Abolition of 457 visas could lead to rural health service shortages

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The Australian Government’s abolition of 457 visas could have adverse effects on the supply of health services in rural areas, the Australian Healthcare and Hospitals Association (AHHA) and National Rural Health Alliance (NRHA) said today.

‘While we fully support education and training strategies to build a strong health workforce within Australia, it’s a fact that it is still a challenge to fill some roles, particularly in regional and rural areas’, said AHHA Chief Executive Alison Verhoeven.

National Rural Health Alliance Chief Executive David Butt said there were nearly 4,000 medical practitioners in Australia on 457 visas, as well as 1,800 nurses, 500 allied health workers, nearly 400 specialists, around 200 dental professionals, and nearly 650 other health professionals, including aged care, disability, health administration and medical science workers.

‘Many of these people are working in rural and regional areas’, Mr Butt said.

‘These skilled clinicians and other health professionals who have come to Australia on 457 visas have made a substantial contribution to our capacity to provide health services, particularly to people in the bush.

‘Many have stayed on to become permanent residents, and are highly valued members of our community.’

Ms Verhoeven said feedback from AHHA members ‘on the ground’ in rural areas is that the opportunity to transition from a 457 visa to permanent residency was a significant incentive for much-needed overseas-trained doctors to take up positions in Australia, and especially in rural areas. This ability to transition is not part of the replacement 2- and 4-year visas now being offered.

‘We think that there could well be a negative impact, not only on availability of clinicians, but on continuity of care if visas are only issued for 2 or 4 years’, Ms Verhoeven said.

‘We also think that this impact will stretch beyond medical practitioners to a range of health and disability and aged care workers, including administrative staff who code and collect the health data that are so important to health services planning and funding.’

Mr Butt said people in rural and regional areas, including Aboriginal and Torres Strait Islander Australians, already experience reduced access to health services, and more illness and injury compared with other Australians.

‘We must ensure that market testing is not the cause of further delay to these communities. I also strongly urge the Government to look at these issues as part of a more comprehensive plan to address workforce distribution.

‘Changes to the visa program must therefore take into account our need to ensure good health services are available for all community members—skill shortages cannot be fixed overnight and require long term planning and investment’, Mr Butt said.

For more information on the AHHA, visit [http://ahha.asn.au](http://ahha.asn.au).

The Australian Healthcare and Hospitals Association is the national peak body for public and not-for-profit hospitals, community and primary healthcare services.

For more information on the NRHA, visit [http://ruralhealth.org.au/](http://ruralhealth.org.au/).

The National Rural Health Alliance is the peak non-government organisation for rural and remote health in Australia.