

Medical Board of Australia

Report on Expedited Specialist pathway data

Reporting period: October 2024 – April 2025



Medical Board
Ahpra

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SUMMARY

Introduction

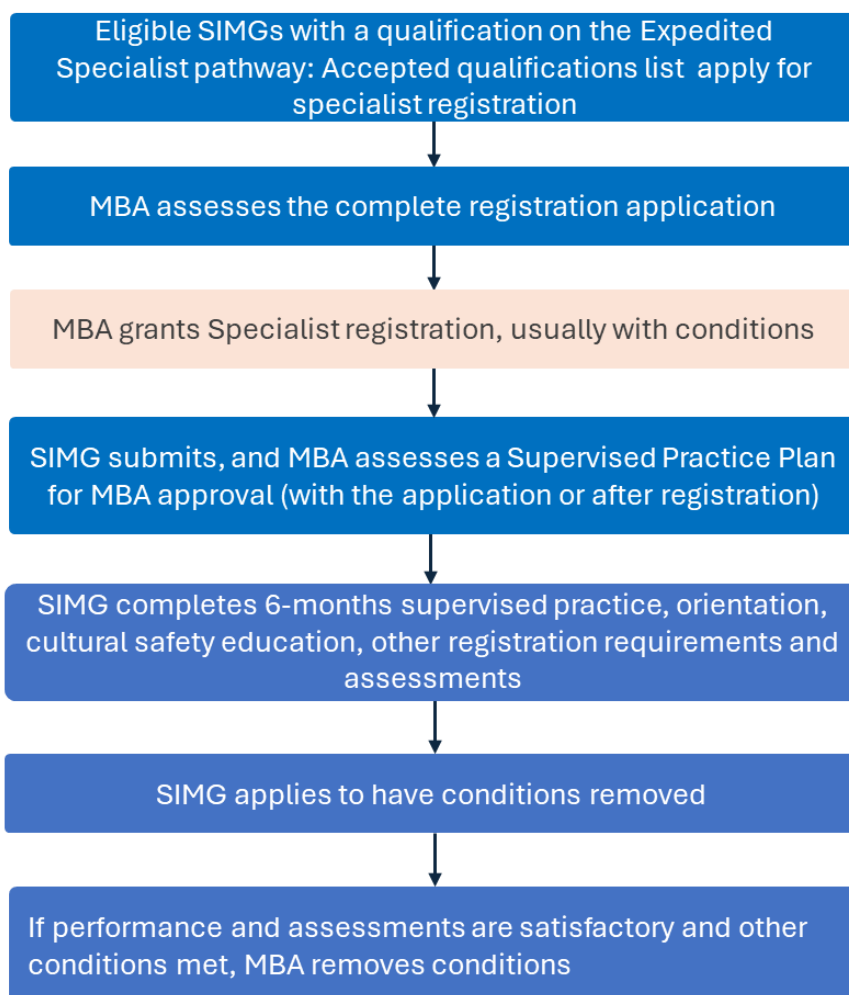
The Expedited Specialist pathway is a fast-track pathway to specialist registration for specialist international medical graduates (SIMGs) with an international specialist medical qualification on the Medical Board of Australia's (the Board) *Expedited Specialist pathway: accepted qualifications list*. These qualifications have been assessed by the Board as 'substantially equivalent or based on similar competencies' to an approved Australian qualification for the specialty. Applicants for this pathway do not require a college assessment for specialist recognition and can apply for specialist registration directly to the Medical Board.

The Expedited Specialist pathway opened on 21 October 2024 for general practice, with anaesthetics and psychiatry added in December 2024, and obstetrics and gynaecology in March 2025. Jurisdictions have nominated general physicians, general paediatrics and diagnostic radiology as the next tranche of specialties to be added to the pathway.

The Medical Board has appointed a national Registration Committee to consider applications for registration and undertake associated compliance monitoring for the Expedited Specialist pathway.

The pathway is outlined below.

Expedited Specialist pathway



More information about the Expedited Specialist pathway is on the Board's [Expedited Specialist pathway page](#).

Data and reporting

Ahpra collects data on applications received and considered by the Board for the Expedited Specialist pathway.

In future, detailed reporting on the pathway will occur annually by calendar year. This report covers the period 21 October 2024 to 30 April 2025 and is being published for a six-month period to meet intense stakeholder interest in the pathway.

A regular monthly report on application and registration numbers is provided to stakeholders and is published on the Board's [Standards and reports page](#).

How to interpret the data

The Expedited Specialist pathway data report covers all 'activities' during the period and reflects point in time reporting, as not all SIMGs will complete all the processes within one reporting period. Applicants included in this report are at different stages of the process.

The data have been collated and summarised in graphs and tables with supporting notes.

Data sources

The report is in two parts.

- Part A: Includes applications received between 21 October 2024 and 30 April 2025.
- Part B: Includes applications considered by the Registration Committee, which met weekly between 21 October 2024 and 30 April 2025.
- Part C: Includes registration timeframes for SIMGs who were granted registration by 30 April 2025.

In March 2025, Ahpra began transitioning to a new registration system and IT platform. Some delays are expected while it is being implemented.

Timeframes

The Board aims to review applications in six weeks from the time of a complete application to the date of registration.

Registration requirements

The Board sets specific requirements for each SIMG on the Expedited Specialist pathway. Unless exemptions apply because of prior completion, these are usually:

- completion of six months supervised practice
- orientation to the Australian health care system
- cultural safety education, and
- any other required competency assessments.

Highlights in the report

Summary

With the opening of the Expedited Specialist pathway on 21 October 2024, this is the first comprehensive report on Expedited Specialist pathway application and registration outcomes.

It is early days for the pathway. By 30 April 2025, the pathway has been open as follows:

- general practice - six months
- anaesthesia - four months
- psychiatry - four months
- obstetrics and gynaecology - one month.

Nearly all SIMGs who have been granted registration on the Expedited Specialist pathway are still meeting the conditions imposed on their registration.

This report therefore focuses on applications and registration outcomes. The next report will include additional information on the completion of requirements and removal of conditions, as the first cohort begins to complete the pathway.

