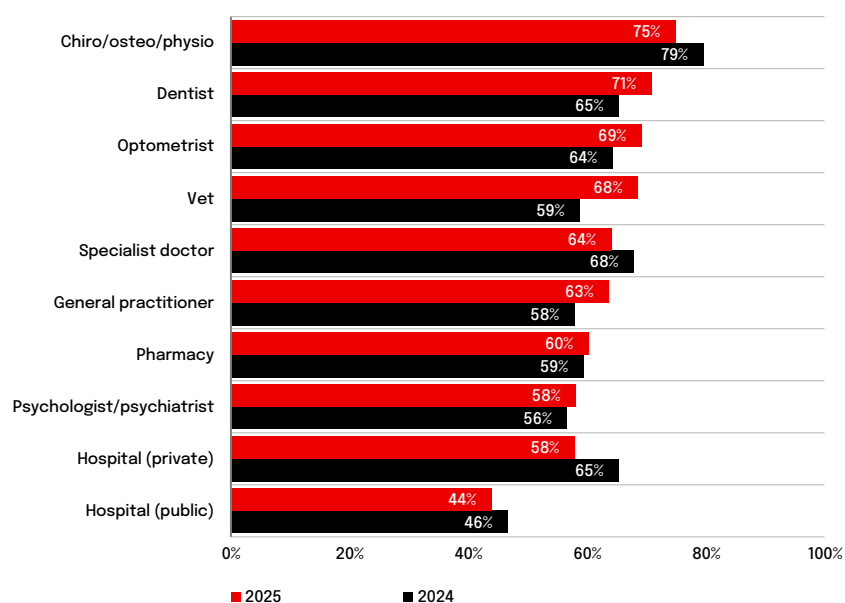
Figure 51: Overall environment (score)



In the regions, the overall environment was scored somewhat lower in capital cities for optometrists (7.9), and somewhat higher in rural areas for dentists (8.5) and private (9.5) and public hospitals (8.0). Women found the environment much more welcoming for psychologists or psychiatrists than men (7.9 vs. 7.1) but men rated the environment slightly better than women for private hospitals (7.8 vs. 7.4), GPs (7.9 vs. 7.5) and pharmacies (7.8 vs. 7.4).

Participants over 65 gave higher scores for the overall environment across all practitioner types, with two exceptions: vets, where the highest rating came from 45-54 year olds at 8.7, and dentists, where ratings were tied with 55-64 year olds and 65+ at 8.4. The gulf between over 65s and other age groups was widest for private (8.3) and public hospitals (8.1) and GPs (8.5). Perceptions of the overall environment for psychologists or psychiatrists were considerably lower among 45-54 year olds than in all other age groups (7.0).

Figure 52: Overall environment (high)



The lower income group scored the overall environment more positively than the highest income group for most practitioners.



Figure 53: Overall environment – score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	8.2	8.1	8.3	8.6	8.1	8.3	8.8	7.6	7.7	8.3	8.4	8.7	8.8	8.0	8.3	8.4
Optometrist	8.1	7.9	8.5	8.5	8.2	7.9	8.2	7.6	7.6	7.9	8.2	8.3	8.2	8.0	8.2	8.4
Dentist	8.0	8.0	8.0	8.5	8.1	7.9	8.0	7.7	7.8	7.6	8.4	8.4	8.4	8.0	8.5	8.2
Vet	8.0	8.0	8.4	7.7	7.9	8.0	7.8	7.4	7.5	8.7	7.9	8.2	8.8	7.8	7.0	8.1
Specialist doctor	7.8	7.7	8.1	8.3	8.0	7.8	7.1	7.5	7.3	7.1	8.1	8.4	8.2	7.8	8.5	7.6
General practitioner	7.7	7.7	7.8	7.9	7.9	7.5	7.4	7.3	7.2	7.4	7.9	8.5	8.0	7.5	8.3	7.7
Psychologist/psychiatrist	7.7	7.6	7.9	7.9	7.1	7.9	7.9	7.5	7.5	7.0	8.3	8.7	8.2	8.0	8.1	8.0
Pharmacy	7.6	7.5	7.9	7.7	7.8	7.4	7.0	7.2	7.0	7.3	7.8	8.3	8.2	7.3	8.4	7.8
Hospital (private)	7.6	7.4	7.8	9.5	7.8	7.4	7.3	7.7	7.1	7.1	7.4	8.3	6.3	7.9	7.2	7.5
Hospital (public)	6.9	6.5	6.7	8.0	7.0	6.7	5.9	6.4	6.2	6.0	7.5	8.1	7.7	6.7	7.4	7.9

The lower income group scored the overall environment more positively than the highest income group for most practitioners, particularly public hospitals (7.7 vs. 6.7), vets (8.8 vs. 7.8), chiropractors, osteopaths or physiotherapists (8.8 vs. 8.0) and pharmacies (8.2 vs. 7.3). An exception was private hospitals, where environment was scored better in the higher income group (7.9 vs. 6.3). NDIS participants scored the overall environment at pharmacies well above average (8.4 vs. 7.6) but vets well below (7.0 vs. 8.0). The LGBTQI+ group scored the overall environment for public hospitals well above the Australian average (7.9 vs. 6.9) – see table above.

By region, the number of Australians who scored environment very high was lowest (by some margin) in capital cities for optometrists (63%), specialist doctors (60%) and private (57%) and public hospitals (37%) and in rural areas for vets (52%). By gender, noticeably more men scored environment for GPs (68% vs. 59%), pharmacies (66% vs. 56%) and private hospitals (64% vs. 52%) very high, but women psychologists or psychiatrists (63% vs. 46%). By age, the most obvious outliers included a much lower number in the 25-34 age group have very high scores for chiropractors, osteopaths or physiotherapists (52%) and optometrists (41%) but a much higher number of over 65s who scored vets (78%), GPs (82%),

pharmacies (76%), psychologists or psychiatrists (100%) and private (75%) and public hospitals (69%) very high.

More people in the lower than higher income group scored overall environment high for nearly all practitioners, especially vets (89% vs. 63%) and chiropractors, osteopaths or physiotherapists (90% vs. 70%). Private hospitals were the exception, with many more in the higher income group scoring the environment high (68% vs. 17%). Far fewer NDIS participants scored private hospitals high when compared to the Australian average (29% vs. 58%). Australians who identified as LGBTQI+ scored well below average for private hospitals (25% vs. 58%) but well above average for public hospitals (70% vs. 44%).

Figure 54: Overall environment - high (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	75%	74%	68%	87%	73%	76%	86%	52%	62%	72%	84%	88%	90%	70%	75%	73%
Dentist	71%	69%	70%	84%	72%	69%	66%	61%	67%	58%	84%	80%	83%	70%	75%	68%
Optometrist	69%	63%	83%	83%	70%	68%	67%	41%	54%	66%	79%	77%	79%	67%	69%	75%
Vet	68%	70%	83%	52%	73%	66%	67%	58%	60%	83%	56%	78%	89%	63%	50%	57%
Specialist doctor	64%	60%	69%	77%	64%	63%	50%	44%	50%	56%	72%	77%	68%	63%	74%	59%
General practitioner	63%	62%	65%	69%	68%	59%	53%	54%	51%	55%	70%	82%	71%	59%	75%	61%
Pharmacy	60%	57%	68%	62%	66%	56%	46%	51%	49%	52%	66%	76%	71%	54%	65%	59%
Psychologist/psychiatrist	58%	55%	60%	69%	46%	63%	59%	50%	50%	45%	77%	100%	82%	71%	75%	67%
Hospital (private)	58%	57%	46%	100%	64%	52%	43%	71%	47%	33%	60%	75%	17%	68%	29%	25%
Hospital (public)	44%	37%	45%	63%	45%	43%	28%	29%	28%	40%	55%	69%	58%	40%	50%	70%

We asked survey participants to tell us what health practitioners could do to improve their overall practice environment. Most respondents said improvements could be made by making the space feel more homely, comfortable, and welcoming, and less clinical. Quite a few also mentioned the need for better, nicer and more modern or colourful décor with better along with more comfortable seating. They wanted practices to run on time and provide faster service, as well as to be friendlier and have more reception staff. Practice environments could be cleaner, more spacious, and less crowded, with the additions of magazines, drink and snack dispensers and TVs. Others suggested practices should be COVID safe with better airflow, be less cluttered and have better accessibility.



What health practitioners can do to improve overall practice environment...

“A fresh coat of paint and more natural light and air purifiers.”

“More facilities for children to keep them amused.”

“Ensure cleanliness at all times. Stop any music in the waiting room that is loud or jarring and have receptionists and other staff always be respectful to patients and patient with their queries.”

“Basic amenities such as tea or coffee should be provided when waiting times are longer than 30 minutes.”

“Better warmer lighting, preferably natural. Most of the clinic rooms are white light and gives off a cold feel.”

“Be COVID safe! Return to mandatory masking in all healthcare settings. Mandatory cancellation if you're sick, especially with COVID, and mandatory testing and protect the damn vulnerable!!!”

“Have a TV going with subtitles so we can watch while we wait.”

“Appointment wait times are sometimes really out of whack as its always late. I think better queuing systems are needed.”

“Why do dentists have the doors open so you can hear their machines. It's nerve racking!”

“Comfortable seating, especially in public hospitals and in the emergency waiting area considering it's common for people to be waiting for hours until they're seen.”

“Make it less crowded and more spacious to avoid bacteria spreading. More realistic appointment scheduling would also help a lot to avoid crowded waiting rooms and help stop people becoming frustrated and angry.”

“Comfortable seating, especially in public hospitals and in the emergency waiting area considering it's common for people to be waiting for hours until they're seen.”

“Have it more private. The pharmacy is a bit embarrassing. Everyone can look at you.”

“Make the waiting room appear less sterile. It's unsettling.”

“Stop playing blaring TV background noise and also stop playing very loud background radio noise.”

“Display of expected time until being seen.”



Chapter 12:

**Satisfaction with overall
quality of care, advice or
treatment received**

Patient satisfaction with the quality of care, advice or treatment received from health practitioners in the past 12 months remained very high for most practitioners in 2025. Pleasingly, it also improved (or was unchanged) for all practitioners except public hospitals (marginally lower).

Australians who visited health practitioners in 2025 expressed the highest satisfaction with chiropractors, osteopaths or physiotherapists, and also scored them noticeably higher (8.6 vs. 8.1 in 2024). Optometrists were next and also scored somewhat higher (8.5 vs. 8.2), followed by vets (unchanged at 8.3) and pharmacy (8.3 vs. 8.2).

Among other practitioners, dentists (8.2 vs. 8.1) and specialist doctors (8.2 vs. 7.8) scored the same.

Satisfaction improved marginally for private hospitals (8.1 vs. 8.0), improved most for psychologists or psychiatrists (8.0 vs. 7.4) and was higher for GPs (8.0 vs. 7.8). Satisfaction with public hospitals however fell (7.7 vs. 7.5) and was lowest overall.

It is important to also note that though satisfaction improved for most practitioners over 2025 they were below levels reported in 2022 when we began to compile this data for all practitioner groups except chiropractors, osteopaths or physiotherapists, optometrists and psychologists or psychiatrists.

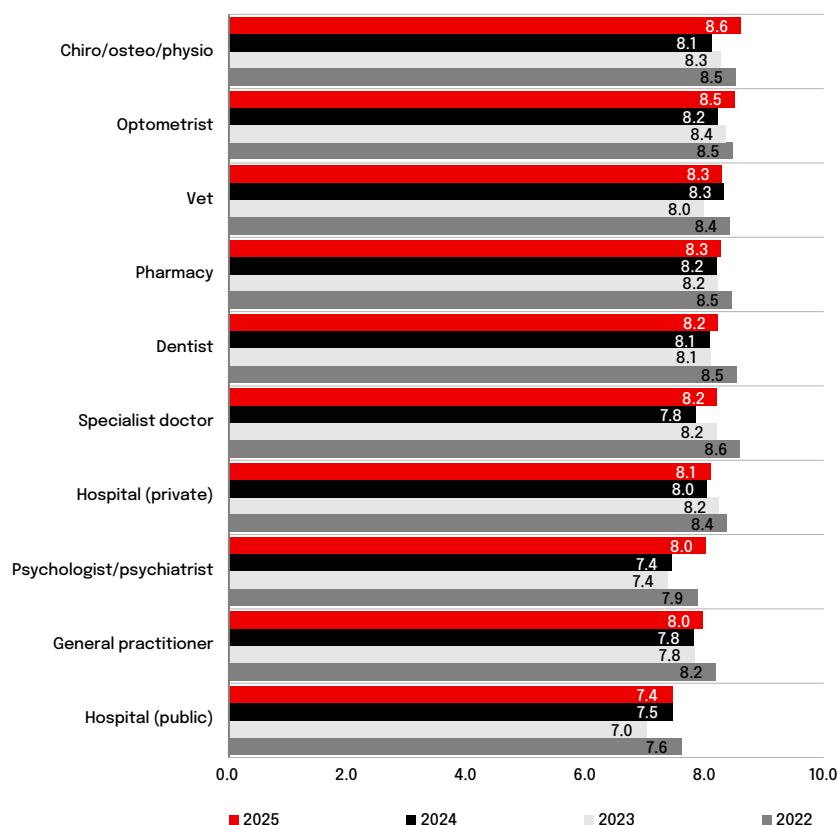
Satisfaction with the quality of care, advice or treatment Australians received in 2025 did however vary across key groups. In the regions, we

recorded much higher satisfaction in rural with private (9.5) and public hospitals (8.5) than in capital and regional cities, and somewhat higher satisfaction with chiropractors, osteopaths or physiotherapists (9.0) and optometrists (9.0).

By gender, women were somewhat more satisfied with the care or treatment they received from psychologists or psychiatrists (8.2 vs. 7.6), than men.

By age, over 65s reported the highest satisfaction across nearly all practitioner types, especially for private hospitals (8.9), GPs (8.7) and public hospitals (8.4). Vets were the exception with 55-64 year olds reporting the highest satisfaction (8.8) in 2025. Among other key observations,

Figure 55: Satisfaction with the overall quality of care, advice, & treatment you received (score)



Although satisfaction improved for most practitioners over 2025 they were below levels reported in 2022.

satisfaction with optometrists was somewhat lower among 25–34 year olds (7.9), specialist doctors among 45–54 year olds (7.2) and private hospitals (7.3) and psychologists or psychiatrists (7.2) among 35–44 year olds.

Comparisons between Australians in the higher and lower income groups revealed somewhat higher satisfaction in the lower group for pharmacy (8.6 vs. 8.0), dentists (8.7 vs. 8.1) and psychologists or psychiatrists (8.5 vs. 8.0), but in the higher income group private hospitals (8.5 vs. 7.8). NDIS participants scored well above average levels of satisfaction for specialist doctors (8.9 vs. 8.2) and public hospitals (8.1 vs. 7.4), but well below average satisfaction for vets (7.3 vs. 8.3). Australians who identified as LGBTQI+ also scored well below

average levels of satisfaction for vets (7.3 vs. 8.3) but above average for chiropractors, osteopaths or physiotherapists (9.3 vs. 8.6).

Patient insights on enhancing quality of care

The World Health Organisation (WHO) defines quality of care as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes”. Fortunately, Australia ranks among the highest countries globally for the overall quality of healthcare, with consistently high levels of patient satisfaction around the quality of care, advice and treatment they receive.

However, the 2025 NAB Health Insights Report Part 1 suggests there are areas where quality of care can be improved.

When we asked Australians who scored 0 to 7 for satisfaction with the overall quality of care they received from health practitioners how it could have been improved, the top response was better value for money (53%) followed by shorter waiting lists (46%).

Around 4 in 10 said it could have been improved if health practitioners listened to them (39%) and spent more time with them (37%). 1 in 3 said being more friendly and respectful would help (33%) and 3 in 10 being helped to understand what they needed to do to prevent or minimise their symptoms (31%), to understand how to prevent further problems or recurrence of their health issue (30%), longer hours and being available after hours and on weekends (29%) and being

Figure 56: Satisfaction with overall quality of care, advice or treatment received – score (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Chiro/Osteo/Physio	8.6	8.6	8.5	9.0	8.4	8.8	8.7	8.3	8.4	8.5	8.6	9.0	8.6	8.5	8.3	9.3
Optometrist	8.5	8.4	8.7	9.0	8.7	8.3	8.4	7.9	8.1	8.4	8.5	8.8	8.6	8.5	8.0	9.0
Vet	8.3	8.3	8.4	8.3	8.1	8.4	8.0	7.8	7.6	8.7	8.8	8.6	8.4	8.0	7.3	7.3
Pharmacy	8.3	8.2	8.3	8.4	8.4	8.2	7.9	7.8	7.9	8.0	8.4	8.9	8.6	8.0	8.5	8.5
Dentist	8.2	8.2	8.1	8.5	8.2	8.2	8.0	8.0	8.0	7.7	8.5	8.7	8.7	8.1	8.7	8.1
Specialist doctor	8.2	8.1	8.4	8.7	8.3	8.2	7.8	8.1	7.6	7.2	8.6	8.7	8.4	8.2	8.9	8.3
Hospital (private)	8.1	8.0	7.9	9.5	8.3	7.9	7.7	8.2	7.3	8.0	8.0	8.9	7.8	8.5	8.4	8.0
Psychologist/psychiatrist	8.0	7.9	8.3	8.5	7.6	8.2	8.2	8.1	7.2	7.7	8.5	8.8	8.5	8.0	7.9	8.3
General practitioner	8.0	8.0	7.8	8.2	8.1	7.8	7.8	7.6	7.6	7.6	8.0	8.7	8.1	7.8	8.2	8.2
Hospital (public)	7.4	7.3	7.0	8.5	7.5	7.4	7.3	7.2	7.2	6.6	7.2	8.4	7.9	7.5	8.1	7.1

helped to understand the nature and causes of their health issue (29%).

A more welcoming environment was key for 1 in 4 Australians (23%) and for 1 in 5 being more involved in decisions made (21%) and being helped to understand what their prescribed medications do (21%). Quality of care could also be improved by using less complex language according to 17% of Australians. Over 1 in 10 did not know (13%). However, 1 in 20 (5%) called out other things such as having multiple issues addressed in one appointment rather than multiple appointments with multiple charges and making admissions forms more user friendly and less fatiguing.

But what Australians thought could improve the overall quality of care

varied for different practitioner groups. The charts below compare each health practitioner against the 'all' practitioner average. We found much higher than average numbers of Australians believe the overall quality of care would improve if:

- **GPs:** Spend more time with me; had shorter waiting lists.
- **Specialist doctors:** Offered better value for money; shorter waiting lists; help to better understand nature and causes of health issue.
- **Dentists:** Offered better value for money.
- **Private hospitals:** Offered better value for money; shorter waiting lists; had a more welcoming environment.
- **Public hospitals:** Shorter waiting lists; listened to me.
- **Optometrists:** Scored below average for all.
- **Psychologists or psychiatrists:** Help to better understand how to prevent further problems or recurrence of issue; been more friendly and respectful.
- **Pharmacy:** Scored below average for all.
- **Chiropractor, osteopath or physiotherapists:** Spent more time with me.
- **Vets:** Offered better value for money.