In summary, as of 30 April 2025:

Applications

- 288 internationally qualified specialists have applied for registration via the Expedited Specialist pathway in Australia.
- Of these, 138 applications are still either under initial assessment before progressing to a Registration Committee for consideration or are incomplete and waiting for applicants to provide documents to complete their application.
- 250 applications of the 288 applications received were for general practice, 14 applications for anaesthesia, 20 applications for psychiatry and four applications for obstetrics and gynaecology. (Graph 1.1)
- 86% of applicants are from the United Kingdom. (Graph 1.2)

Registrations

- The Registration Committee has considered 150 applications. (Graph 3.1)
- The Registration Committee granted registration to 128 applicants. (Graph 3.2)
- Of the 128 applicants granted registration, 126 are GPs, one is an anaesthetist, and one is a psychiatrist. (Graph 3.2)
- One applicant was registered with no conditions on their registration because they had previously met the requirements while registered. One SIMG registered with conditions has completed the pathway. Both have progressed to unconditional specialist registration. (Graph 3.2)
- 95% were required to complete six months supervised practice (Graph 4.2)
- 90% of SIMGs were initially approved for 'indirect level 2' supervision, moving to 'remote' supervision during their period of supervised practice. (Graph 4.3)
- The highest number of SIMGs are registered to practise in Victoria (29), Queensland (26), and New South Wales (21), with none registered in Tasmania. (Graph 5.1)

Note: The distribution of registered specialists is outside the powers of the Board under the National Law. The Board cannot compel practitioners to practise in a particular location.

- Of those who have a known practice location, 86% have been approved to practise in a [Distribution Priority Area \(DPA\)](#) or [District of Workforce Shortage \(DWS\)](#) to access Medicare. SIMGs are required by governments to practise in a known shortage of GP services. The DPA classification identifies eligible GP locations in Australia. The DWS is a health workforce classification for non-GP specialist medical practitioners, made by governments.
- Exemptions to the requirement to practise in a DPA or DWS are explained in Section 5.2.
- 20% of registered specialists have been approved to practise in a regional, rural or remote area (Graph 5.3)

As this is the first six months of the Expedited Specialist pathway, there are small numbers/limited data for some metrics.

Timeframes key points

From time of complete application (when Ahpra has done the initial assessment of eligibility and all required documents have been provided by the SIMG), most SIMGs (80%) are registered on the Expedited Specialist pathway in less than six weeks, with 41% registered in less than four weeks. 12% of applications took six weeks to eight weeks, and 9% took more than eight weeks.

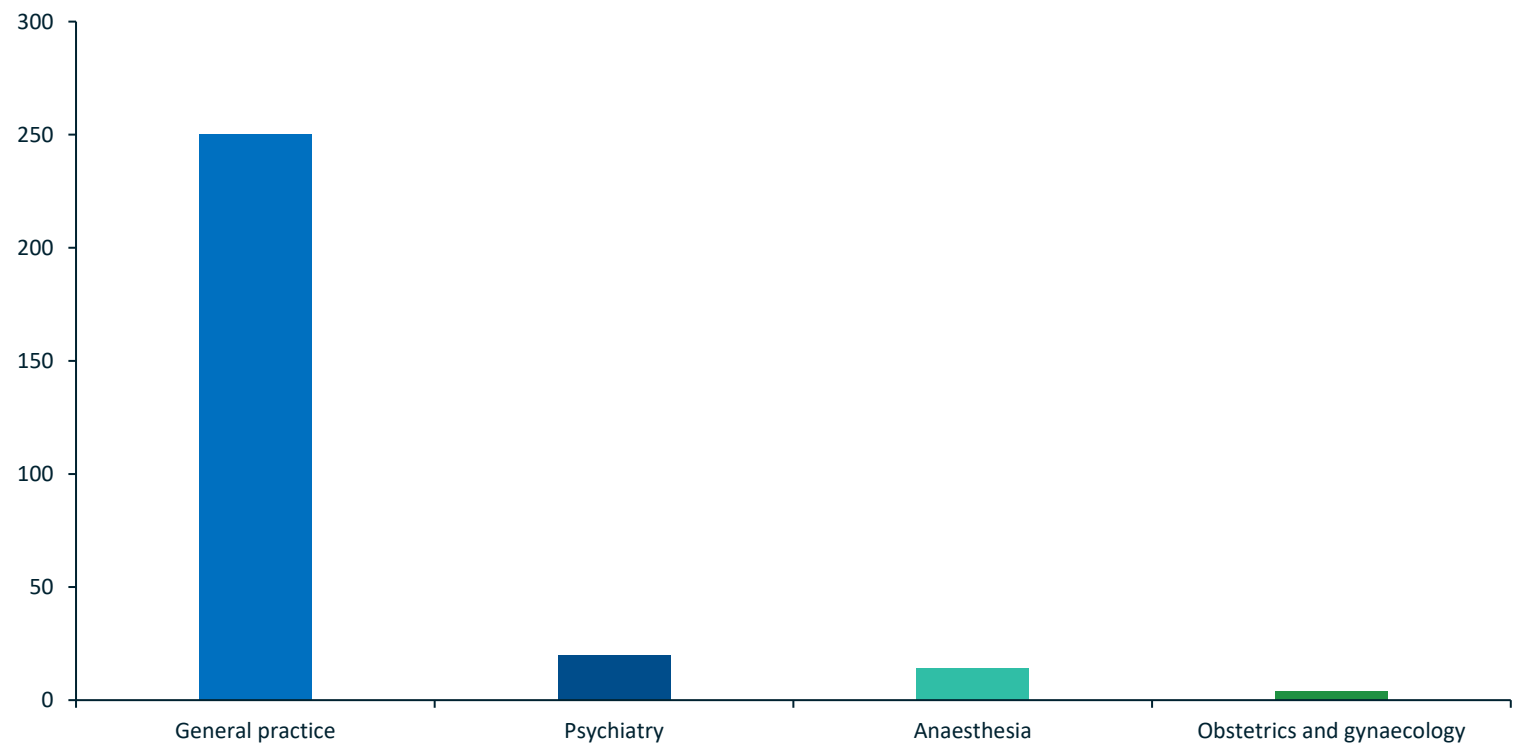
By comparison, the current comparability Specialist pathway has a benchmark of four months and 14 days from complete application (when the SIMG has provided all documents) to the outcome of interim assessment (when applicants are found to be partially, substantially or not comparable and are eligible to apply for limited or provisional – not specialist - registration). In 2024, 62% of SIMGs on the existing Specialist pathway received their interim assessment outcome within four months and 14 days, with 9% taking more than nine months.