Figure 57: How could overall quality of care have been improved: All health practitioners

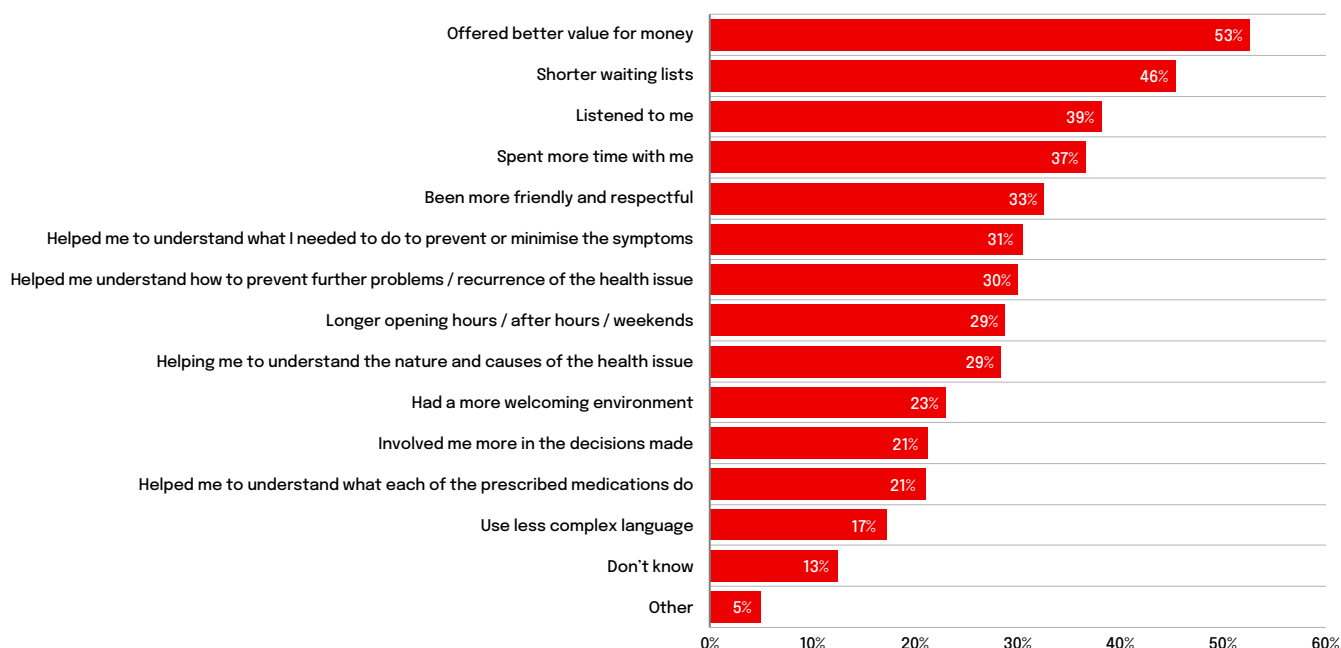


Figure 58: General Practitioner

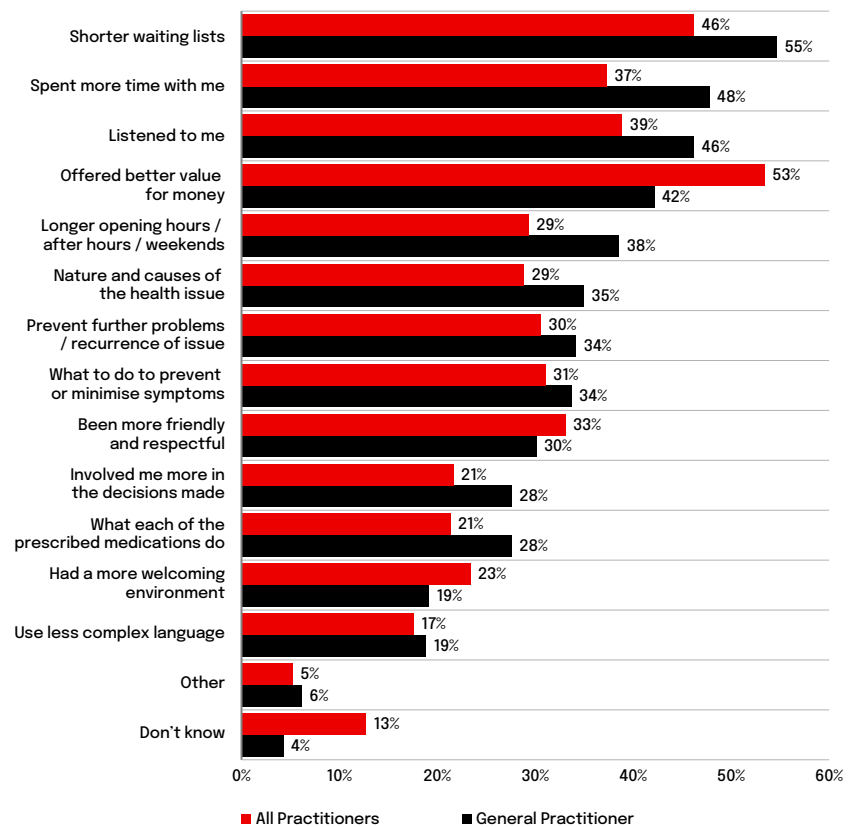


Figure 59: Specialist Doctor

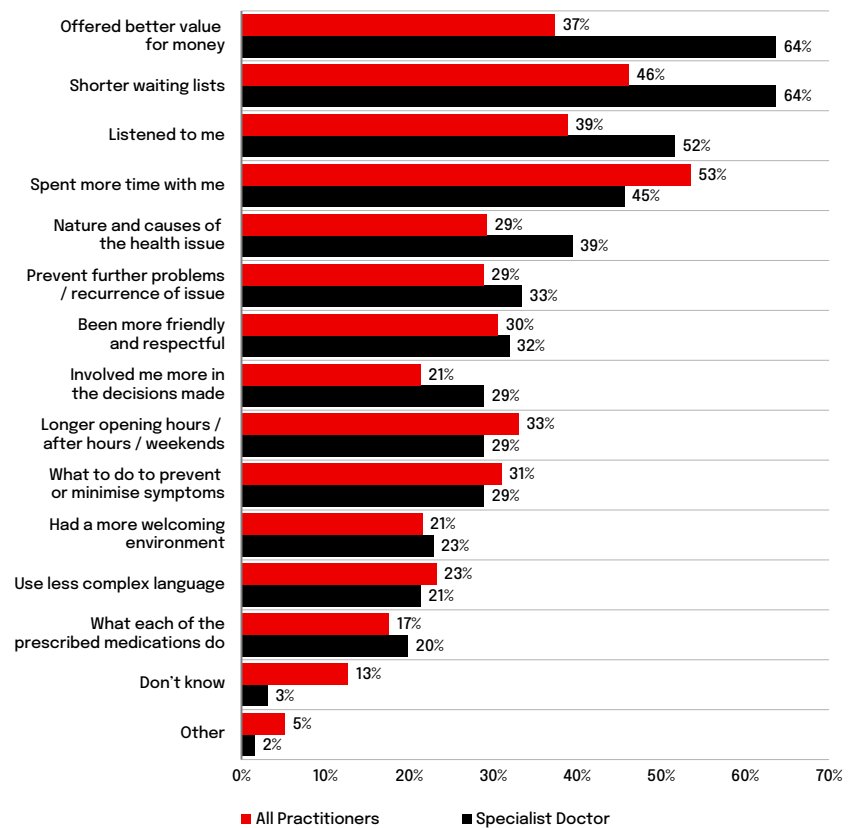


Figure 60: General Dentist

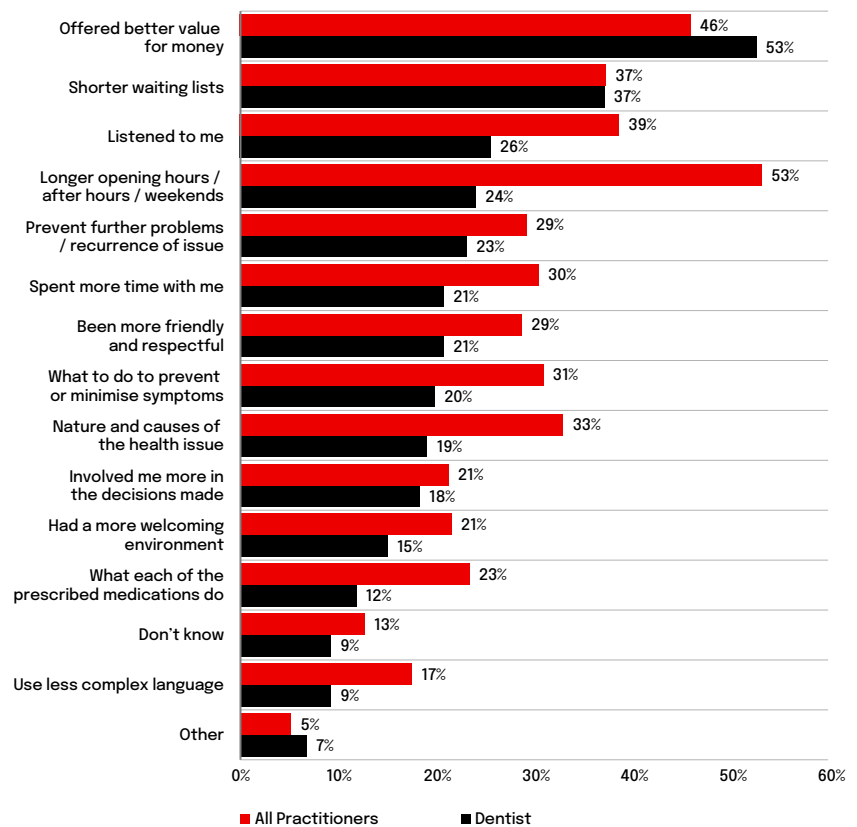


Figure 61: Hospital (Private)

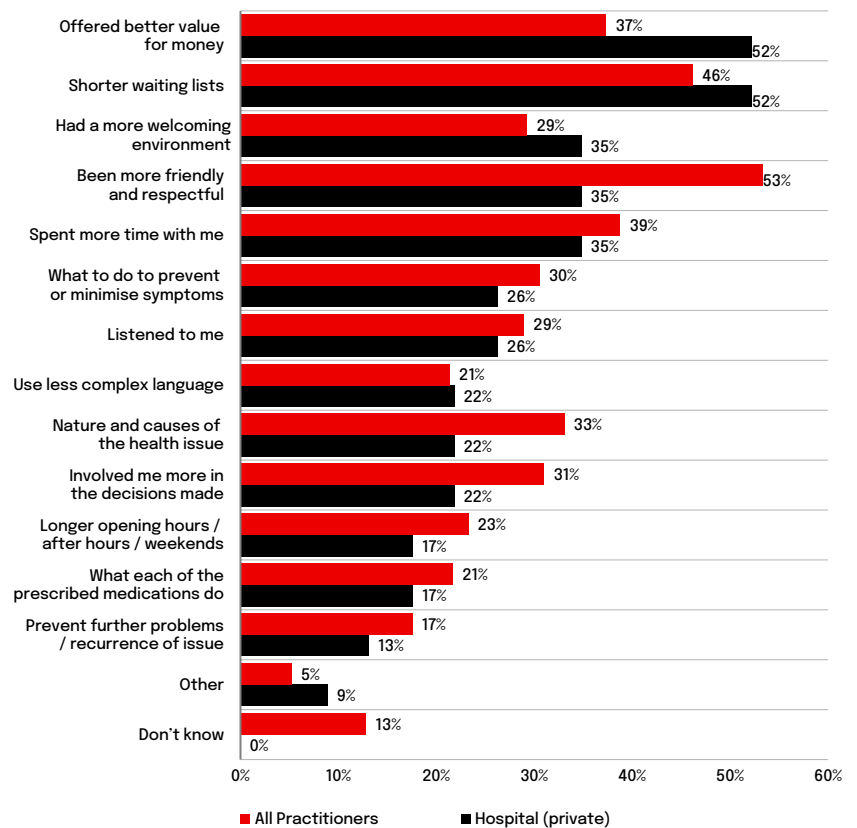


Figure 62: Hospital (Public)