PART A: APPLICATIONS

Report on SIMG applications for the Expedited Specialist pathway

1.1 Applications: Number of applications received by specialty

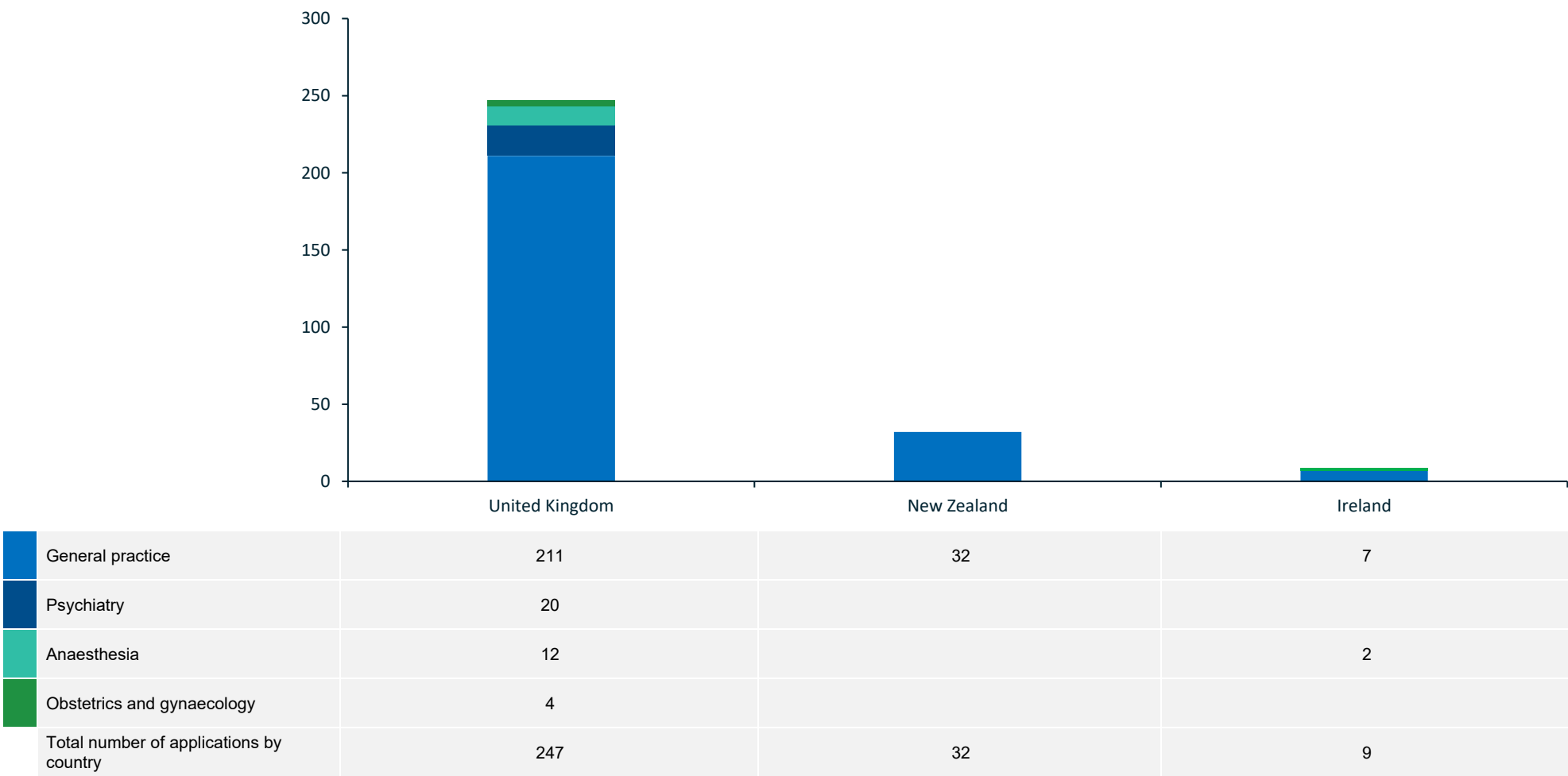
Ahpra received a total of **288 applications** for the Expedited Specialist pathway from 21 October 2024 – 30 April 2025.



Number of applications	250	20	14	4
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1.2 Applications: Number of applications by country of specialist qualification

86% of the 288 applicants gained their specialist qualification in the United Kingdom, 11% in New Zealand and 3% in Ireland.



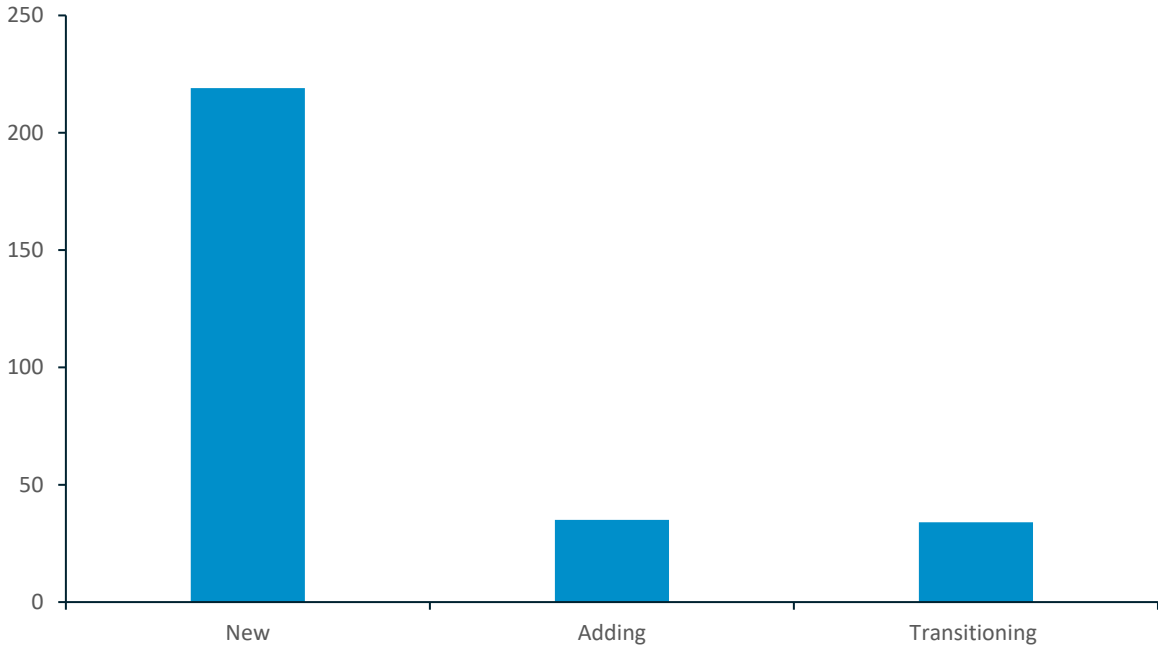
1.3 Applications: Number of applications by type of application

Types of applications

New: New applicants. This includes eight applicants who had previously applied for limited or provisional registration when the Expedited Specialist pathway opened.

Adding: Currently registered and applying to add a compatible registration type (i.e. general registrant seeking to add specialist registration).

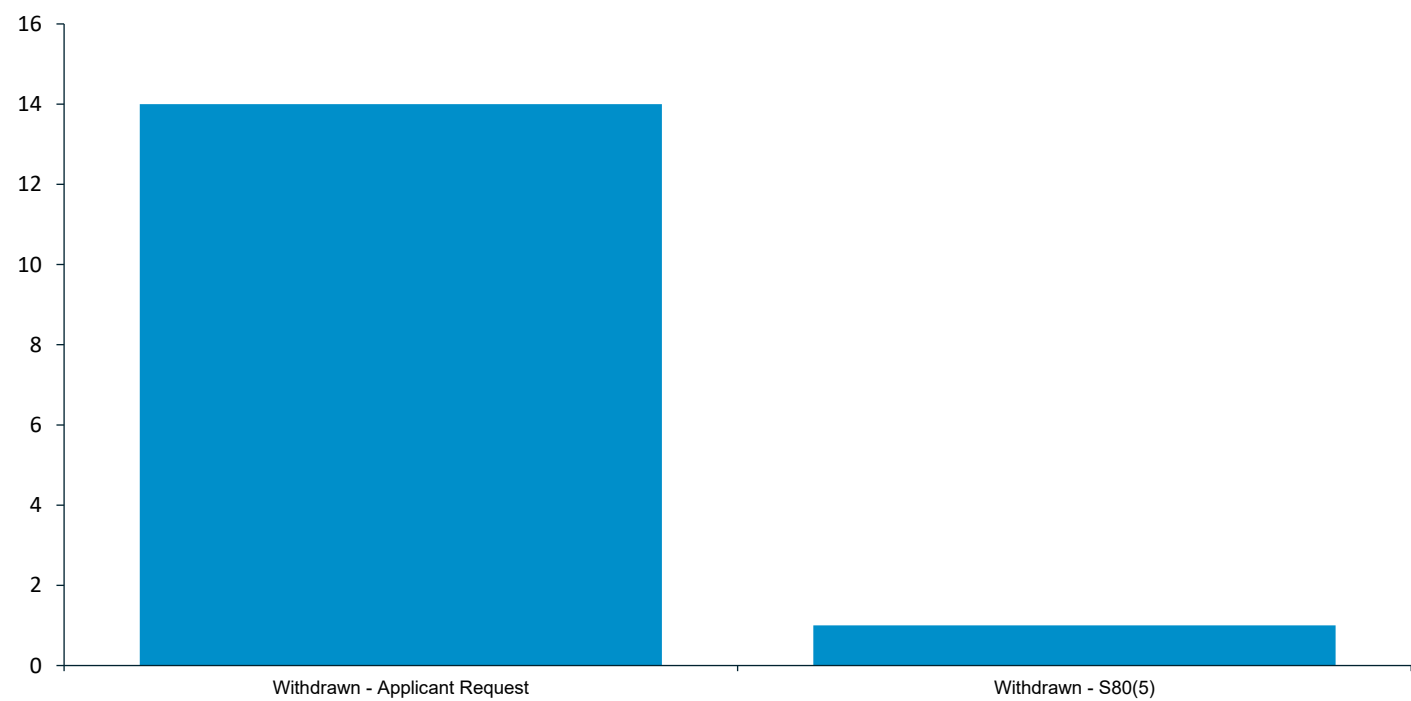
Transitioning: Currently registered and applying for a different type of registration.



Number of applications	219	35	34
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2 Applications: Number of applications withdrawn

Of the 288 applicants, 15 applications were withdrawn. 14 applications were withdrawn at the applicant's request, and the reasons for this are not known. One application was 'withdrawn' under Section 80(5) as the applicant did not provide requested information within the specified timeframe to complete their information and confirm evidence of their eligibility.



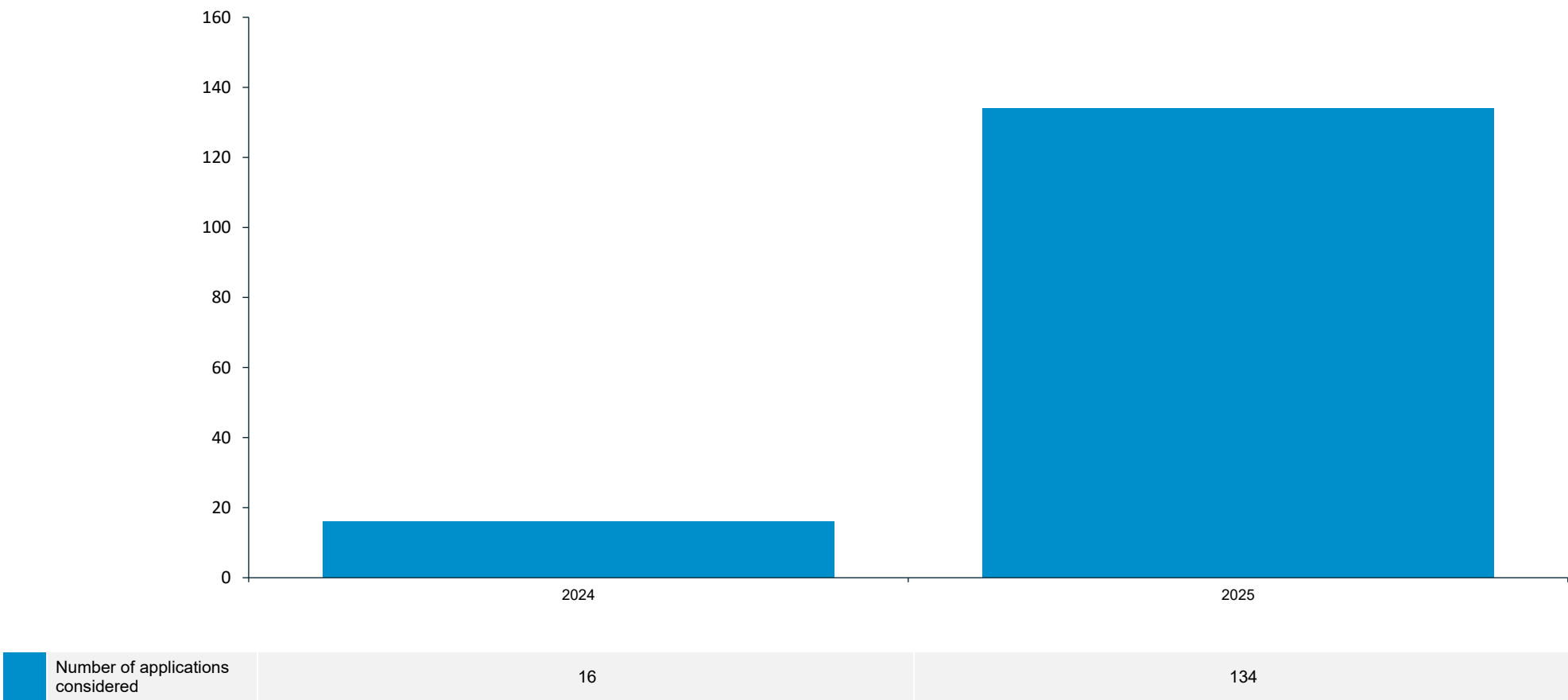
Number of applications	14	1
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PART B: SIMG REGISTRATIONS