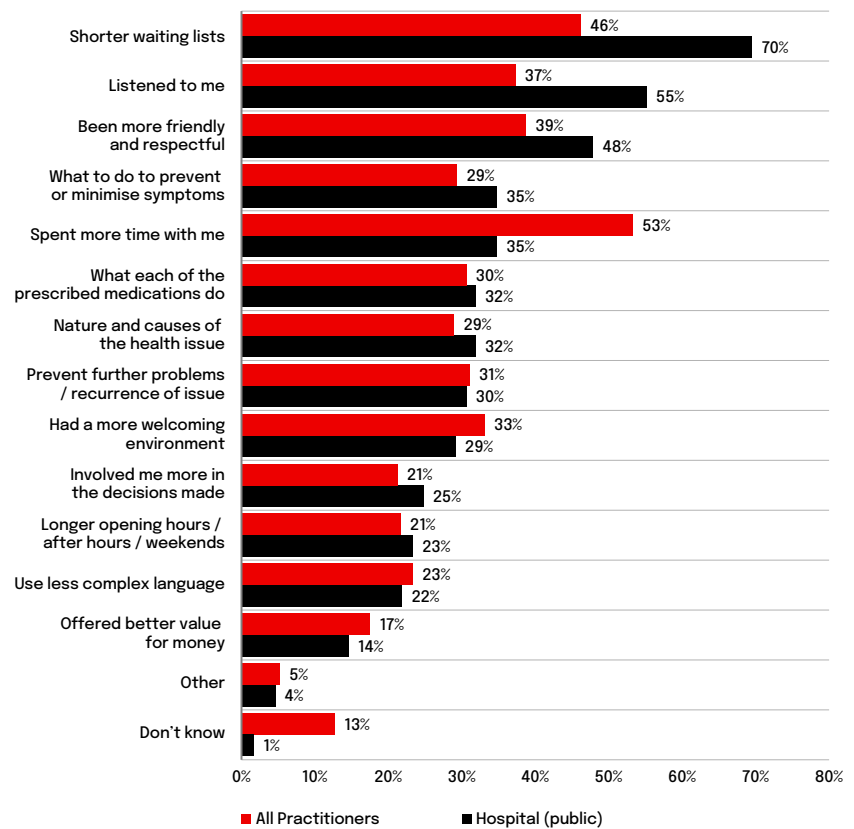


Figure 63: Optometrist

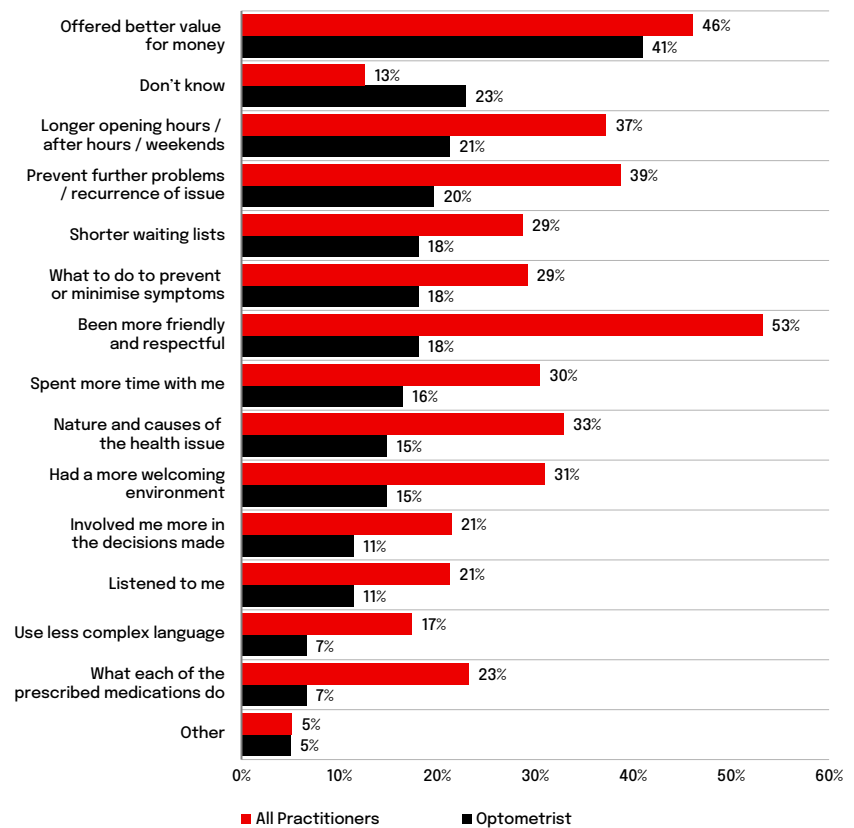


Figure 64: Psychologist/Psychiatrist

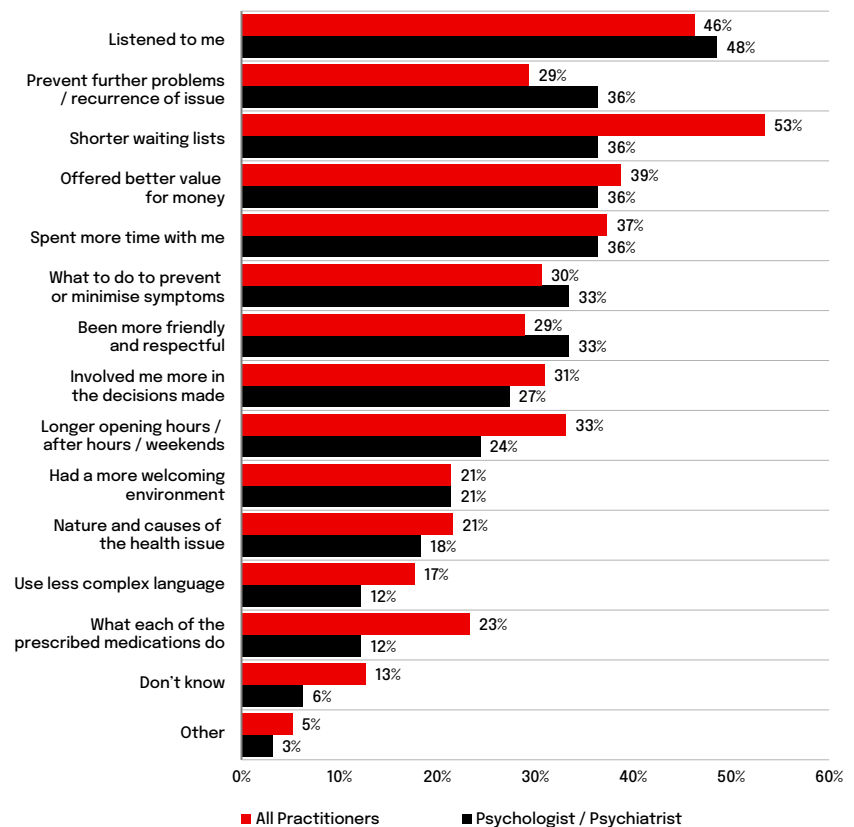


Figure 65: Pharmacy

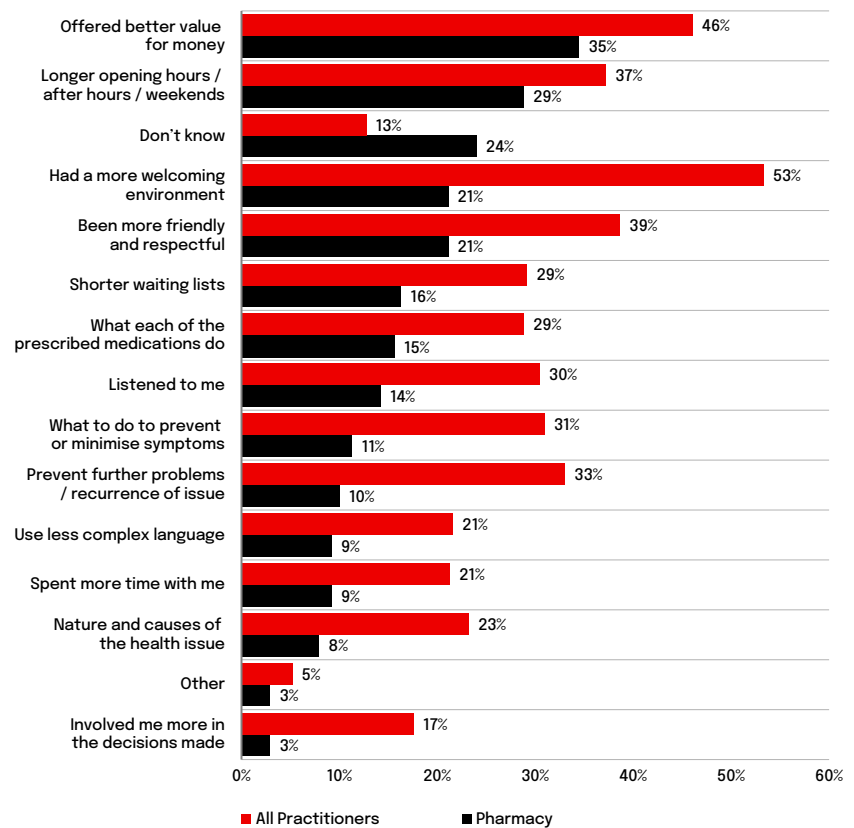


Figure 66: Chiro/Osteo/Physio

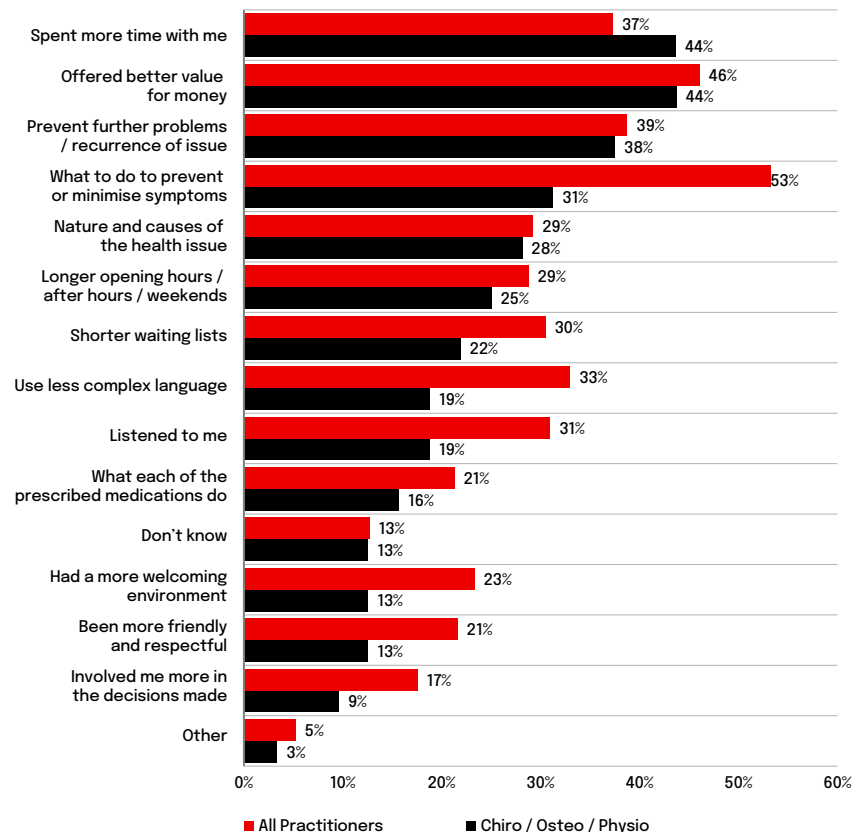
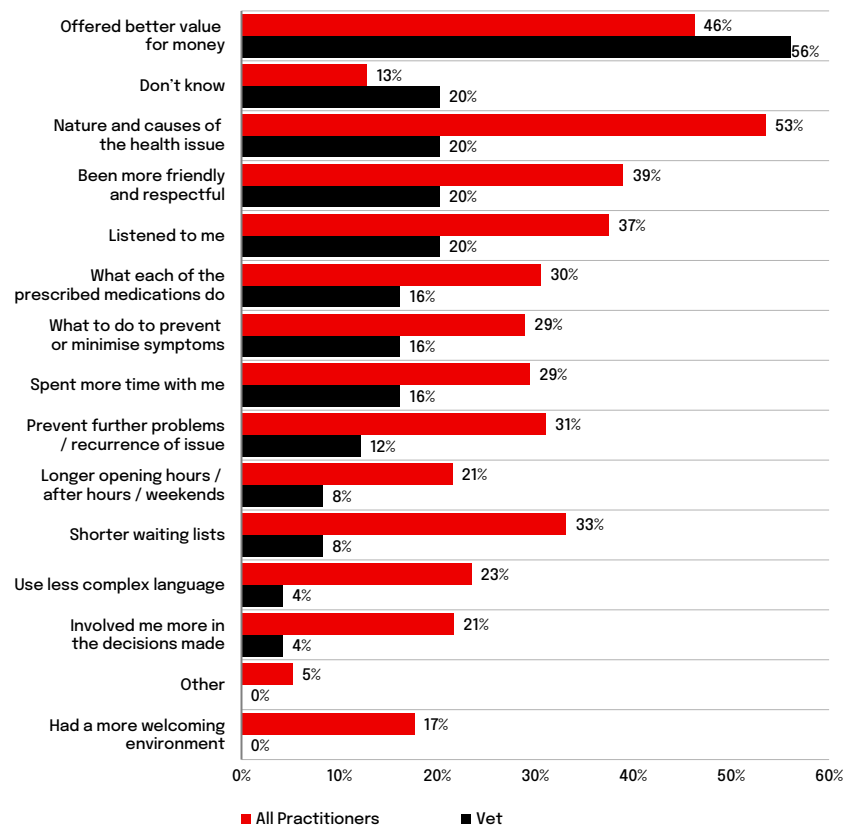
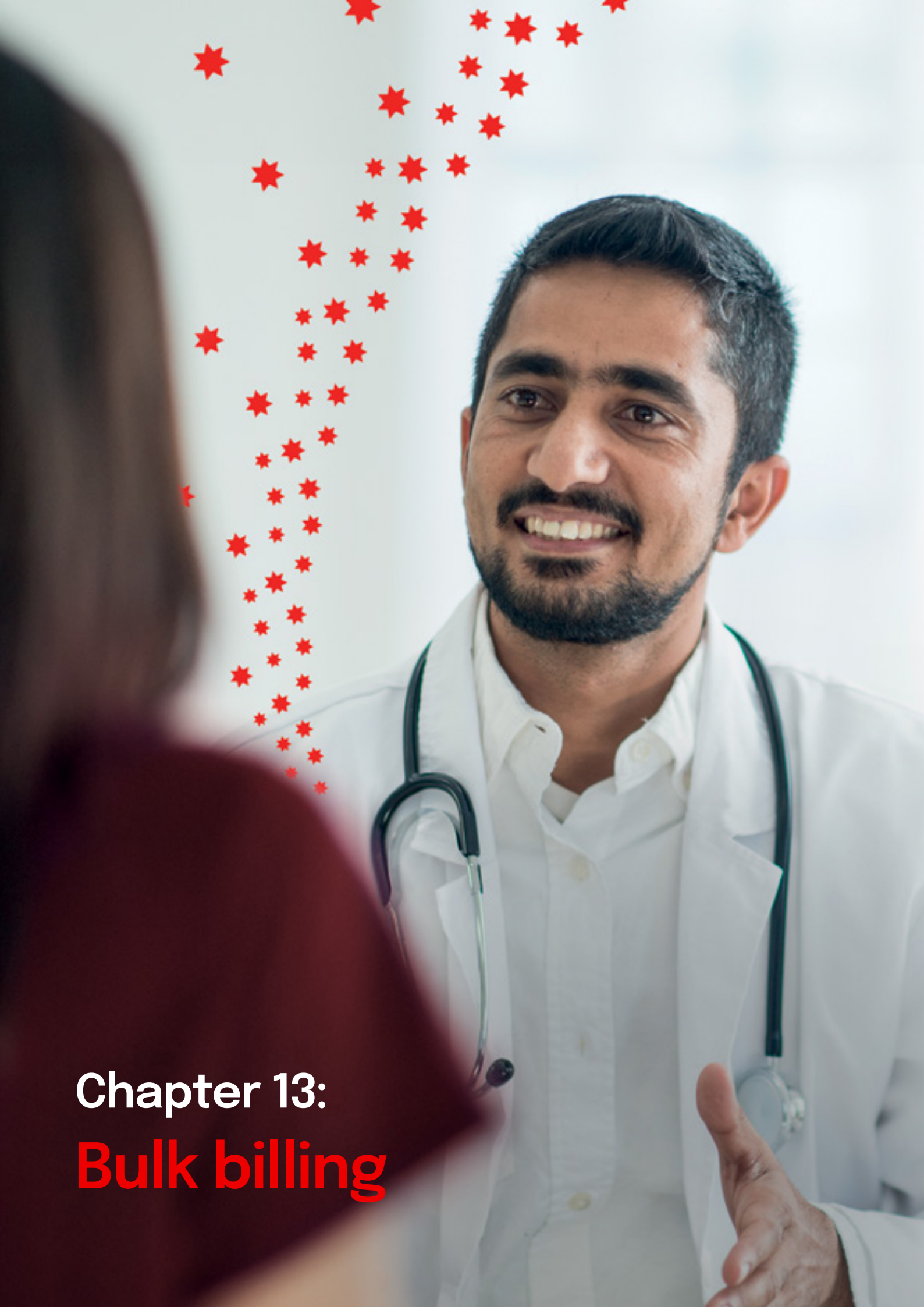


Figure 67: Vet







Chapter 13:

Bulk billing

Bulk billing means some Australians may be able to access healthcare at no cost. Instead, the bill is sent directly to Medicare and the service provider accepts the Medicare benefit as full payment for the service. Bulk billing can cover visits to GPs that bulk bill, tests and scans like x-rays and pathology tests and eye tests performed by optometrists.

Bulk billing rates in Australia have been falling in recent years. In its latest Report on Government Services released in early-2025, the Australian Government Productivity Commission found the proportion of non-referred patients that were fully bulk billed fell from 51.7% in 2022-23 to 47.7% in 2023-24. This marks a significant drop in recent years, following two years of growth driven by the COVID-19 pandemic which saw rates hit 67.6% in 2020-21 and 65.8% in 2021-22.

Our latest survey results confirm this trend and also show that it continued to fall in 2025. When we

asked Australians if they were bulk billed the last time they visited their doctor or GP, the number that said they were fell to 58% in 2025, from 60% in the 2024 survey and continued the downward trend from when we first asked this question in the 2022 survey (71%) when the impact of COVID-19 was still very influential.

However, this trend was not consistent across regions. In 2025, the number who said they were bulk billed increased in rural areas (68% vs. 64%) and regional cities (63% vs. 60%) but fell in capital cities (55% vs. 60%). It fell for women (59% vs. 60%) and men (56% vs. 60%). By age, the number who were bulk billed in 2025 increased for 55-64 year olds (57% vs. 56%) and more sharply for 35-44 year olds (57% vs. 52%). It was unchanged for 18-24 year olds (51%) and fell in all other age groups, particularly among 45-54 year olds (49% vs. 60%). It was lowest in the 25-34 age group (47% vs. 52%), and highest by a considerable margin for over 65s (74% vs. 76%)

The number of people being bulk billed increased in regional cities and rural areas but fell in capital cities.

Figure 68: Bulk billed the last time you visited your GP/doctor

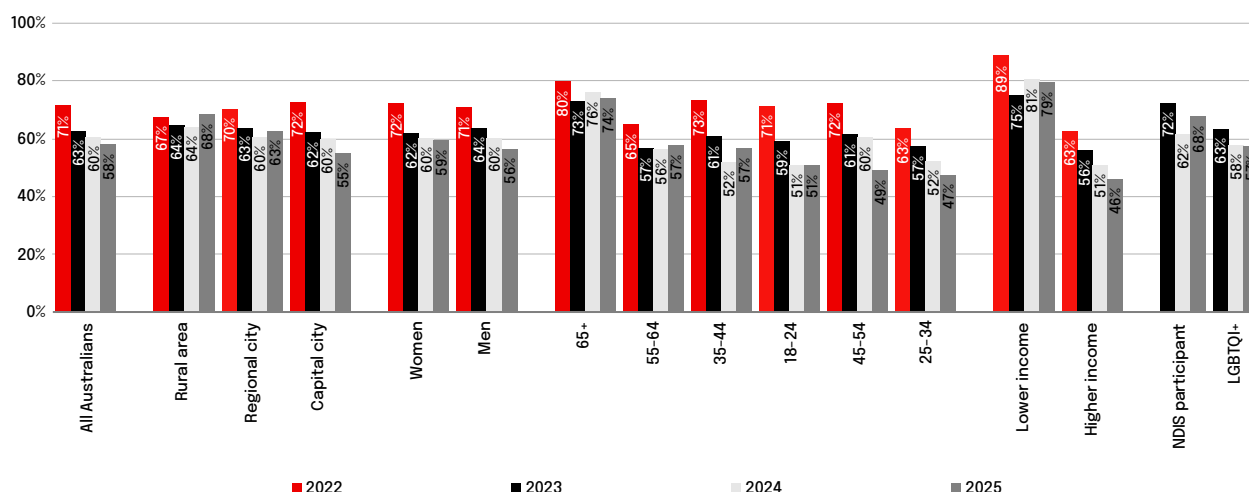
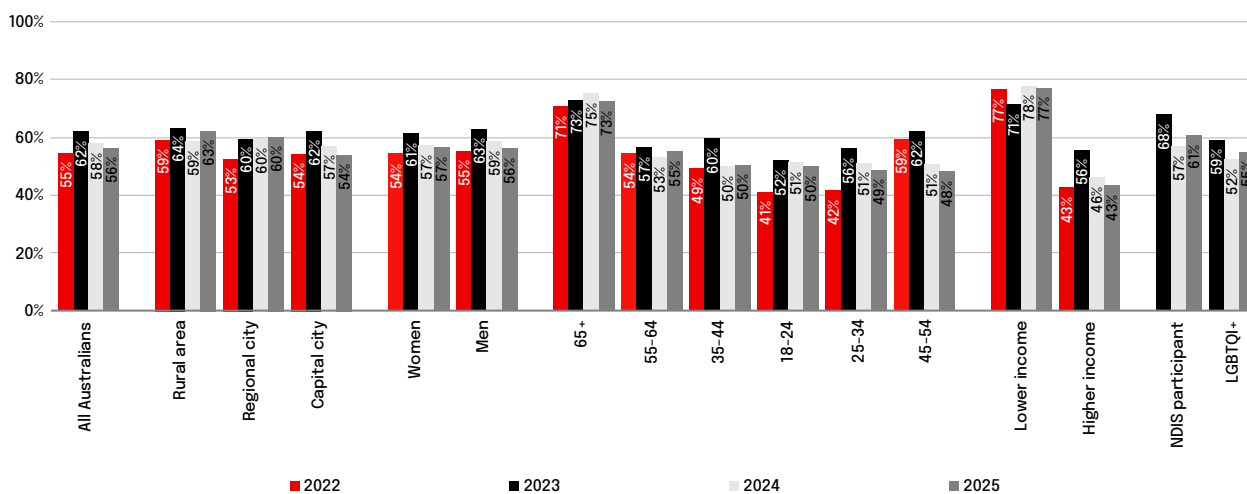




Figure 69: Proportion of GP visits bulk billed over the last year



Australians in the lower income group reported lower rates of bulk billing in 2025 (79% vs. 81%), but it remained much higher than in the higher income group where it also fell (46% vs. 51%). NDIS participants reported somewhat higher rates of bulk billing in 2025 (68% vs. 62%), but it fell slightly for Australians who identified as LGBTQI+ (57% vs. 58%).

NAB's survey results also show a lower number of visits to GPs and doctors over the last year were bulk billed compared to the 2024. In 2005, on average the proportion of all visits that were bulk billed slipped further 56%, from 58% in 2024 and a high of 62% in 2023. It increased in rural areas (63% vs. 59%), was unchanged in regional cities (60%) and fell in capital cities (54% vs. 57%). Though unchanged for women over the year (57%), it fell for men (56% vs. 59%). Over 65s said around 3 in 4 of their GP visits were bulk billed in 2025 (73% vs. 75%), with this falling to around 1 in 2 in all other age groups. It was also a little lower in all age groups except

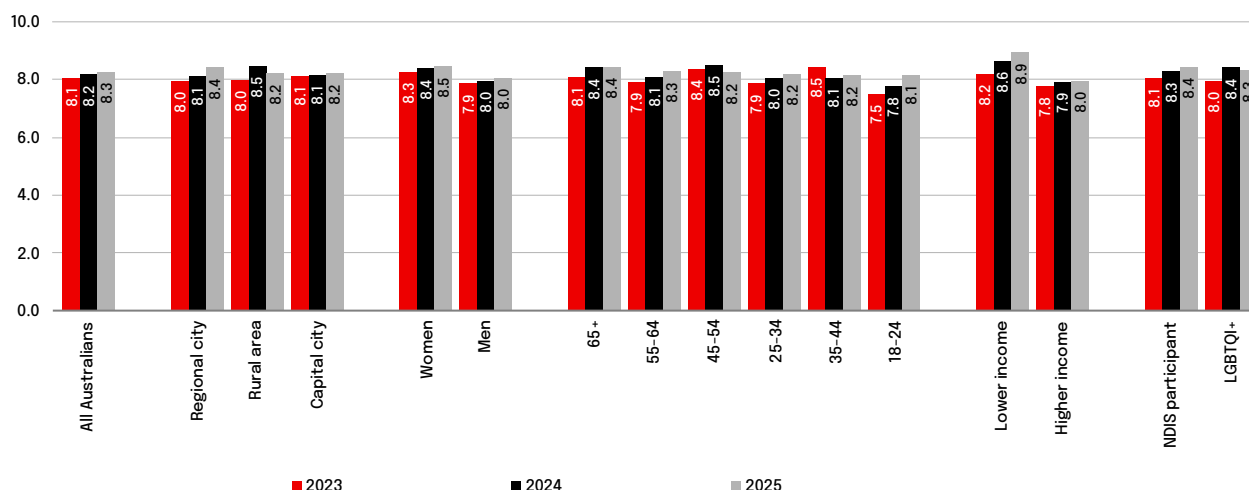
35-44 year olds (unchanged at 50%) and 55-64 year olds (55% up from 53%). The proportion of GP visits bulk billed over the last year also dropped a little in the lower income group (77% vs. 78%) but remained well above levels reported in the higher income group (43% vs. 46%). Somewhat more NDIS participants (61% vs. 57%) and in the LGBTQI+ group (55% vs. 52%) on average reported a higher proportion of their GP visits being bulk billed in 2025 than in 2024.

While the number of people being bulk billed continues to fall, the importance of bulk billing when selecting a doctor continues to grow. When Australians were again asked to score how important this was, on average they scored 8.3 out of 10 (where 10 is extremely important), continuing to upward trend from 8.2 in 2024 and 8.1 in 2023.

It was increasingly important in regional (8.4 vs. 8.1) and capital cities (8.2 vs. 8.1) in 2025 but somewhat less so in rural areas (8.2 vs. 8.5) where

When selecting a doctor, 7 in 10 Australians consider bulk billing to be extremely important.

Figure 70: Importance of bulk billing when seeing a doctor (score)



more respondents also said a higher number of their GP visits on average were also bulk billed over the past year. Selecting a doctor that bulk bills remained slightly more important for women (8.5 vs. 8.4) than men (unchanged at 8.0). Its importance ranged very narrowly from 8.1 in 18-24 age group to 8.4 among over 65s and has climbed most steeply in the 18-24 age group since we started collecting this data in 2022.

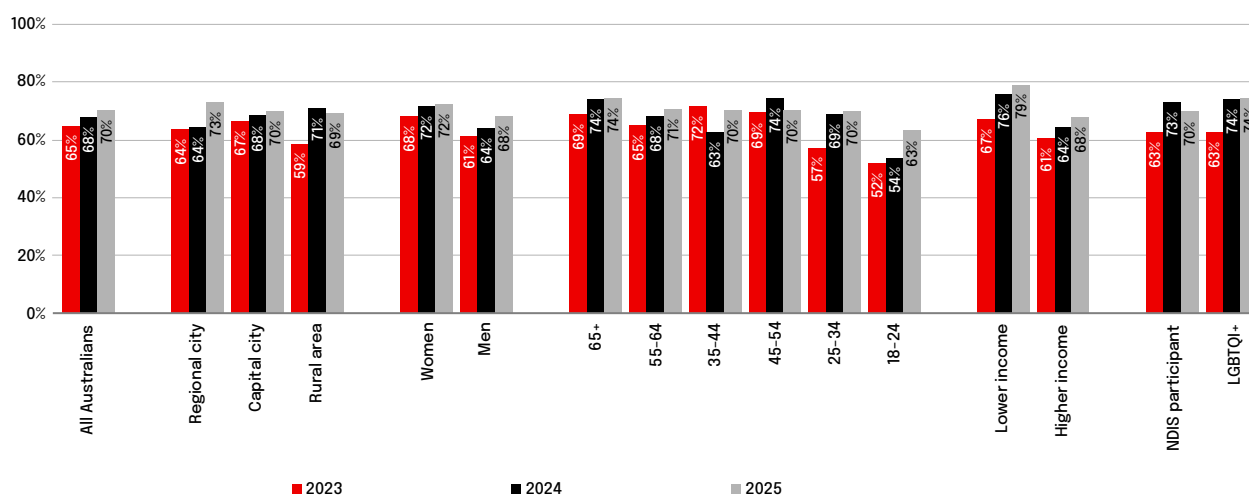
The importance of a doctor that bulk bills has also grown sharply in the lower income group, rising from 8.2 in 2023 to 8.9 in 2025 and remains much more important than in the higher income group (8.0 vs. 7.9 in 2024). This aligns with NAB consumer research showing that lower income groups also report much higher stress associated with their medical bills and healthcare. NDIS participants scored the importance of bulk billing when selecting a doctor marginally higher in 2025 (8.4 vs. 8.3),

while importance declined slightly in the LGBTQI+ group (8.3 vs. 8.4).