Report on SIMGs registered via the Expedited Specialist pathway

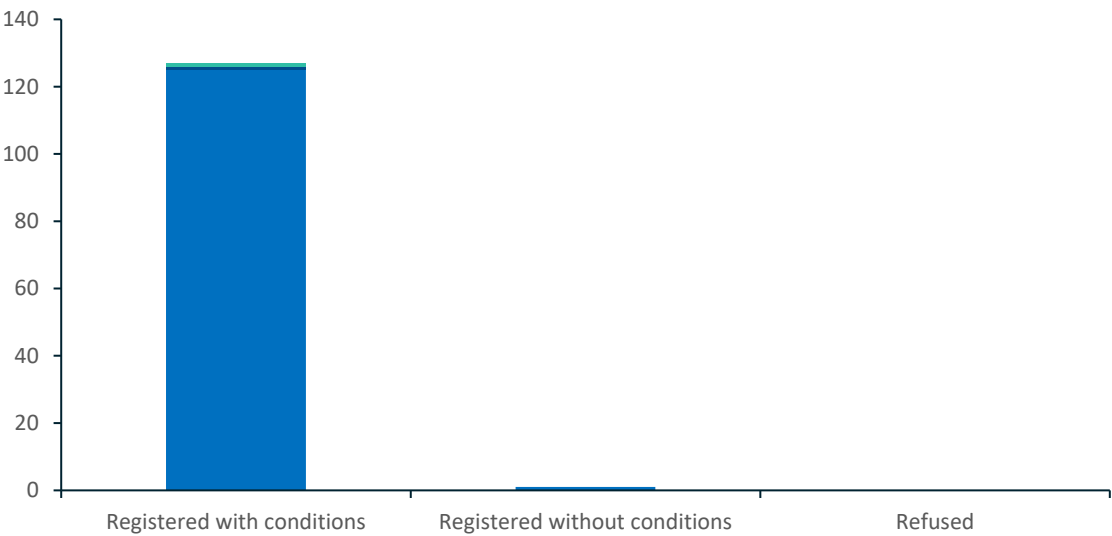
3.1 SIMG Registrations: Number of applications considered by the Registration Committee

As of 30 April 2025, the Registration Committee has considered 150 applications.



3.2 SIMG Registrations: Application outcomes by specialty

Of the 150 applications considered by the Registration Committee, a total of **128 applicants** have now been registered on the pathway. No applicants have been refused to date. One SIMG registered with conditions has completed the pathway.

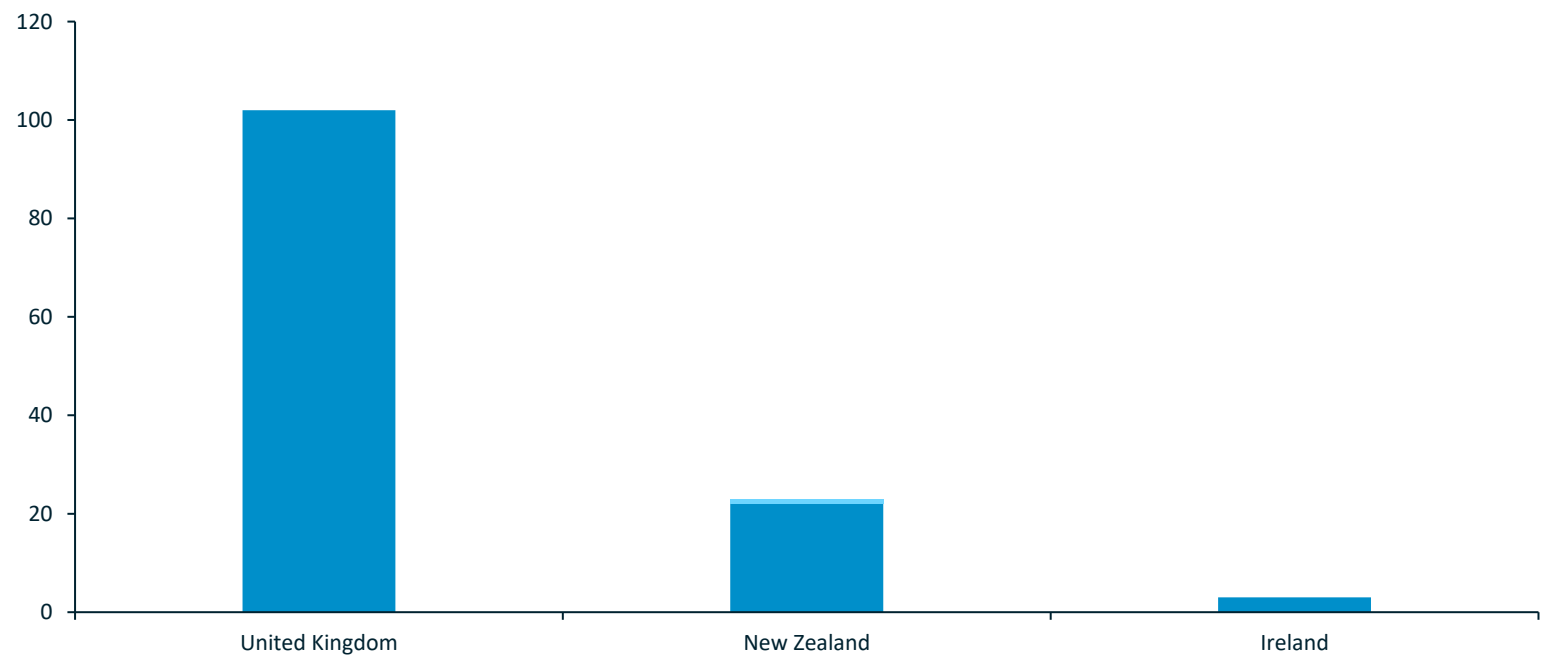


General practice	125	1	
Psychiatry	1		
Anaesthesia	1		
Total number of SIMGs by outcome	127	1	0

3.3 SIMG Registrations: SIMGs registered by country of specialist qualification

Of the 128 **applicants** registered through the pathway, 80% of applicants gained their specialist qualification in the United Kingdom, 18% from New Zealand and 2% from Ireland.

One applicant was registered without any conditions as the applicant had previously met all requirements and was granted unconditional specialist registration.

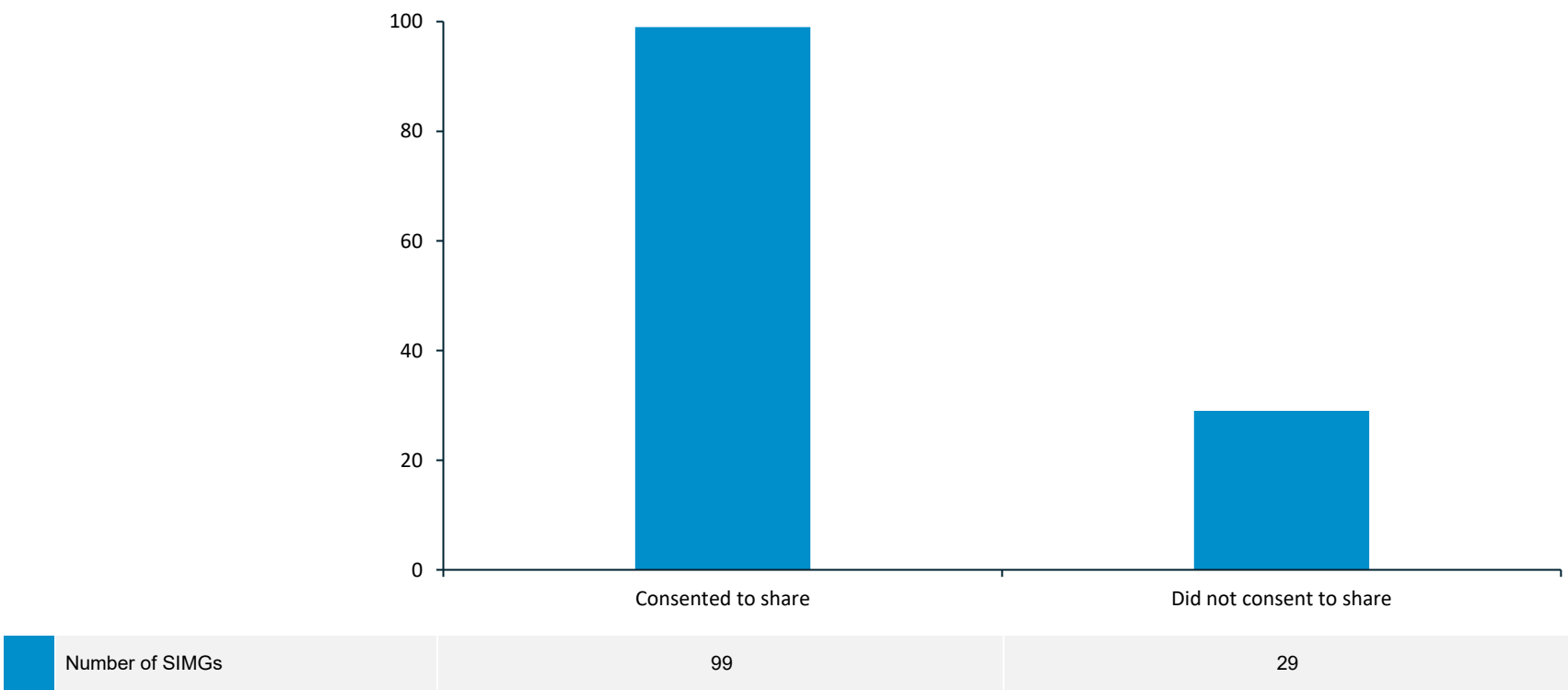


Registered with conditions	102	22	3
Registered without conditions		1	

3.4 SIMG Registrations: Number of SIMGs who consented to share their contact details with the relevant college

The Expedited Specialist pathway does not lead to college fellowship. However, the Board actively encourages specialist medical colleges to develop pathways to fellowship for SIMGs on the Expedited Specialist pathway. To encourage links between SIMGs and colleges, Ahpra seeks the SIMG’s consent to share their contact details (name and email address) with the relevant specialist medical college when the SIMG applies for specialist registration.

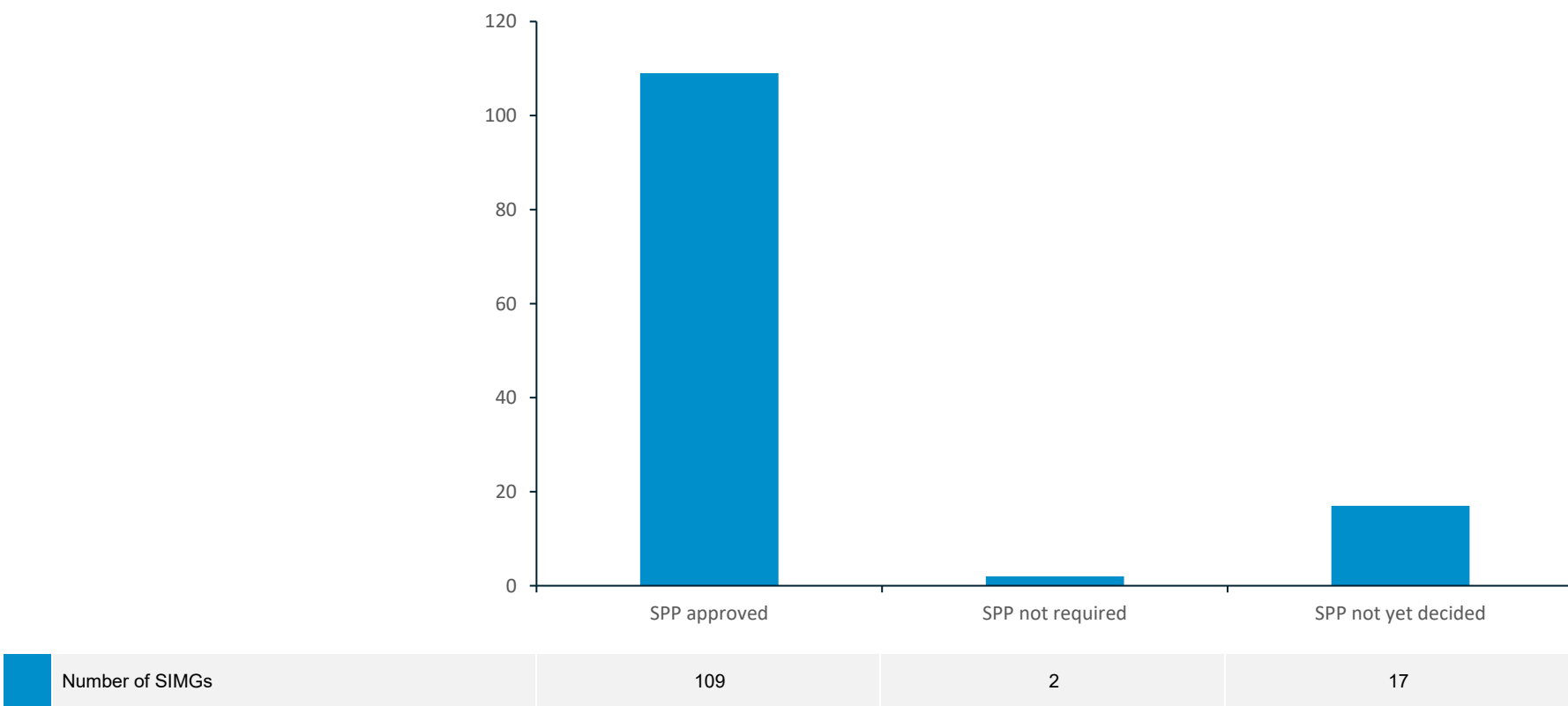
77% of the 128 registered SIMGs consented to sharing their contact information.