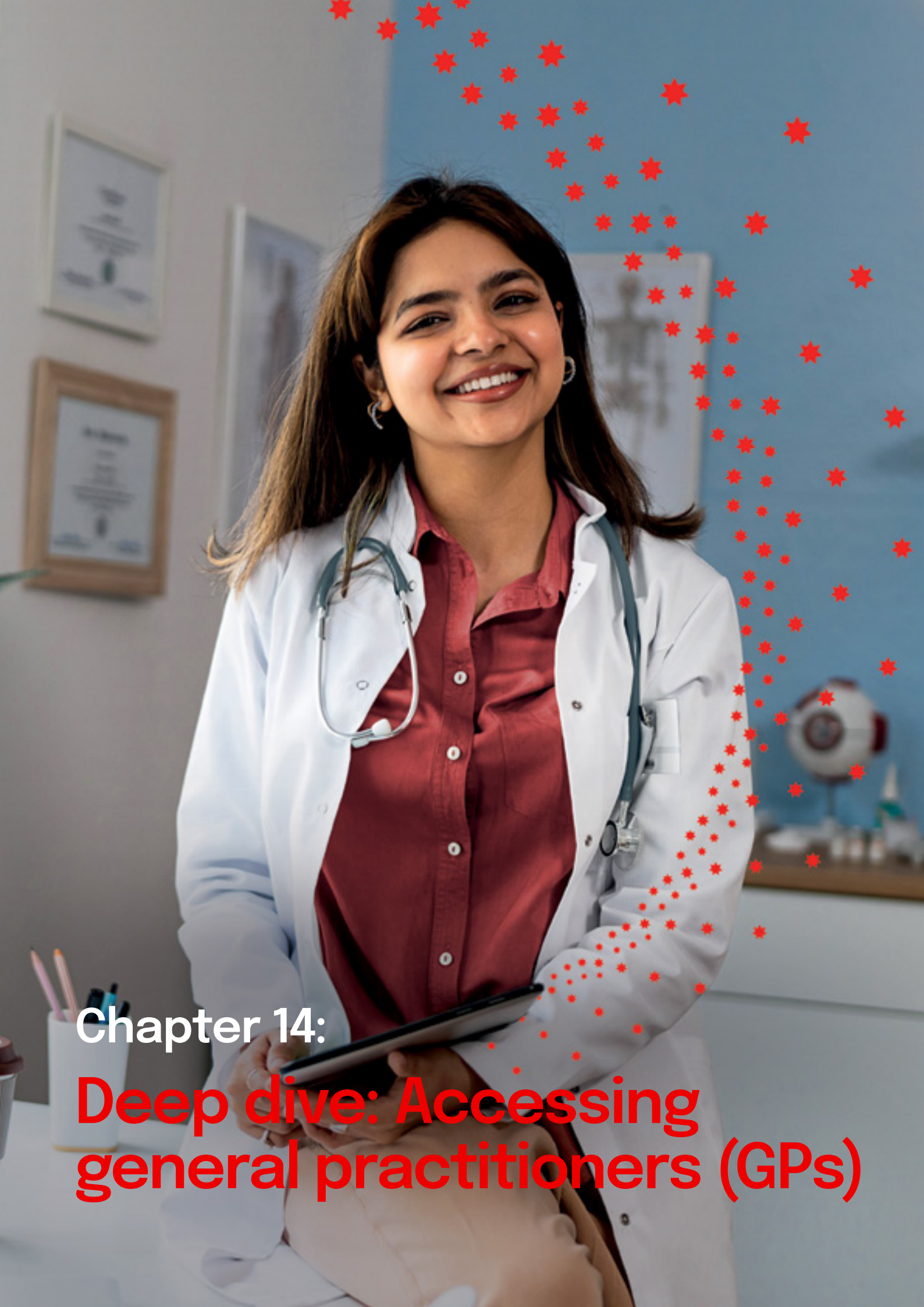
Further underlining the importance of bulk billing when selecting a doctor, 7 in 10 Australians (70%) considered it extremely important (i.e. scored 8+) in 2025, up from 68% in 2024 and 65% in 2023. It jumped sharply in regional cities (73% vs. 64% in 2024), was slightly higher in capital cities (70% vs. 68%) but a little lower in rural areas cities (69% vs. 71%). Though unchanged for women (72%) it increased for men (68% vs. 64%).

By age, it ranged from 74% in the over 65 group to 63% in the 18-24 group. It was also considered extremely important to considerably more 18-24 year olds (63% vs. 54% in 2024) and 35-44 year olds (70% vs. 63%) over the year. More Australians in both the lower (79% vs. 76%) and higher income groups (68% vs. 64%) said it was extremely important in 2025. Somewhat fewer NDIS participants said it was extremely important (70% vs. 73%) and was unchanged in the LGBTQI+ group (74%).

Figure 71: Importance of bulk billing when seeing a doctor (high)







Chapter 14:

**Deep dive: Accessing
general practitioners (GPs)**

Australians overwhelmingly continue to visit their GPs face to face. Moreover, the number who said they did so the last time they visited one in the 2025 survey also increased to 93% (90% in 2024). Slightly fewer did so via telephone (7% vs. 6%) or video conferencing (1% vs. 2%). We did not record a meaningful response who said they accessed treatment via email or webchat advice line or by other means.

How Australians accessed treatment from GPs was however a little more nuanced within key groups. By region, a somewhat higher number in

regional (96%) and capital cities (93%) accessed a GP face to face than in rural areas (83%), where somewhat more did so via telephone (13%) than in capital (6%) and regional cities (3%).

Slightly more men (94%) than women (92%) accessed their GP face-to-face, but more women via telephone (8% vs. 5%). Almost all people surveyed over 65 visited their doctor face to face (99%), compared to 88% in the 18-24 age group. Around 1 in 10 18-24 year olds (11%), 25-34 year olds (10%) and 35-44 year olds (9%) did so via telephone compared to only 6% in 45-54 and 55-64 age groups and 1% in the over

65 group. Access to treatment did not vary materially by income with 92% in the higher income group and 91% the lower group doing so face to face, and 8% in the higher income group and 7% in the lower group via telephone. Among NDIS participants, 85% accessed their GP face-to-face and 12% via telephone with 3% also doing so via video conferencing. In the LGBTQI+ group, 88% did so face to face and 11% via telephone.

Australians continue to access GPs in line with their preferred method of doing so. When asked how they prefer to access their GP, the overall

Figure 72: How did you access treatment from GP when last visited

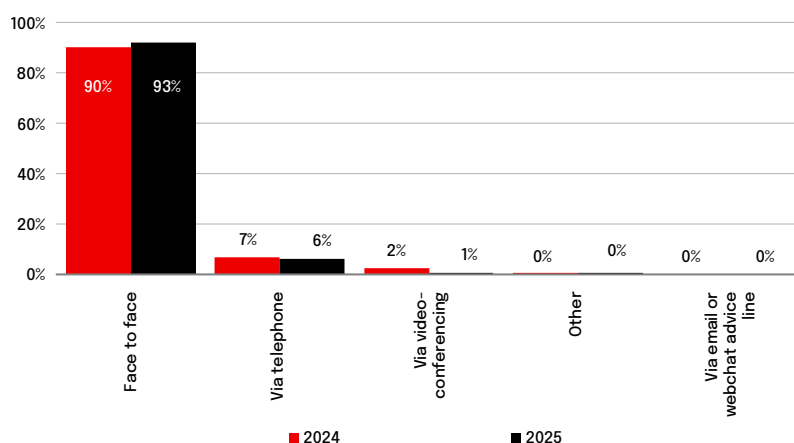
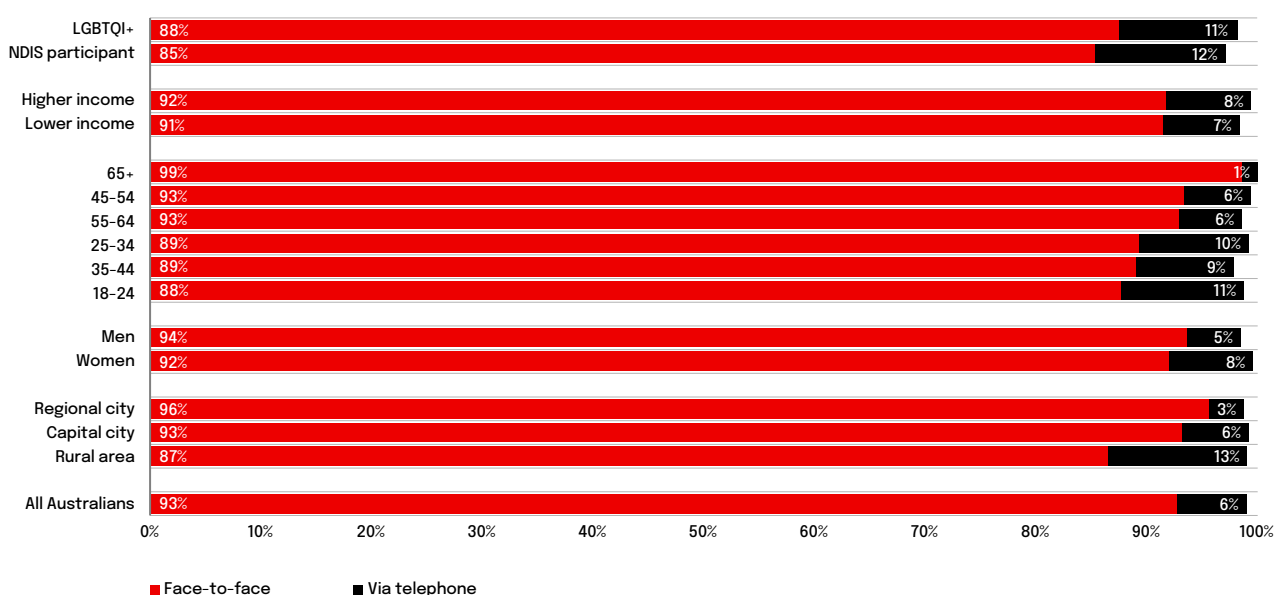


Figure 73: How did you access treatment from GP when last visited: 2025



results closely aligned with how they accessed treatment the last time they used a GP – about 9 in 10 (91%) face to face, 7% via telephone and 2% through videoconferencing, with very little appetite for using email or webchat advice line or any other methods.

Slightly more people in capital and regional cities (91%) preferred to access GPs face to face than rural areas (89%). Interestingly, fewer in regional cities preferred telephone (4%) while over 1 in 20 (6%) video conferencing and other means. More

men preferred face to access (92% vs. 89%) but women telephone (7% vs. 5%). Only 3% of men and women prefer video conferencing and email or webchat advice line.

Preferences varied more widely by age, with face-to-face access ranging from 95% among over 65s to 85% for 25-34 year olds. Around 1 in 10 in 25-34 (10%) and 35-44 year (9%) age groups preferred via telephone compared to just 3% of over 65s and 4% of 55-64 year olds. Video conferencing was most preferred in 25-34 and 45-54 age

groups (3%) with very few in all other age groups expressing a preference for accessing GPs any other way. More people in the lower income group favoured face to face access (94% vs. 90%), but twice as many in the higher income group telephone (6% vs. 3%) and slightly more video conferencing (3% vs. 2%). Only 3 in 4 NDIS participants preferred face to face (76%) but significantly more than in any other group via telephone (12%) and video conferencing (9%).

Figure 74: How do you prefer to access your GP

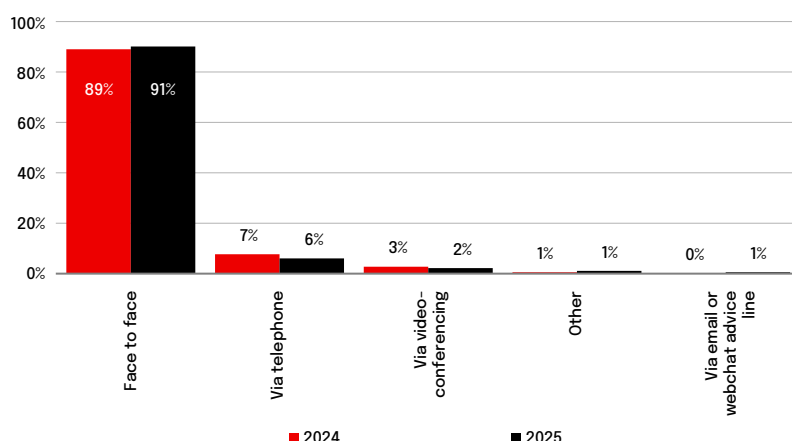
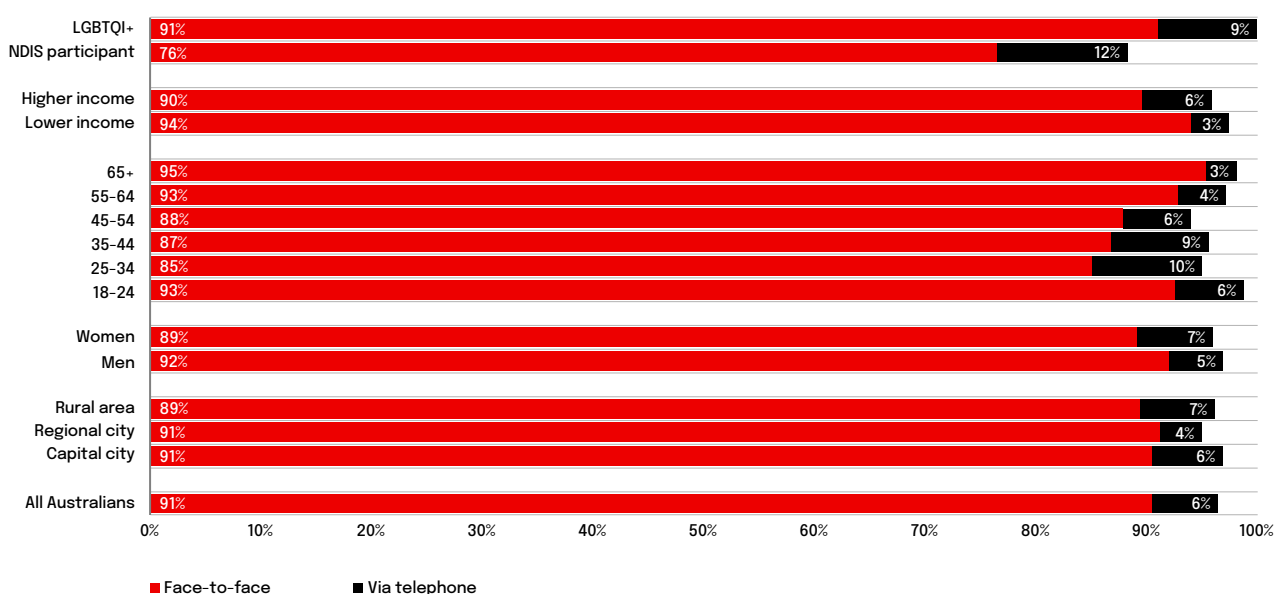


Figure 75: How do you prefer to access your GP: 2025





Preferences varied more widely by age, with face-to-face access ranging from 95% among over 65s to 85% for 25-34 year olds.



Chapter 15:

**Deep dive: Accessing
specialist doctors**

Most Australians accessed treatment by specialist doctors face to face the last time they visited one, although the number that did so in 2025 fell marginally to 88% (90% in 2024). A slightly higher number of Australians who visited a specialist doctor did so via video conferencing (6% vs. 5%), and unchanged numbers by telephone (5%) or by email or webchat advice (1%).

There were however some noticeable differences in how specialist doctors were accessed across the regions. Around 9 in 10 in capital (89%) and regional cities (88%) did so face to face compared to 8 in 10 in rural areas (82%).

Video conferencing was somewhat more common in regional cities (9%) and rural areas (8%) than in capital cities (4%), with telephone twice more prevalent in rural areas (10%) than in regional (4%) and capital (5%) cities.

Whereas more men than women accessed treatment from a specialist doctor face to face in 2025 (89% vs. 87%) and via telephone (7% vs. 4%), over twice more women did so via video-conferencing (8% vs. 3%). Insignificant numbers of men or women accessed specialist doctors any other way. By age, those who accessed their specialist doctor face to face ranged from 93% in

the 55-64 age group to 75% in the 18-24 age group. Significantly more people aged 18-24 (18%), 25-34 (16%) and 35-44 (11%) accessed a specialist doctor by video conferencing, and somewhat more 18-29 (7%), 35-44-year-olds (6%) and over 65s (6%) by telephone. Around 1 in 50 over 65s also did so via an email or webchat advice line (2%). More lower income earners engaged face to face (92% vs. 88%) and marginally more in the higher income group via video conferencing (6% vs. 4%) and telephone (5% vs. 4%). We counted a below average numbers of NDIS participants (69%) and in the LGBTQI+ group (76%) who accessed a specialist doctor face to face. Similar

Figure 76: How did you access treatment from specialist doctor when you last visited

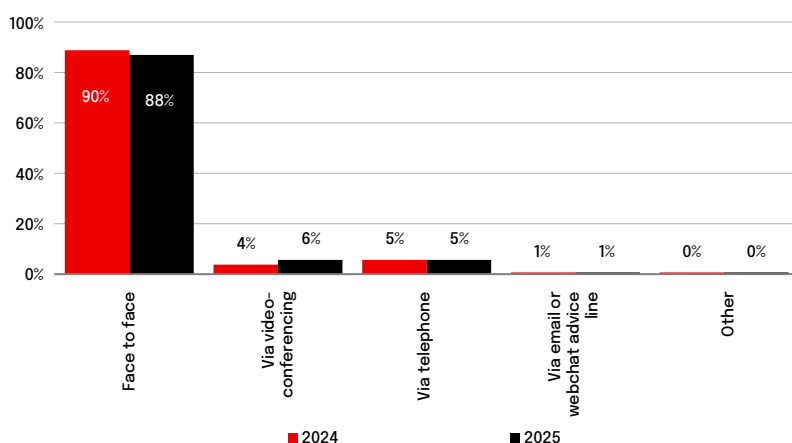
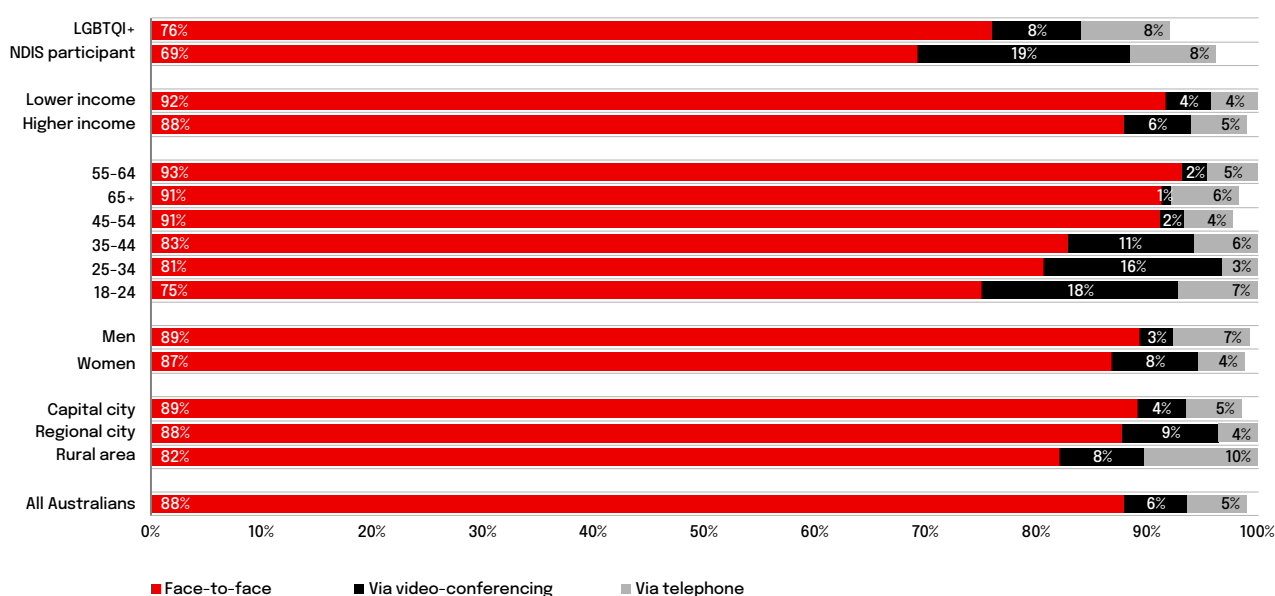


Figure 77: How did you access treatment from specialist doctor when you last visited: 2025



numbers in both groups did so via telephone (8%), but a much larger 1 in 5 NDIS accessed a specialist via video-conferencing (19%). 1 in 25 in the LGBTQI+ group said they did so other ways (4%).