4.1 SIMG Registrations: Status of Supervised practice plan (SPP)

SIMGs may submit a supervised practice plan either with their application for registration, or after being granted specialist registration. The Medical Board must approve the supervised practice plan before the SIMG can start practice. Details of supervision arrangements and Principal place of practice (PPP) are provided in the SPP.

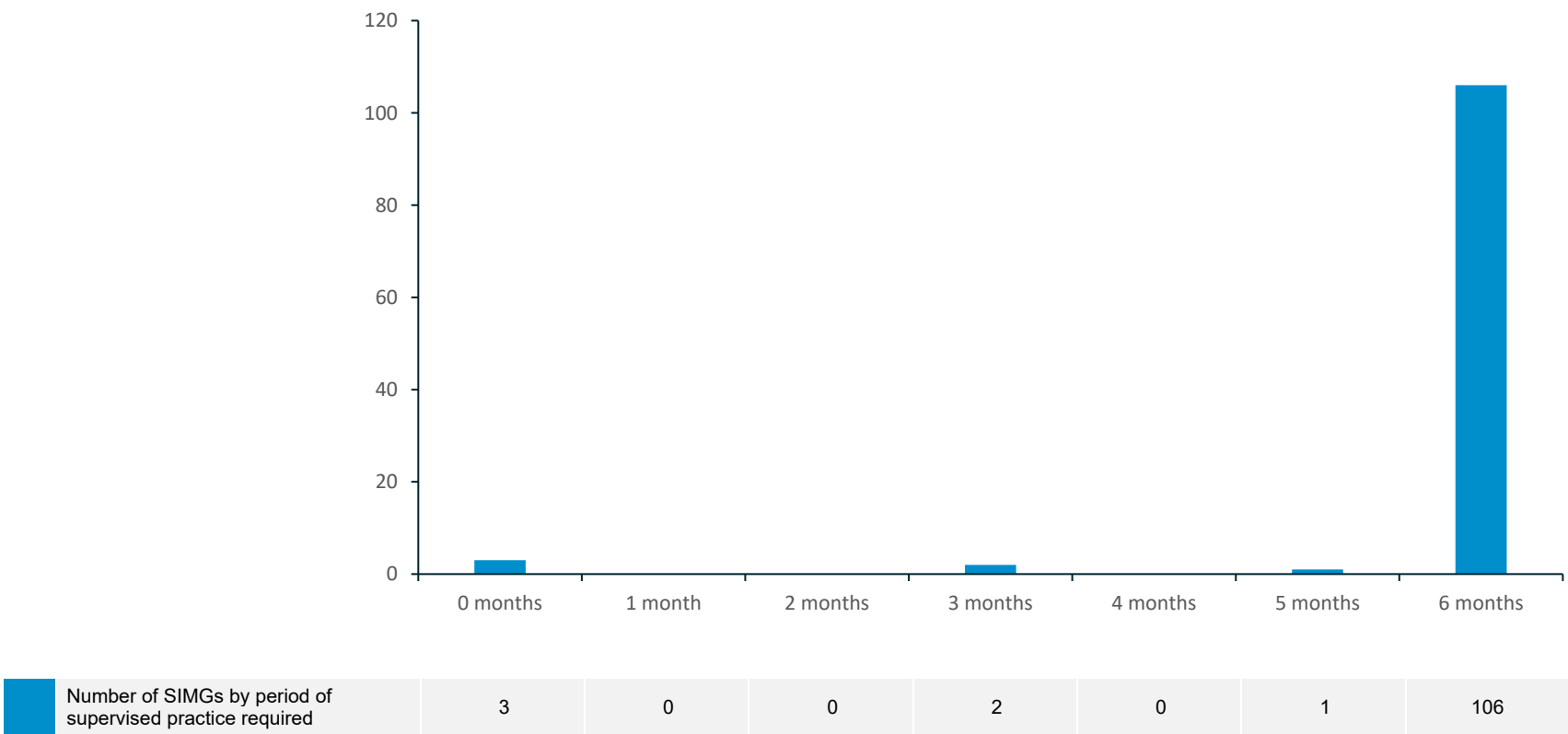
109 registered SIMGs have approved SPPs. Two SIMGs were not required to submit a SPP, including one SIMG who was registered without conditions, and one SIMG who had completed a period of satisfactory supervised practice in a specialist position before transitioning to the Expedited Specialist pathway. 17 SIMGs granted registration with conditions are in the process of securing employment and supervised practice arrangements and do not yet have a SPP approved by the Board. Most SPPs were approved upon submission of application. In instances where an SPP was not initially approved, the predominant reason was the need to adjust supervision levels. The Medical Board has authorised Ahpra delegates to sign off on the updated SPPs. This reduces further delays in registration.



4.2 SIMG Registrations: Period of supervised practice required

Most SIMGs will be required to complete up to six months of supervised practice on the Expedited Specialist pathway.

Of the 109 SIMGs with approved SPPs who are required to complete supervised practice, the majority (95%) are required to complete six months supervised practice.



4.3 SIMG Registrations: Level of supervision nominated by SIMG

SIMGs and their supervisor(s) propose the level of supervision. The Registration Committee decides whether or not to approve the level of supervision.

Of the 109 SIMGs who were required to complete supervised practice with approved SPPs, most (82%) have nominated 'Indirect 2' as their level of supervision. In agreeing to Indirect 2 level supervision, the Board is recognising that these SIMGs are generally highly qualified and not trainees. The Board requires SIMGs to be supervised closely (Indirect 2) for a minimum of three months full-time equivalent before progressing to remote supervision.