Overall, Australians are accessing specialist doctors in line with their preferred method of doing so. When asked how they prefer to access them, results also closely mirrored how they accessed treatment the last time they visited a specialist doctor – 9 in 10 (90%) face to face, 6% via video conferencing and 3% by telephone. There was very little

appetite for using email or a webchat advice line or any other methods.

Slightly more people in regional (91%) and capital cities (90%) preferred face to face than in rural areas (85%), where many more preferred telephone (13%). By gender, preferences basically aligned for face to face (91% men; 89% women) and by telephone (7% vs. 5%), but somewhat more women said they preferred to do so through video conferencing (5% vs. 2%).

Preferences varied more widely by age. Though face to face was the main preference in all age groups, it ranged from 95% among 55–64 year

olds to 77% for 25–34 year olds. More younger Australians clearly preferred non-traditional channels, with 13% of 25–34 year olds, 11% of 18–24 year olds and 9% of 35–44 year olds preferring telephone, and 10% of 25 year olds, 9% of 35–44 year olds and 7% of 18–24 year olds video conferencing. Responses aligned closely in lower and higher income groups for all channels. However, well below average numbers of NDIS participants (73%) and in the LGBTQI+ group (80%) preferred face to face, with far more preferring to do so via telephone (12% NDIS; 8% LGBTQI+) and significantly more NDIS participants via video conferencing (12%).

Figure 78: How do you prefer to access your specialist doctor

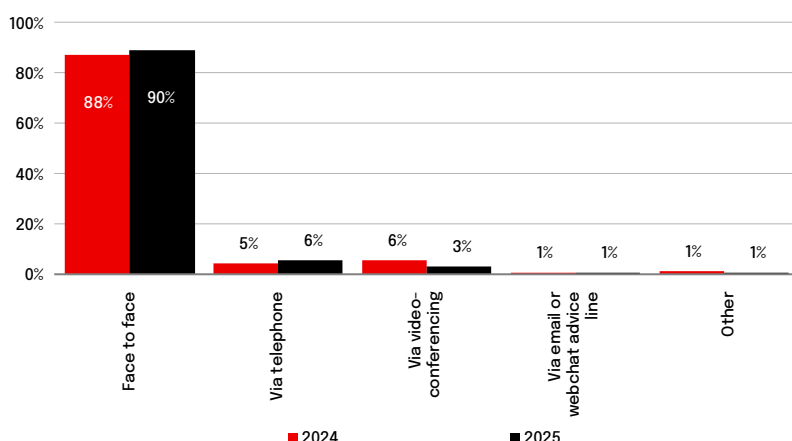
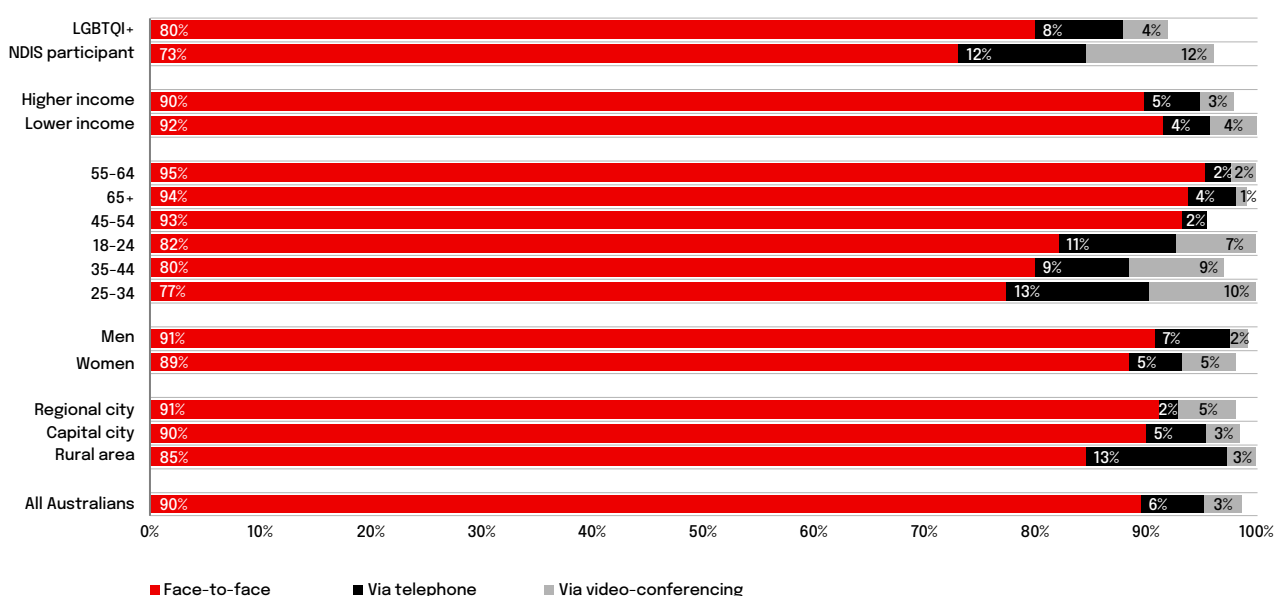


Figure 79: How do you prefer to access your specialist doctor: 2025





Though face to face was the main preference in all age groups, it ranged from 95% among 55-64 year olds to 77% for 25-34 year olds.



Chapter 16:

Deep dive: Accessing psychologists or psychiatrists

Australians were more flexible in their interactions with psychologists or psychiatrists. Though most still accessed treatment with them face to face in 2025, the number that did so fell somewhat to 68% (73% in 2024), with more pivoting to video conferencing (17% vs. 16%) and telephone (13% vs. 10%). We also counted incremental gains in those who accessed treatment via email or webchat advice line (1% vs. 0%) with an unchanged number by other means (1%).

Access varied widely by region. In 2025, face to face visits ranged from 70% in capital cities to 60% in rural areas. However more than twice as

many people in rural areas accessed them by video conferencing (33%) than in regional (11%) and capital cities (15%). Significantly more people living in regional cities however did so via telephone (22%) than in capital cities (12%) and rural areas (7%).

Far more women interacted with a psychologist or psychiatrist face to face in 2025 (73% vs. 59%), but far more men by video conferencing (22% vs. 14%). A similar number did so by telephone (13% women; 14% men). Around 3% of men also interacted via email or webchat advice line and 3% other means, but we did not record

a meaningful positive response by women for either of these options. By age, significantly more over 65s (86%) and 35-44 year olds (86%) accessed treatment face to face, especially compared to 25-34 (57%) and 55-64 year olds (60%). Considerably more 25-34 year olds (26%) and 45-54 year olds (21%) however relied on video conferencing and over twice more 55-64 year olds accessed treatment via telephone (33%) than the next highest age group. About 1 in 25 (4%) 18-25 year olds also accessed treatment via email or online webchat help line and in the 45-54 age group by other means (4%). We did not record a meaningful positive response in all other age groups for these interactions.

8 in 10 Australians in the higher income group accessed treatment face to face (80%) compared to 6 in 10 in the lower income group (60%). Twice as many in the lower income group did so via video conferencing (20% vs. 10%), and somewhat more in the higher income group by telephone (10% vs. 7%). A significant number in the lower income group also did so by email or webchat advice line (7%) and

Figure 80: How did you access treatment from psychologist when last visited

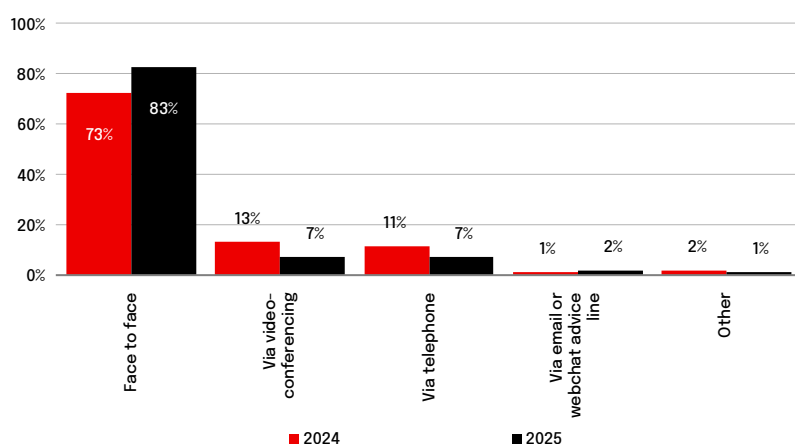
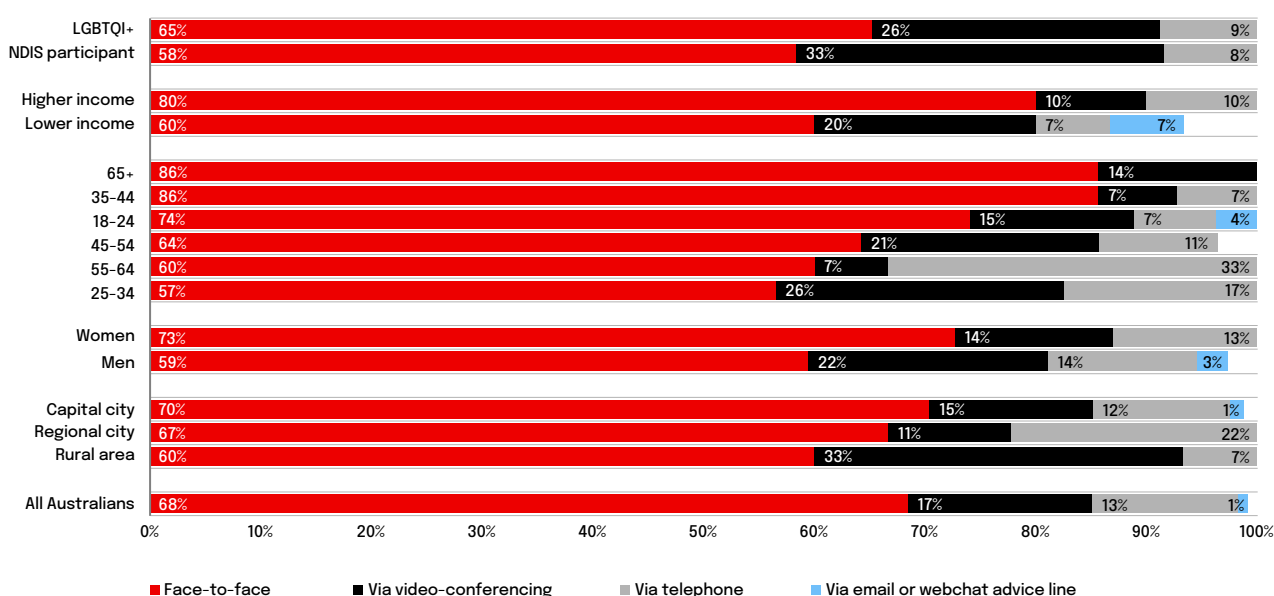


Figure 81: How did you access treatment from psychologist when last visited: 2025



other means (7%). Well below average numbers of NDIS participants (58%) and in the LGBTQI+ group (65%) interacted face to face, but well above average numbers in both groups did so by video conferencing (33% NDIS; 26% LGBTQI+).

We did however note a disconnect between how Australians accessed treatment with psychologists or psychiatrists in 2025 and how they prefer to access treatment.

Psychologists or psychiatrists are increasingly using video consultations due to their convenience, evidenced by the lower number of patients who

accessed face to face consultations when they last visited and higher number via video conferencing and telephone – see above.

However, a significantly higher number of Australians in the 2025 survey said they preferred to access their psychologist or psychiatrist face to face (83% vs. 73%) and far fewer via video conferencing (7% vs. 13%) or telephone (7% vs. 11%).

We did however count a marginally higher number who preferred to interact by email or webchat advice line (2% vs. 1%).

In terms of face to face appointments, we noted much lower numbers of Australians in nearly all groups who last accessed an appointment with a psychologist or psychiatrist the way they preferred to access treatment, especially in rural areas (60% accessed face to face; 83% prefer face to face), 25–34 year olds (57% accessed; 83% preferred), in the lower income group (60% accessed; 80% preferred) and in the LGBTQI+ group (65% accessed; 87% preferred).

The 2025 survey also found no major differences in how Australians preferred to access psychologists or

Figure 82: How do you prefer to access your psychologist or psychiatrist

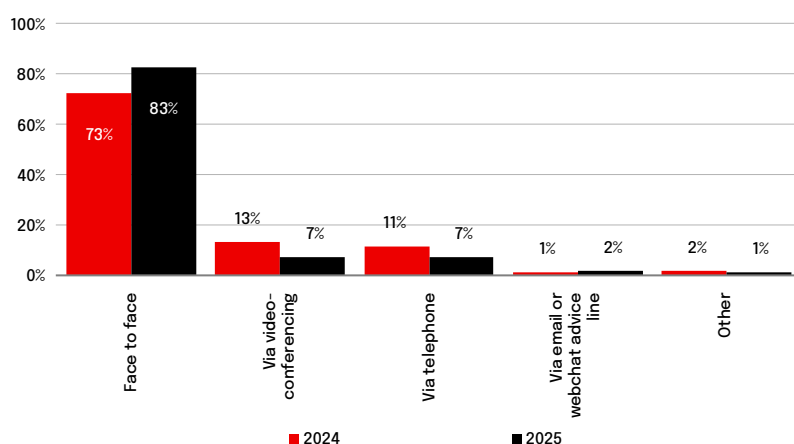
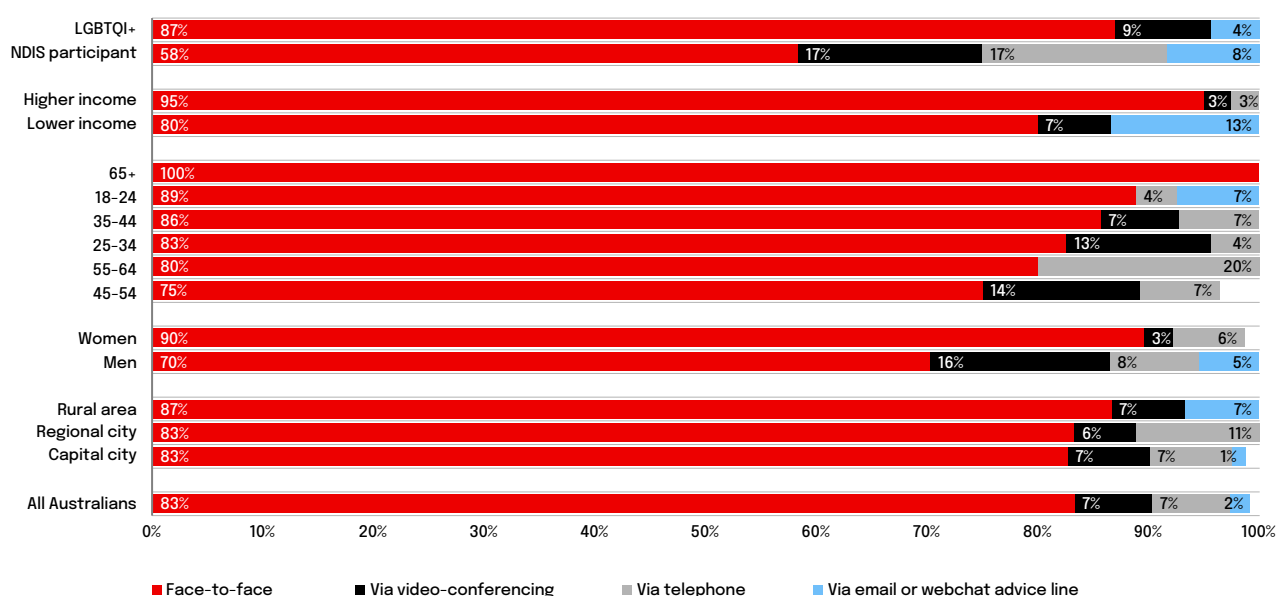


Figure 83: How do you prefer to access your psychologist or psychiatrist: 2025



Face to face visits ranged from 70% in capital cities to 60% in rural areas.



psychiatrists by region, except for a somewhat higher number in regional cities who preferred to do so via telephone (11%) and in rural areas via email or webchat advice line (7%).

Around 9 in 10 women preferred face to face contact (90%) compared to 7 in 10 men (70%). Significantly more men however indicated a preference for video conferencing (16% vs. 3%) and by email or webchat advice line (5% vs. 0%).

All Australians over 65 preferred face to face (100%) with this falling to 3 in 4 in the 45-54 age group (75%).

Significantly more 45-54 (14%) and 25-34 year olds (13%) preferred video conferencing than other age groups, but considerably more in the 55-64 group telephone (20%). In the 18-24 age group, 7% also said they preferred an email or webchat advice line.

By income, a lot more Australians in the higher income group preferred face to face (95%) than in the lower income group (80%), but a lot more in the lower income group preferred to interact by email or webchat advice line (13% vs. 0%).

A much lower number of NDIS participants expressed a preference to access their psychologist or psychiatrist face to face (58%), though this matched exactly how many last accessed treatments this way. A well above average number of NDIS participants also preferred to interact via video conferencing (17%), telephone (17%) and email or webchat advice line (8%).

Preferences in the LGBTIQ+ group largely mirrored the Australian average.



Chapter 17:

**Deep dive:
Dental health**

The Australian Dental Association (ADA) recommends that most adults see their dentist every 6 to 12 months for routine check-ups and cleanings. However, despite an encouraging increase in the number that visited a dentist within the ADA recommended timeframe, many Australians avoided visiting one.

In 2025, the number who visited in the past 12 months climbed to 60% (53% in 2024), mainly reflecting a higher number that last visited a dentist within the past 6 months (40% up from 33%). Those who visited in the past year was unchanged at 20%. This means that 4 in 10 Australians are not meeting ADA standards for their oral health (40%).

We also counted slightly lower numbers who visited within the past 1-2 years (14% vs. 16%), 3-5 years (11% vs. 14%) and over 5 years ago (13% vs. 14%). 1 in 50 never visited (2%).

In 2025, almost 7 in 10 (65%) in capital cities visited a dentist within the past year, compared to around 1 in 2 in regional cities (54%) and around 4 in 10 in rural areas (43%). Similar numbers of men (61%) and women (60%) visited within the past year. Australians aged 18-24 (66%), over 65 (65%) and 45-54 (64%) were most vigilant for visiting a dentist within the past 12 months and 25-34 year olds least so (49%).

Income was important with around 2 in 3 in the higher income group (67%) visiting their dentist within the past 12 months compared to just under 1 in 2 in the lower income group (46%). Above average numbers of NDIS participants (66%) and in the LGBTQI+ group (70%) also visited with the past year. Having private health cover was important, with over 7 in 10 (72%) with cover visiting a dentist in the last 12 months compared to only 4 in 10 without cover (42%). Also obvious was the far greater number in rural areas (28%), who did not have private health cover (23%) and in the lower income group who last visited a dentist more than 5 years ago.

Cost is still the main reason most Australians had not visited a dentist for over a year in 2025. And, amid growing cost of living pressures and rising dental costs, cost has weighed heavily on more Australians in each year since we started to track this data in 2022.

In 2025, cost was cited as a detriment for not visiting by almost 6 in 10 Australians (57%). This was up from 53% in 2024 and has grown from 43% since 2022.

A basically unchanged 1 in 4 who had not visited a dentist for over a year also did not because there was no need (26%), while an unchanged 1 in 5 were hampered by anxiety and fear of dentists (21%).

Almost 7 in 10 (65%) Australians in capital cities visited a dentist within the past year, compared to around 1 in 2 in regional cities (54%) and around 4 in 10 in rural areas (43%).

Figure 84: Last time you visited a dentist

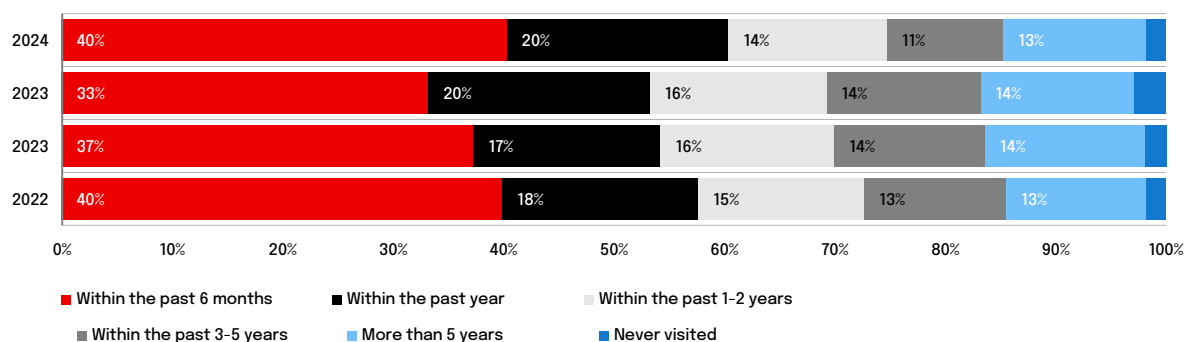


Figure 85: Last time you visited a dentist (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+	Private Health (Y)
Within past 6m	40%	42%	39%	31%	38%	43%	43%	30%	38%	43%	41%	46%	30%	43%	38%	53%	50%
Within past 1y	20%	23%	15%	12%	23%	18%	23%	19%	21%	21%	19%	19%	16%	23%	28%	17%	22%
Past 6m & 12m	60%	65%	54%	43%	61%	60%	66%	49%	59%	64%	60%	65%	46%	67%	66%	70%	72%
Within past 1-2y	14%	14%	17%	14%	15%	14%	16%	21%	15%	11%	13%	12%	17%	13%	9%	11%	13%
Within past 3-5y	11%	10%	12%	14%	10%	11%	10%	13%	13%	9%	9%	10%	13%	9%	13%	8%	8%
More than 5y	13%	10%	15%	28%	12%	14%	8%	15%	11%	13%	16%	13%	21%	9%	11%	12%	6%
Never visited	2%	2%	2%	2%	2%	1%	1%	3%	2%	3%	2%	0%	1%	2%	0%	0%	1%

Figure 86: Reason for not visiting a dentist for more than a year

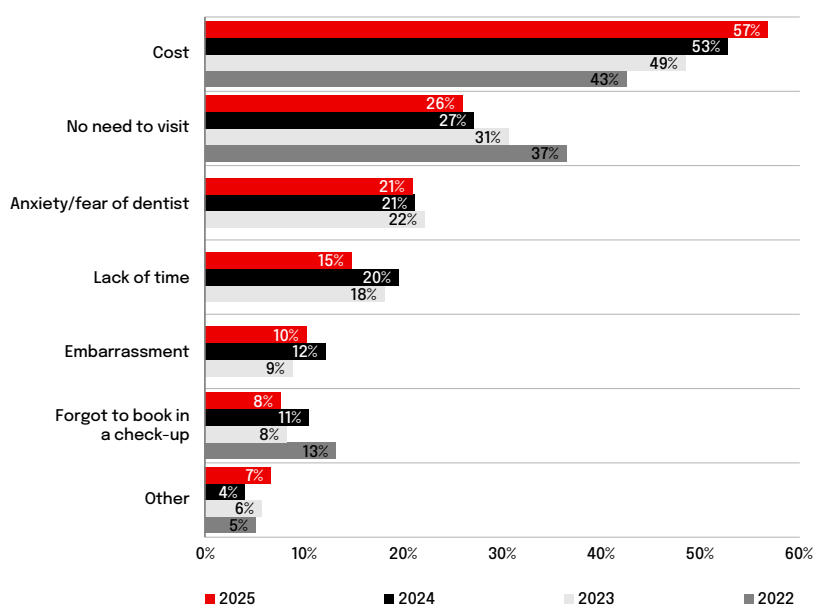


Figure 87: Reason for not visiting a dentist in the more than a year (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+	Private Health (Y)
Cost	57%	55%	53%	69%	52%	61%	41%	64%	62%	60%	59%	48%	56%	60%	50%	65%	48%
No need to visit	26%	25%	29%	24%	32%	21%	31%	20%	25%	22%	19%	41%	26%	29%	33%	15%	30%
Anxiety/fear of dentist	21%	21%	18%	23%	19%	23%	8%	21%	16%	29%	31%	18%	14%	16%	28%	15%	23%
Lack of time	15%	17%	8%	16%	19%	11%	26%	24%	18%	11%	7%	5%	13%	16%	17%	30%	19%
Embarrassment	10%	11%	8%	9%	10%	11%	13%	14%	11%	14%	7%	4%	8%	9%	17%	10%	10%
Forgot to book in a check-up	8%	8%	6%	7%	10%	6%	23%	10%	5%	0%	4%	9%	6%	7%	11%	20%	8%

Fewer however cited lack of time (15% vs. 20% in 2024), embarrassment (10% vs. 12%) and forgetting to book a check-up (8% vs. 11%) as reasons.

A somewhat higher number cited 'other' reasons (7% vs. 4%) such as having dropped their private health extras cover, having a disability and needing to see a specialist dentist, long waiting lists to see public dentists and at community dental clinics, not being COVID safe and having false teeth.

Cost was key in all regions in 2025, but for significantly more people in rural areas (69%) than in regional (53%) and capital cities (55%). Lack of time impacted twice as many people living in capital cities (17%) and rural areas (16%) than in regional cities (8%). Anxiety and fear of dentists also stopped somewhat more people visiting

dentists in rural areas (23%) and capital cities (21%) than in regional cities (18%).

Noticeably more women cited cost (61% vs. 52%) as a reason for not having visited a dentist for over a year but considerably more men saw no need to visit (32% vs. 21%) and lacked the time to do so (19% vs. 11%). Somewhat more women were also hampered by anxiety and fear of dentists (23% vs. 19%) while somewhat more men forgot to book in a check-up (10% vs. 6%).

Cost was also the main key reason in all age groups, but ranged from 64% among 25-34 year olds to 40% among 18-24 year olds. Noticeably more over 65s had no need to visit (41%) while considerably more 45-54 (29%) and 55-64 year olds (31%) did not visit because of anxiety and fear of dentists. A lot more 18-24 (26%) and 25-34 (24%) also had not visited because of a lack of time. A much

higher number of 18-24 year olds also forgot to book in a check-up (23%).

Reasons for not visiting a dentist for more than a year did not vary materially by income, except for a somewhat higher number in the higher income group who did not because of cost (60% vs. 56%). Anxiety and fear of dentists was a bigger concern among NDIS participants when compared to the average Australian (28%), and in the LGBTQI+ group cost (65%), lack of time (30%) and forgetting to book in a check-up (20%).

Cost impacted fewer people with private health cover in 2025 (48%). However, this has also grown from 38% in 2023 and 43% in 2024, consistent with reports dental costs have been rising at a faster rate than private health insurance rebates for dental cover in Australia in recent years.



Chapter 18:

**Switched practitioners
& what is most important
when searching for new
practitioner**

In 2025, 2 in 3 Australians (66%) indicated they had not switched any of their health practitioners in the past 2-3 years because they were dissatisfied with them in some way. This was up slightly from 62% in 2024, but still down from 71% in 2023.

Among those that did change, most reported they switched GPs, though this fell to 17% from 19% in 2024 but was still higher than in 2023 (14%). 1 in 10 (10%) also changed dentists, but this was down from 13% in 2024 though remained higher than in 2023 (8%).

Changing health practitioners was less common for specialist doctors (5% vs. 7% in 2024), pharmacy (unchanged at 5%), optometrists (5% vs. 6%), psychologists or psychiatrists (3% vs. 5%), vets (unchanged at 3%) and chiropractors, osteopaths or physiotherapists (2% vs. 3%).

By gender, a somewhat higher number of women than men changed GPs (19% vs. 15%) and vets (4% vs. 1%).

Somewhat more men than women however said they had not switched any health practitioners in the last 2-3 years than women (69% vs. 63%).

Fewer Australians tend to switch health practitioners as they grew older. In 2025, around 3 in 4 in both 55-64 and over 65 year age groups (76%) said they had not changed any of their health practitioners in the past 2-3 years, with this number falling in each consecutive age group just over 1 in 2 (55%) in the 18-24 age group.

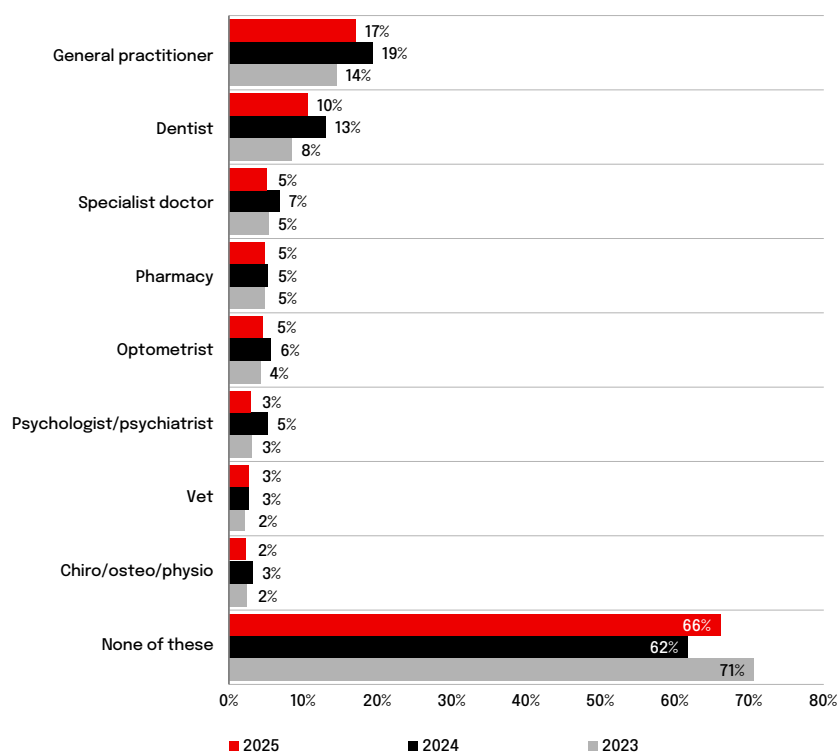
A closer look at those that did switch however showed twice more people in all age groups (ranging from 22% in the 18-24 group to 16% in the 55-64 group) changed GPs than those over 65 (9%). Around 1 in 5 (18%) 35-44 year olds switched dentists (18%) compared to 6% of 55-64 year olds and 4% among over 65s. Australians aged 45-54 were the most likely to have changed specialist doctors in 2025 (8%), 24-35 (6%) and 18-24 year olds

(5%) psychologists or psychiatrists and 18-24 year olds vets (6%).

The number of people in the lower and higher income group that changed health practitioners in 2025 aligned closely for all practitioners, except for a somewhat higher number in the lower income group who changed optometrists (7% vs. 3%).

Switching was much more common among NDIS participants with less than 4 in 10 not having changed any practitioners (38%). Moreover, well above average numbers of NDIS patients switched dentists (26% vs. 10%), specialist doctors (21% vs. 5%), pharmacy (21% vs. 5%), optometrists (21% vs. 5%) and psychologists & psychiatrists (9% vs. 3%). Well below average numbers in the LGBTQI+ group also said they did not change any health practitioners (47% vs. 66%), with well above average numbers also telling us they changed their GP (26% vs. 17%), dentist (20% vs. 10%),

Figure 88: Health professionals switched in last 2-3 years because dissatisfied in some way



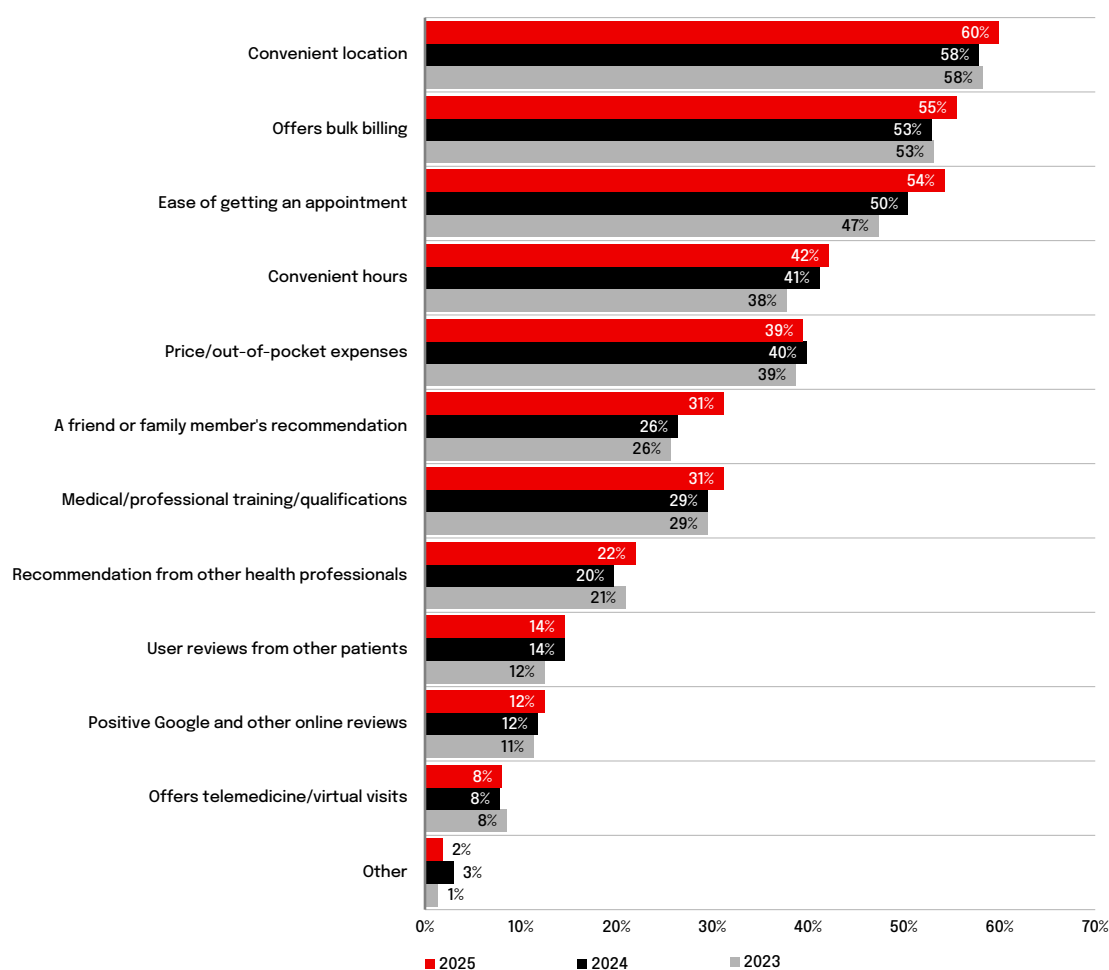
Fewer Australians tend to switch health practitioners as they grew older.

Figure 89: Switched health professionals in last 2-3 years (2025).

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
General practitioner	17%	16%	19%	17%	15%	19%	22%	21%	19%	19%	16%	9%	19%	18%	17%	26%
Dentist	10%	11%	11%	8%	10%	10%	12%	15%	18%	11%	5%	4%	9%	10%	26%	20%
Specialist doctor	5%	5%	6%	2%	5%	5%	4%	6%	5%	8%	2%	4%	5%	6%	21%	9%
Pharmacy	5%	5%	6%	5%	5%	5%	6%	6%	4%	4%	3%	7%	4%	5%	21%	3%
Optometrist	5%	4%	6%	4%	5%	5%	7%	4%	6%	4%	2%	5%	7%	3%	17%	5%
Psychologist/ psychiatrist	3%	3%	3%	2%	3%	3%	5%	6%	1%	4%	2%	1%	4%	1%	9%	9%
Vet	3%	2%	2%	5%	1%	4%	6%	2%	3%	3%	2%	1%	4%	2%	4%	9%
Chiropractor/ Osteopath	2%	3%	2%	1%	2%	3%	4%	3%	2%	3%	1%	1%	0%	3%	6%	2%
None of these	62%	63%	55%	67%	64%	60%	46%	44%	58%	70%	72%	78%	58%	60%	32%	34%



Figure 90: Most important consideration when searching for new doctor or other health professional



psychologist or psychiatrist (9% vs. 3%) and vet (9% vs. 3%) in 2025.

Choosing the right doctor or health professional is important for effective and positive healthcare experiences. When we asked Australians what their most important considerations were when searching for a new doctor or other health professional, priorities were largely unchanged in 2025.

Overall, 6 in 10 said a convenient location was key (60% up slightly from 58% in 2024). One that offers bulk billing was also important for over 1 in 2 Australians (55% up from 53%) as well as the ease of getting an appointment to see them (54% up from 50%).

Around 4 in 10 cited convenient hours (42% vs. 41%) and price or out of pocket expenses (39% vs. 40%). Around 3 in 10 valued recommendations from family members or friends (31% up from 26% reported in 2024) and their medical and professional training and qualifications (31% vs. 29%). Just over 1 in 5 said a recommendation from other health professionals was important (22% vs. 20%).

Unchanged numbers however were influenced by user reviews from other patients (14%), positive Google and other online reviews (12%) and finding a doctor or other health professional who offer access to telemedicine and virtual visits (8%).

Around 1 in 50 (2%) Australians also considered 'other' things important

when searching for a new doctor or other health practitioner like being Australian educated, being able to see the same doctor in the clinic, provide genuine customer care, are female, take a holistic view of health, are non-judgmental and are friendly.

By location, bulk billing (60%) and ease of getting appointments (58%) was an important consideration when searching for a new doctor or other health professional for somewhat more people in regional cities. Price and out of pocket expenses was key for noticeably more Australians in capital (41%) and regional cities (40%) than rural areas (32%). Reviews from other patients (11%) and positive Google and other online reviews (8%) were also somewhat less important for Australians in rural areas.

By gender we noted somewhat higher numbers of women than men who said price and out of pocket expenses (43% vs. 35%) and finding a doctor or other health professional who offers bulk billing (58% vs. 53%) were important.

By age, the most obvious differences included the much higher number of over 65s who said a convenient location (77%), ease of getting an appointment (67%) and recommendations from other health professionals (32%) were important considerations, and in the 55-64 group convenient hours (54%). Noticeably more in 35-44 (19%), 18-24 (18%) and 25-34 (16%) age groups said positive Google and other online reviews were important, particularly when compared to over

65s (1%). Somewhat more 18-24 (40%) and 55-64 year olds (38%) valued recommendations from family or friends. We also counted a somewhat lower number of 25-34 year olds who said bulk billing (41%) and prices or out of pocket expenses (32%) were important considerations when searching for a new doctor or health professional.

Doctors and other health professionals who offer bulk billing was an important consideration for significantly more people in the lower income group (63% vs. 49%), but in the higher income group positive Google and other online reviews (16% vs. 3%) and recommendations from family or friends (33% vs. 21%).

Well above average number of NDIS participants valued user reviews from other patients (21% vs. 14%), positive Google and other online reviews (17% vs. 12%) and doctors and other health professionals who offer telemedicine and virtual visits (15% vs. 8%).

Well above average numbers in the LGBTQI+ group however said price and out pocket expenses (53% vs. 39%), ease of getting an appointment (67% vs. 54%) and user reviews from other patients (23% vs. 14%) were important considerations when searching for a new doctor or other health professional.

Figure 91: Most important consideration when searching for new doctor or health professional (2025)

	Australia	Capital city	Regional city	Rural area	Men	Women	18-24	25-34	35-44	45-54	55-64	65+	Lower income	Higher income	NDIS participant	LGBTQI+
Convenient location	60%	59%	61%	61%	60%	60%	43%	46%	54%	61%	68%	77%	52%	59%	40%	50%
Offers bulk billing	55%	55%	60%	52%	53%	58%	52%	41%	56%	56%	63%	62%	63%	49%	40%	58%
Getting an appointment	54%	53%	58%	52%	53%	56%	49%	46%	49%	51%	59%	67%	48%	53%	45%	67%
Convenient hours	42%	43%	41%	42%	40%	44%	33%	39%	38%	41%	54%	45%	33%	41%	32%	44%
Price & out of pocket expenses	39%	41%	40%	32%	35%	43%	39%	32%	40%	43%	45%	38%	33%	39%	30%	53%
Medical training & qualifications	31%	31%	29%	34%	30%	33%	27%	23%	27%	31%	41%	37%	28%	32%	30%	21%
Recommendation (family or friends)	31%	32%	30%	30%	30%	32%	40%	31%	25%	30%	38%	28%	21%	33%	26%	30%
Recommendation (other health professionals)	22%	23%	19%	19%	20%	24%	20%	15%	16%	18%	27%	32%	19%	23%	25%	18%
User reviews from other patients	14%	15%	16%	11%	13%	16%	16%	19%	15%	11%	17%	10%	11%	16%	21%	23%
Positive Google and other online reviews	12%	13%	12%	8%	12%	13%	18%	16%	19%	12%	12%	1%	3%	16%	17%	15%
Offers telemedicine or virtual visits	8%	8%	6%	8%	7%	9%	10%	9%	8%	6%	8%	8%	6%	10%	15%	5%



6 in 10 said a convenient location was key (60% up slightly from 58% in 2024).



Chapter 19: Summary

A simple way of assessing the 'health system' is by asking Australians to score their overall satisfaction with healthcare in this country. While Australia's health system performs very well across many dimensions of health relative to other countries, Australians are still only 'moderately' satisfied with the system overall, scoring their satisfaction slightly lower at 6.4 out of 10 (from 6.5 in 2023 and 2024).

The number of those 'very' satisfied (8+pts), also edged down for the second consecutive year to 34% (from 36% in 2024 and 37% in 2023). Satisfaction was lower in capital cities but improved in rural areas (albeit remains lowest overall). This matters. Around 7 million people – or 28% of the population – live in rural and remote areas and face unique challenges, often having poorer health outcomes than people living in metropolitan areas including higher rates of hospitalisations, deaths and injury. They also have poorer access to and use of primary healthcare services, than people living in major cities. Interestingly, the gulf in satisfaction between those on higher and lower incomes narrowed, falling in the higher income group and rising for those on lower incomes. There was also a sharp increase among NDIS participants, who are considerably more satisfied than the average Australian.

Australians who require ongoing treatment or medication for a medical condition (around 4 in 10 people) are often closer to the system, and as a result their satisfaction is particularly important. They remain more satisfied than the wider population at an unchanged 7.5 out of 10, with over 6 in 10 'very' satisfied. Once again satisfaction rose sharply in rural areas but fell (and is now lowest) in capital cities. The number of health consumers 'very' satisfied also jumped sharply in rural areas (to 70% vs. 49% in 2024). By age, those reporting very high satisfaction ranged from almost 8 in

10 among over 65s to less than 1 in 2 in the 35–44 age group. Interestingly, satisfaction increased sharply in the 18–24 group (to almost 1 in 2 from just 28% in 2024). People in the higher income group reported mildly lower levels of satisfaction but it was unchanged in the lower income group.

While many Australians continue to struggle with their mental health, the number who reported being diagnosed with a mental health illness or disorder over the last 12 months continues to fall. More importantly, wait times for support are also down. The number who reported being diagnosed with a mental health illness or disorder fell to 13% in 2025 (16% in 2024 and 18% in 2023). A lower number also felt they needed 'professional help' over the past year (33% from 39% in 2024 and 43% in 2022 as the pandemic continued to impact the country). Importantly, more got the help they needed (50% vs. 47% in 2024). It is also pleasing to report a significant improvement in wait times for mental health support, with 1 in 3 (33%) Australians able to access care in less than 2 weeks (24% in 2024). Just over 1 in 5 (22%) had to wait 2 weeks to less than a month (34% in 2024). Those in capital cities continue to be able to access care more quickly (35% in less than 2 weeks vs. 27% in rural areas). Wait times of more than 6 months remain over 3 times more prevalent for Australians living in rural areas (18% vs. 5% in capital cities). By income, almost twice more people (39% vs. 21% in 2024) on higher incomes were able to access help in less than 2 weeks, compared to those on lower incomes (28%, rising from 22% in 2024).

GPs, pharmacies and dentists remain the most commonly visited health practitioners. Importantly, visitation rose solidly across a number of practitioners, particularly GPs. 8 in 10 (80%) Australians visited a GP over the past year (71% in 2024). There was also a large increase in visitation to optometrists (41% vs.

33%). Visits also rose for pharmacies (63% vs. 61%), dentists (55% vs. 50%), specialist doctors (28% vs. 25%) and chiropractors, osteopaths or physiotherapists (20% vs. 17%) in 2025. A slightly lower number however accessed a public hospital (21% vs. 24%) or vet (15% vs. 17%). It was marginally lower for private hospitals (11% vs. 12%) and psychologists or psychiatrists (11% vs. 12%). An unchanged 1 in 15 (6%) also signalled they did not visit any of these practitioners over the last 12 months. Much higher numbers in capital cities visited a dentist (58% vs. 42% in rural areas). Significantly more people in rural areas however used a pharmacy (72%), public hospital (31%) or vet (23%). Older Australians were much more likely to have visited a GP, pharmacy, dentist, optometrists or specialist doctor. A much higher number of 18–24 year olds visited a psychologist or psychiatrist (24%). A greater number of those on higher incomes visited a dentist (56% vs. 43% lower income), a chiropractor, osteopath or physiotherapist (25% vs. 11%) and vet (20% vs. 9%), while visitation was higher among those on lower incomes for a public hospital (32% vs. 19%).

While visitation is up, a large number of Australians told us they should have visited a health professional more often, particularly a dentist (20% failed to visit despite needing to, down slightly on 21% last year) or a GP (unchanged at 17%). Affordability remains a key obstacle. A further 1 in 10 failed to see a chiropractor, osteopath or physiotherapist (10% vs. 8% in 2024), optometrist (10% vs. 9%), psychologist or psychiatrist (unchanged at 10%) or specialist doctor (10% vs. 11%). Fewer do not visit a pharmacy (7% vs. 9%) or public hospital (4% vs. 7%). Australians remain least inclined to have not visited a vet (unchanged at only 2% not doing so) or private hospital (3% vs. 4%). When asked why they had not visited, cost again featured prominently, with 6 in 10 indicating they could not afford to visit a chiropractor, osteopath or

physiotherapist (62%), psychologist or psychiatrist (60%), dentist (58%) and vet (56%). 1 in 2 also did not visit a specialist doctor (52%), and around 4 in 10 a private hospital (44%) and optometrist (42%) due to cost. Interestingly, the most common reason for not visiting a GP (32%) or pharmacy (49%) was because “I am managing it myself”, and a public hospital because of difficulty getting an appointment (35%).

Over the past year there has also been some notable changes in the reasons health consumers have not visited a practitioner despite needing to. Among key changes:

- **GPs:** no time to visit was a bigger issue in 2025 (21% vs. 16%).
- **Specialist doctors:** affordability is biting harder (52% vs. 38%) but it was easier to get an appointment (20% vs. 28%).
- **Dentist:** affordability (58% vs. 51%) and time (25% vs. 20%) were bigger issues, but far fewer are self-managing (10% vs. 19%).
- **Private hospitals:** affordability (44% vs. 33%), not knowing who to see (19% vs. 12%) and self-managing (36% vs. 28%) are more important reasons, but far fewer identified not being able to get an appointment (6% vs. 21%).
- **Public hospitals:** getting an appointment (35% vs. 16%) and not knowing who to see (23% vs. 9%) are much more important.
- **Optometrists:** far fewer patients self-managing (14% vs. 26%) or didn't know who to see (7% vs. 15%).
- **Psychologists or psychiatrists:** affordability (60% vs. 49%) was a greater issue but far less self-managing (17% vs. 30%).
- **Pharmacy:** far fewer patients didn't know who to see (7% vs. 16%).
- **Chiro's, Osteo's or Physio's:** noticeably more patients were not visiting because of affordability (62% vs. 54%).

- **Vets:** affordability (56% vs. 29%) was weighing much more heavily, but far fewer could not get an appointment (0% vs. 19%), didn't know who to see (8% vs. 24%), self-managing (16% vs. 33%) or didn't have time (4% vs. 14%).

With affordability a key constraint, it is not surprising most Australians believe prices of services charged by most health practitioners continued to rise over the past 12 months. But it was encouraging to see that the number reporting higher charges was mostly unchanged or lower for all health practitioners. The greatest number of health consumers (75% vs 76% in 2024) believed the cost of vet services had increased, followed by psychologists or psychiatrists (68% vs. 67% in 2024), chiropractors, osteopaths or physiotherapists (65% vs. 72%) and dentists (64% vs. 67%). Many also said specialist doctors (60% vs. 63%), private hospitals (59% but down significantly from 71% in 2024), GPs (55% vs. 59%), pharmacies (54% vs. 66%) and optometrists (54% vs. 49%) were more expensive. Only 1 in 4 (26% vs. 31%) reported higher prices for public hospitals.

With cost of living pressures continuing to add to a collective sense of financial stress among Australians, bulk billing remains extremely important for many health consumers. But bulk billing rates have been falling in recent years and this has continued. The share of Australians bulk billed the last time they visited their GP fell to 58% in 2025 (60% in 2024 and 71% in 2022). However, bulk billing rose in rural areas (68% vs. 64%) and regional cities (63% vs. 60%), while bulk billing fell in capital cities (55% vs. 60%). Bulk billing fell for those on lower (79% vs. 81%) and higher incomes (46% vs. 51%). But the importance of bulk billing when selecting a doctor continues to rise. When Australians were again asked to score how important it was to them, on average they scored 8.3 out of 10 (8.2 in 2024 and 8.1 in 2023), rising particularly sharply

in the lower income group (8.9). The number who considered it extremely important (scored 8+) touched 7 in 10 (70%) in 2025 (68% in 2024 and 65% in 2023) and almost 8 in 10 (79% up from 76% in 2024) for those on lower incomes.

Cost of care does not always equate with overall 'value', which captures something beyond monetary terms. Australians continue to believe they are receiving very good or excellent value from all health professionals, scoring almost all practitioners higher this year. Australians on average scored value highest for optometrists (8.2 up from 8.0), replacing pharmacy in the top spot (8.0 vs. 8.1), followed by public (7.7 vs. 7.6) and private (7.7 vs. 7.5) hospitals, chiropractors, osteopaths or physiotherapists (7.7 vs. 7.6), specialist doctors (7.7 vs. 7.3), GPs (7.6 vs. 7.3), vets (7.4 vs. 7.3) and dentists (7.4 vs. 7.3). Value was scored lowest for psychologists or psychiatrists (unchanged at 7.1). Many were scored 'excellent' value for money (8+), with optometrists leading the way (71% vs. 69% in 2024), followed by pharmacies (66% vs. 68%), private hospitals (64% vs. 57%), specialist doctors (62% vs. 58%), public hospitals (61% vs. 59%), GPs (60% vs. 56%), chiropractors, osteopaths or physiotherapists (58% vs. 56%), vets (57% vs. 52%), dentists (54% vs. 53%).

When asked what a health practitioner could do to offer them better value for money, your patients say... they are frustrated that practitioners are “charging their fee, but never really fixing the problem”, and want you to “actually resolve my issues when I'm in session instead of putting it aside for a future session”. Many also spoke of booking a longer appointment to deal with many issues “only to spend less than 10 minutes with my issues left unsolved or treated”, and more specifically being billed for veterinary time spent with a pet when “no medical activity occurred, just play time”. Others spoke of not “trying to upsell everything”, of wanting you to provide “things to read

afterwards and things I can do in the meantime”, of having “a payment plan with easier requirements to apply”, to “stop charging way above the Medicare threshold, and if you do then give me more time for the money instead of rushing me out the door”, believing there should be “loyalty discounts for long-term patients”, wanting you to “read my notes prior to my attending and know my history”, of high fees and refusal to treat patients that don’t have private health cover having “led me overseas to get surgery for a third of the price”. Continuity of care was also an issue with one patient noting “my doctor often goes on holidays but does not advise when he will be away”. Some also reiterated that “it would be great to be able to get appointments within a reasonable timeframe and not be placed on a 6-month waiting list”. Finally, many said you could offer them better value just by listening to them, being more attentive and caring, providing “more personalised care and a deeper attempt to understand needs” and by offering “a more holistic approach to health”.

Encouragingly Australians also reported it was easier to see most health practitioners. Overall, pharmacists are considered the most accessible (unchanged at 8.7 pts), followed by optometrists (8.5 vs. 8.3 in 2024), vets (8.4 vs. 8.1) and chiropractors, osteopaths or physiotherapists (8.3 vs. 7.9). Australians also reported it was ‘quite’ easy (and also a little easier) to see a dentist (7.7 vs. 7.5) and private hospitals (7.7 vs. 7.5). GPs were unchanged (7.3). With many Australians still struggling with mental health issues, it was pleasing that the ease of seeing a psychologist or psychiatrist also scored higher (6.9 vs. 6.4), and highest since tracking this data. Specialist doctors also rose (6.9 vs. 6.5). Australians now consider it hardest to access a public hospital (6.7 vs. 6.8 in 2024), replacing psychologists or psychiatrists as the most difficult health modality to



access in 2025. Those in rural areas said it was much more difficult to see a psychologist or psychiatrist (5.8), but much easier to see an optometrist (9.1) and use a private (9.0) or public hospital (7.3). Vets however were much harder to see in regional cities (7.8) and private hospitals in capital cities (7.5). Older Australians said it was easier to see or use most health practitioners, particularly pharmacists, optometrists and GPs. The exception was chiropractors, osteopaths or physiotherapists which were considered easiest to see by 18-24 year olds (8.6). Higher income Australians said it was much easier than those on lower incomes to access a private hospital (8.1 vs. 5.8) and a psychologist or psychiatrist (7.3 vs. 6.2).

When asked what a health practitioner could do to make it easier to see them, your patients say... they want you to provide more bulk billing and have more understanding that low or fixed income patients “are wanting

to be proactive about their health but are limited from doing so by income and access to opportunity”, that they are frustrated by the need for ongoing referrals, believing this is adding to waiting lists by “clogging up their calendar with referral appointments”. Others spoke of the need for you to “just be on time for appointments”, of overbooking “with too many 10 minutes slots taking up to 20 minutes to half hour”, feeling like you were “trying to get me out the door quickly”, of wanting you to have appointments available “when I’m actually sick rather than having to book a month in advance”, noting that “walk-ins with GPs used to be very easy, but now you’ve recovered before you see them”, wanting more availability on weekends, frustration that “the good ones are normally booked out, leaving not so good ones available”, and the need for more consistency as “the quality varies so dramatically”. Others wanted more pre warning when you are considering leaving the practice, and wanting



you to be “transparent that they also practise in the public system before booking appointments”, not wanting to be referred to someone “who has long waiting time of more than 2 years!”, of the need for more online booking systems, dedicated disabled parking, eliminating “unnecessary appointments like for prescriptions”, more follow ups and “potentially having a reminder email if I have not booked a scheduled appointment yet”, or “just a check-up email or text after 6 months from the last appointment if they have not heard from me for a while”.

Most Australians (over 9 in 10) continue to consult with their GP face to face, and this aligns with their preference. The number who saw their GP face to face the last time they visited increased to 93% this year (90% in 2024). Slightly fewer did so via telephone (7% vs. 6%) or video conferencing (1% vs. 2%). A somewhat higher number in regional (96%) and capital cities (93%) accessed a GP

face to face than in rural areas (83%), where more did so via telephone (13% vs. 6% & 3% respectively in capital and regional cities). Almost all those over 65 had visited their doctor face to face (99%), compared to 88% in the 18-24 age group. Access to treatment did not vary materially by income with 92% in the higher income group and 91% in the lower income group doing so face to face. Telephone consults saw 8% in the higher income group and 7% in the lower group.

Face to face is also preferred when seeing a specialist. Most Australians accessed treatment face to face (88% vs. 90% in 2024). A slightly higher number did so via video conferencing (6% vs. 5%), and unchanged numbers by telephone (5%) or by email or webchat advice (1%). Around 9 in 10 in capital cities (89%) did so face to face compared to 8 in 10 in rural areas (82%). Video conferencing was somewhat more common in regional cities (9%) and rural areas (8%) than in capital

cities (4%), with telephone twice more prevalent in rural areas (10%) than in regional (4%) and capital (5%) cities. By age, face to face ranged from 93% in the 55-64 age group to 75% in the 18-24 age group. Significantly more younger people aged 18-24 (18%) and 25-34 (16%) accessed a specialist via video conferencing. Though face to face was the main preference in all age groups, it ranged from 95% among 55-64 year olds to 77% for 25-34 year olds. More younger Australians clearly preferred non-traditional channels, with 13% of 25-34 year olds, 11% of 18-24 year olds and 9% of 35-44 year olds preferring telephone, and 10% of 25 year olds, 9% of 35-44 year olds and 7% of 18-24 year olds preferring video conferencing.

More Australians chose to access the private system to get an appointment more quickly with a specialist. Overall, the number who accessed the private system to see a specialist more quickly increased to almost 1 in 2 (47%) from around 4 in 10 (39%) in 2024. This helps

explain why fewer said it was harder to get an appointment. An unchanged 13% tried to access the private system but have not yet accessed a specialist, and the number who had not tried to access the system fell to 40% in 2025 from 49% in 2024. Almost twice more people in the higher income group reported having accessed the private system to see a specialist more quickly in 2025 (56% up from 51% in 2024) compared to those in the lower income group (30% down from 32%).

There is greater disconnect between how Australians accessed treatment with psychologists or psychiatrists and how they prefer to do so. Though most appointments were face to face, it fell somewhat to 68% (73% in 2024), with more pivoting to video conferencing (17% vs. 16%) and telephone (13% vs. 10%). That said, a significantly higher number of patients said they preferred to access care face to face (83% vs. 73%) and far fewer preferred access to care via video conferencing (7% vs. 13%) or telephone (7% vs. 11%). This was the case especially in rural areas (60% accessed face to face vs. 83% preferring face to face), 25–34 year olds (57% accessed; 83% preferred), in the lower income group (60%; 80%) and in the LGBTQI+ group (65%; 87%). Around 9 in 10 women preferred face to face contact (90%) compared to 7 in 10 men (70%). Significantly more men however preferred video conferencing (16% men vs. 3% women) and email or a webchat advice line (5% vs. 0%). All Australians over 65 preferred face to face (100%), falling to 3 in 4 in the 45–54 age group (75%). Significantly more 45–54 (14%) and 25–34 year olds (13%) preferred video conferencing, but considerably more in the 55–64 group preference telephone consults (20%). In the 18–24 age group, 7% also said they preferred an email or webchat advice line.

Feeling listened to is particularly important to patients. Actively listening is essential for gathering accurate clinical data, diagnosis

and choosing the right treatments, and can also foster stronger practitioner-patient relationships. Encouragingly, Australians felt they were better heard than last year by most practitioners, with most scoring quite high. Chiropractors, osteopaths or physiotherapists led the way and higher this year (8.4 vs. 7.9 in 2024), replacing optometrists who also improved (8.3 vs. 8.1), followed by vets (8.1 vs. 8.0), pharmacy (unchanged at 8.0), specialist doctors (7.9 vs. 7.6), dentists (7.9 vs. 7.7), psychologists or psychiatrists (7.9 vs. 7.4), GPs (7.6 vs. 7.5) and private hospitals (unchanged at 7.6). Public hospitals scored lowest (7.1 vs. 7.2). Older Australians scored highest, particularly for GPs (8.5) and public hospitals (8.1). Many Australians scored practitioners very high (i.e. 8+), ranging from almost 8 in 10 for chiropractors, osteopaths or physiotherapists (78%), followed by optometrists (76%), vets (71%), dentists (66%), pharmacies (63%) and specialist doctors (63%), GPs (62%), psychologists or psychiatrists (61%), private (54%) and public hospitals (47%). For over 65s, pharmacists (83%), GPs (79%) and psychologists or psychiatrists (83%) scored very highly. In contrast, a much lower number of 18–24 year olds felt strongly they were listened to by pharmacists (38%), 25–34 year olds by optometrists (44%) and public hospitals (26%) and 35–44 year olds by specialist doctors (34%) and psychologists or psychiatrists (36%).

When asked what a health practitioner could do to make them feel more listened to, your patients say... they feel rushed and that “sometimes it’s hard to discuss a complicated issue in just 10 minutes”, of feeling many of you simply want “to see as many patients as possible”, do not allow them to speak and “tell you where I’m at, then allow me to be a part of an action plan moving forward”, they want you to ask more questions about them including “how I feel about the course of treatment, is it working for you? why

or why not? how would these options suit? what would you feel comfortable with? are these affordable for you?”, to not simply “brush off problems as normal or part of ageing”, to “look towards me when talking to me, not simply staring at their computer while writing notes and charts” and to “take a few seconds to look at me not only as a patient but as a person”. Others spoke of the importance of asking some clarifying questions “so I feel like you’re paying attention and thinking about my concerns rather than how to quickly to band aid it”, of the need to “give me all their attention and try to help me feel comfortable enough to open up to them” and the importance of “not judging me for my lifestyle choices” and to “act like they care about my concerns not just dismiss them and stare at the screen” and having “an aversion to getting medical care because of this treatment.”

Feeling cared for as a person by health practitioners can also help foster trust and adherence to treatment plans, leading to improved health outcomes and higher patient satisfaction. Findings show that Australians felt more cared for by most practitioners. Chiropractors, osteopaths or physiotherapists again came out on top and improved (8.5 vs. 8.2 in 2024), followed by optometrists (8.2 vs. 8.0), psychologists or psychiatrists (up to 8.1 from 7.5), vets (unchanged at 8.0), dentists (7.9 vs. 7.7), specialist doctors (7.9 vs. 7.6), pharmacists (7.8 vs. 7.9), GPs (7.8 vs. 7.6), private hospitals (7.5 vs. 7.8) and public hospitals (unchanged at 7.2). A large number felt extremely well cared for (scored 8+), particularly by chiropractors, osteopaths or physiotherapists (78% vs. 73% in 2024), vets (70% vs. 66%), optometrists (69% vs. 65%), dentists (68% vs. 59%), psychologists or psychiatrists (65% vs. 55%), GPs (64% vs. 59%) and specialist doctors (63% vs. 62%). It was unchanged for private hospitals (58%) and lower for public hospitals

(53% vs. 54%). Once again, Australians over 65 rated all practitioner groups highest, particularly public hospitals (8.2) and GPs (8.5). Income was not an overly important determinant, except for pharmacists which scored much higher in the lower income group (8.5 vs. 7.5).

When asked what a health practitioner could do to make them feel more cared for, patients say...

they would feel more cared if you were more “calm while speaking to me, no matter how quiet I am as some people suffer with trust issues”, sought to “find out more about my emotional and mental health status not just my physical health”, “listen to my concerns without judgement”, “stop rushing treatment and take the time to be caring and empathetic”, “involved me in the conversation so I feel heard not just seen in 10 minutes and your times up”, and “take time to hear the full story”, with one patient noting that “the 10-15 minutes currently being forced upon patients is depriving them of being able to explain and report issues that can seriously affect and impact what doctors advise and prescribe”. Others spoke of the need for “a secondary waiting area for patients who need to be alone when emotionally distressed rather than having to sit in general waiting area”, to “remind me periodically when tests or check-ups are needed and be able to be contacted by phone or e-mail when some questions come up”, to “contact you for a follow up to see how you are doing and if you have any issues”, and the importance of making “verbal comments instead of just typing on computer.”

Patients also want practitioners to use clear and plain language, and again, several practitioners scored higher this year. Chiropractors, osteopaths or physiotherapists again scored highest (8.6 vs 8.4 in 2024), followed by optometrists (8.5 vs. 8.2), vets (8.4 vs. 8.3), pharmacists (unchanged at 8.2), dentists (8.2 vs.

8.0), specialist doctors (8.0 vs. 7.9), GPs (8.0 vs. 7.8) and psychologists or psychiatrists (7.9 vs. 7.6). Public (7.4 vs. 7.5) and private hospitals (7.7 vs. 7.8) were lowest and the only groups to score lower. Among practitioners who were scored very high (8+), it ranged from 8 in 10 for chiropractors, osteopaths or physiotherapists (80% vs. 78% in 2024) and optometrists (79% up considerably from 70% in 2024) to just over 1 in 2 for public hospitals (55% down from 56%) and 6 in 10 for psychologists or psychiatrists (58% down from 60%). A considerably higher number also scored their dentist (73% vs. 64%) highly along with and private hospitals (67% vs. 60%).

When asked what a health practitioner could do to make them feel more listened to, patients say...

they want you to “explain complicated medical terminology in plain English and always check that I have understood what they have told me”, “provide me with respect and be honest with the results of test or scans”, “give me treatment options and explain thoroughly the different options, benefits and side effects”, of the importance of simply “sitting and discussing the issue and then giving us written information”, to “explain why they’re doing the things they’re doing”, of providing language translators and “doctors reading the history before an appointment will make a big difference”, and the importance of gaining “an understanding of the patient’s knowledge on the topic and adjust accordingly”. Finally, some wanted you to have a similar ethnic background while a smaller number actually wanted more specific and detailed information and “maybe use scientific details and visuals”.

The built environment (ambience of rooms, patient facilities, comfortable seating, friendly staff etc.) can also impact the patient experience by reducing anxiety, improving patient-doctor communication and increasing patient satisfaction.

There was little material change with most practitioners still scoring well. Chiropractors, osteopaths or physiotherapists again scored highest but marginally lower (8.2 vs. 8.3 in 2024), ahead of optometrists (8.1 vs. 7.9), dentists (8.0 vs. 7.9), vets (8.0 vs. 7.9), specialist doctors (unchanged at 7.8), GPs (7.7 vs. 7.6), psychologists or psychiatrists (7.7 vs. 7.5), pharmacies (7.6 vs. 7.8) and private hospitals (7.6 vs. 7.8). Public hospitals were unchanged at 6.9. Those that scored very high (8+), ranged from 75% for chiropractors, osteopaths or physiotherapists to 58% for psychologists or psychiatrists and private hospitals. In contrast, just over 4 in 10 (44%) rated public hospitals very high (46% vs. 48%). Somewhat higher numbers however scored very high for dentists (71% vs. 65%), optometrists (69% vs. 64%), vets (68% vs. 59%) and GPs (63% vs. 68%).

When asked what a health practitioner could do to improve the overall practice environment, your patients say...

they believe “basic amenities such as tea or coffee should be provided when waiting times are longer than 30 minutes”, “a fresh coat of paint and more natural light and air purifiers”, with many reiterating the importance of being COVID safe and some wanting a return to mandatory masking in all healthcare settings, along with “mandatory cancellation if you’re sick, especially with COVID, and mandatory testing and protect the damn vulnerable!!!”. Others want “more facilities for children to keep them amused”, “better warmer lighting, preferably natural”, “comfortable seating, especially in public hospitals and in the emergency waiting area considering it’s common for people to be waiting for hours until they’re seen” and displays of “expected time until being seen”. Another common theme was cleanliness along with noise with one patient urging you to “stop any music in the waiting room that is loud or jarring” and others noting “stop playing blaring TV background noise and also

stop playing very loud background radio noise” and more specifically “why do dentists have the doors open so you can hear their machines. It’s nerve racking!”. Friendliness is also highly valued and “to have receptionists and other staff always be respectful to patients and patient with their queries”. Others wanted “a TV going with subtitles so we can watch while we wait”. Privacy is also highly valued with patients noting that a pharmacy can be “a bit embarrassing”. Finally, others noted the importance of making your practice less crowded and more spacious to avoid bacteria spreading and linking this to “more realistic appointment scheduling”.

Pleasingly, overall satisfaction improved (or was unchanged) for almost all practitioners. This year overall satisfaction scored highest for chiropractors, osteopaths or physiotherapists, and noticeably higher than last year (8.6 vs. 8.1 in 2024), overtaking optometrists who also scored higher (8.5 vs. 8.2), then vets (unchanged at 8.3), pharmacies (8.3 vs. 8.2), dentists (8.2 vs. 8.1) and specialist doctors (8.2 vs. 7.8). Satisfaction improved marginally for private hospitals (8.1 vs. 8.0), improved most for psychologists or psychiatrists (8.0 vs. 7.4) and was also higher for GPs (8.0 vs. 7.8). Satisfaction with public hospitals however fell (7.7 vs. 7.5) and was lowest overall. While satisfaction improved for most practitioners, they remain below levels reported in 2022 when we first began to compile this data for all practitioner groups except chiropractors, osteopaths or physiotherapists, optometrists and psychologists or psychiatrists. Satisfaction was much higher in rural areas for private (9.5) and public hospitals (8.5), and somewhat higher for chiropractors, osteopaths or physiotherapists (9.0) and optometrists (9.0). Women were more satisfied with the care or treatment they received from psychologists or psychiatrists (8.2 vs. 7.6). The over 65s



reported the highest satisfaction for nearly all practitioners, especially private hospitals (8.9), GPs (8.7) and public hospitals (8.4). Satisfaction in the lower group was higher for pharmacy (8.6 vs. 8.0), dentists (8.7 vs. 8.1) and psychologists or psychiatrists (8.5 vs. 8.0), but in the higher income group private hospitals (8.5 vs. 7.8).

This year we asked for the first time how likely Australians were to recommend their health practitioner to a friend or colleague by calculating a net promoter score (NPS). Findings suggest more could be done to actively drive customer advocacy by focusing on enhancing the customer experience. Chiropractors, osteopaths and physiotherapists come out on top with an NPS of 31, followed by vets (28), specialists (27), optometrists (25), pharmacy and private hospitals (21), dentists (19), GPs (17), public hospitals (10) and psychologists/psychiatrists (9). While all practitioner types had a positive

NPS (which indicates more patients are likely to recommend their practitioner than criticise it), it may still indicate that a business is not doing enough to actively drive customer advocacy. While any score above 0 is technically good, above 50 is considered excellent and above 80 world-class according to Bain & Company. Many companies aim for scores in the 30s or 40s as a good starting point. That said, this method of categorisation of health consumers into “promoters”, “passives” and “detractors”, can be overly simplistic, potentially obscuring valuable feedback, while the focus on a single number can distract from the complexity of the customer experience. Nonetheless, it provides an interesting internationally recognised benchmark and may be better used in conjunction with a larger survey such as this one.

In recent years, healthcare consumers have grown more comfortable switching providers

when their current one isn't meeting their needs, although more so for some health practitioners than others. Encouragingly, patients who switched healthcare providers eased a little in 2025.

2 in 3 Australians (66%) have not switched any of their health practitioners in the past 2-3 years, up slightly from 62% in 2024, but still down from 71% in 2023. Among those that did change, most reported they switched GPs, though this fell to 17% from 19% in 2024, though still higher than in 2023 (14%). 1 in 10 (10%) had also changed dentist, but this fell was down from 13% in 2024 though remained higher than in 2023 (8%). Changing health practitioners was less common for specialist doctors (5% vs. 7% in 2024), pharmacy (unchanged at 5%), optometrists (5% vs. 6%), psychologists or psychiatrists (3% vs. 5%), vets (unchanged at 3%) and chiropractors, osteopaths or physiotherapists (2% vs. 3%). Older patients are noticeably more loyal. For example, twice as many people aged 18-24 (22%) had changed GP compared to those over 65 (9%). Around 1 in 5 (18%) 35-44 year olds had switched their dentist (18% vs. just 6% of 55-64 year olds and 4% of the over 65s). Australians aged 45-54 were the most likely to have changed specialist doctor (8%), 24-35 (6%) and 18-24 year olds (5%) their psychologist or psychiatrist (5%) or vet (6%).

The most important considerations when searching for a new health professional were largely unchanged.

Overall, 6 in 10 said a convenient location was key (60% vs. 58% in 2024). Bulk billing was most important for over 1 in 2 Australians (55% vs. 53%) as well as the ease of getting an appointment (54% vs. 50%), followed by convenient hours (42% vs. 41%), a more affordable price or fewer out of pocket expenses (39% vs. 40%), recommendations from family members or friends (31% vs. 26%), medical and professional training and qualifications (31% vs. 29%), a recommendation from other health

professionals (22% vs. 20%), user reviews from other patients (14%), positive Google and other online reviews (12%) and telemedicine and virtual visits (8%). By age, a much higher number of over 65s said a convenient location (77%), ease of getting an appointment (67%) and recommendations from other health professionals (32%), and in the 55-64 group convenient hours (54%) was a key consideration. Noticeably more in 35-44 (19%), 18-24 (18%) and 25-34 (16%) age groups valued positive Google and other online reviews, particularly when compared to over 65s (1%). Somewhat more 18-24 (40%) and 55-64 year olds (38%) valued recommendations from family or friends. Doctors and other health professionals who offer bulk billing was important for significantly more patients on lower incomes (63% vs. 49%), while in the higher income group, positive Google and other online reviews (16% vs. 3%) and recommendations from family or friends (33% vs. 21%) were valued more highly.

Sometimes an aggrieved patient can be particularly insightful.

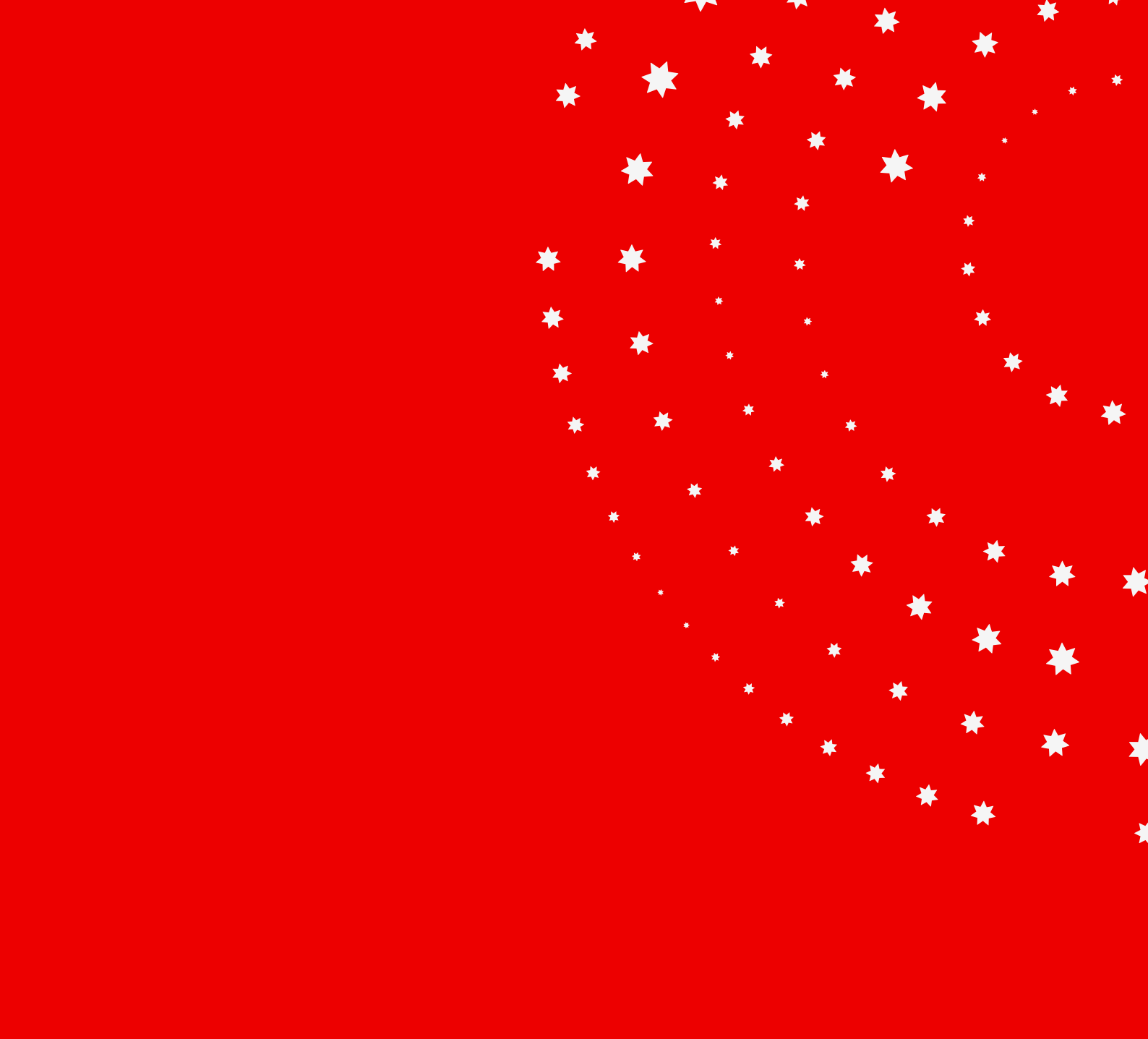
When we asked patients who scored 0 to 7 for satisfaction with the quality of care received from a health practitioner, how the service could have been improved, the top response was being offered better value for money (53%), followed by shorter waiting lists (46%), feeling listened to (39%), more time with them (37%), being more friendly and respectful (33%), a better understanding of what they needed to do to prevent or minimise their symptoms (31%), understanding how to prevent further problems or recurrence of their health issue (30%), longer hours and being available after hours and on weekends (29%), help to better understand the nature and causes of their health issue (29%), a more welcoming environment (23%), being more involved in decisions made (21%), help to understand what their prescribed medications do (21%), and

less complex language (17%). Over 1 in 10 simply did not know (13%), while around 1 in 20 (5%) called out other things such as having multiple issues addressed in one appointment rather than multiple appointments with multiple charges, and making admissions forms more user friendly and less fatiguing.

But what Australians thought could improve the overall quality of care varied for different practitioner groups. A much higher than average numbers of Australians believe the overall quality of care would improve if:

- **GPs** spent more time with their patients and had shorter waiting lists.
- **Specialist doctors** offered better value for money; shorter waiting lists; helped their patients better understand the nature and causes of their health issue.
- **Dentists** offered better value for money.
- **Private hospitals** offered better value for money; shorter waiting lists; and had a more welcoming environment.
- **Public hospitals** had shorter waiting lists; and listened more to their patients.
- **Optometrists** improved across the board, with less satisfied patients scoring below average in all areas.
- **Psychologists or psychiatrists** helped their patients more to better understand how to prevent further problems or recurrence of an issue; be more friendly and respectful.
- **Pharmacy** improved across the board, with less satisfied patients scoring below average in all areas.
- **Chiropractors, osteopaths & physiotherapists** spent more time with their patients.
- **Vets** offered better value for money.





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