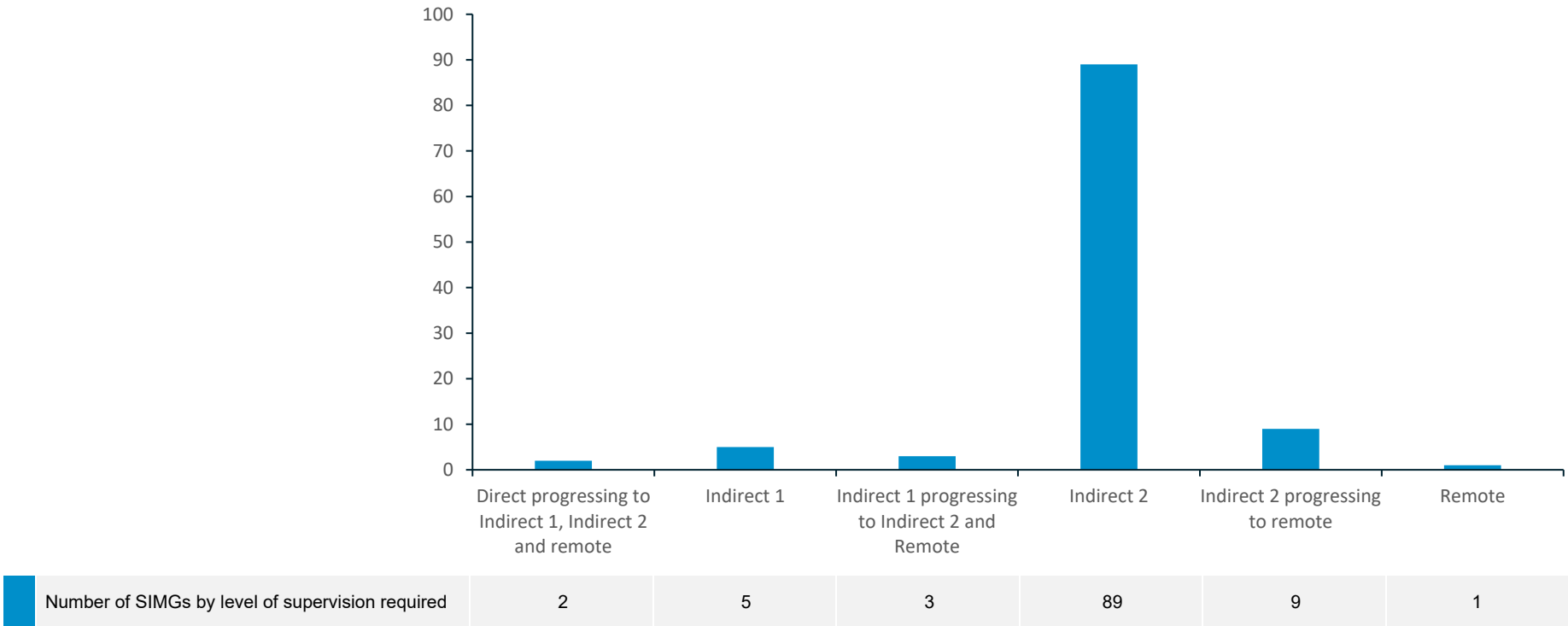
Levels of supervised practice

Direct: Supervisor physically present at all times to observe the supervisee

Indirect 1 (present): Supervisor physically present at the workplace

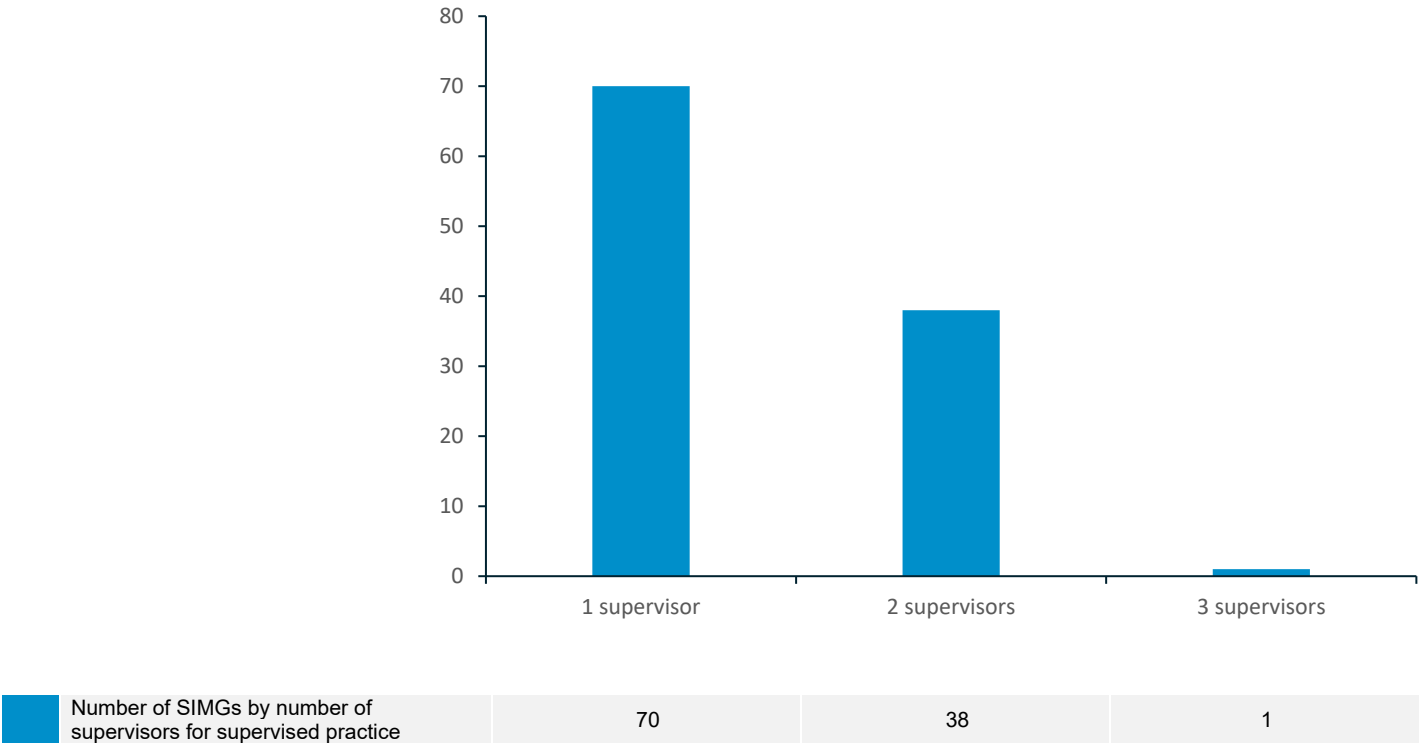
Indirect 2 (accessible): Supervisor is accessible by phone or other means and available to physically attend the workplace

Remote: Supervisor is not present at the workplace



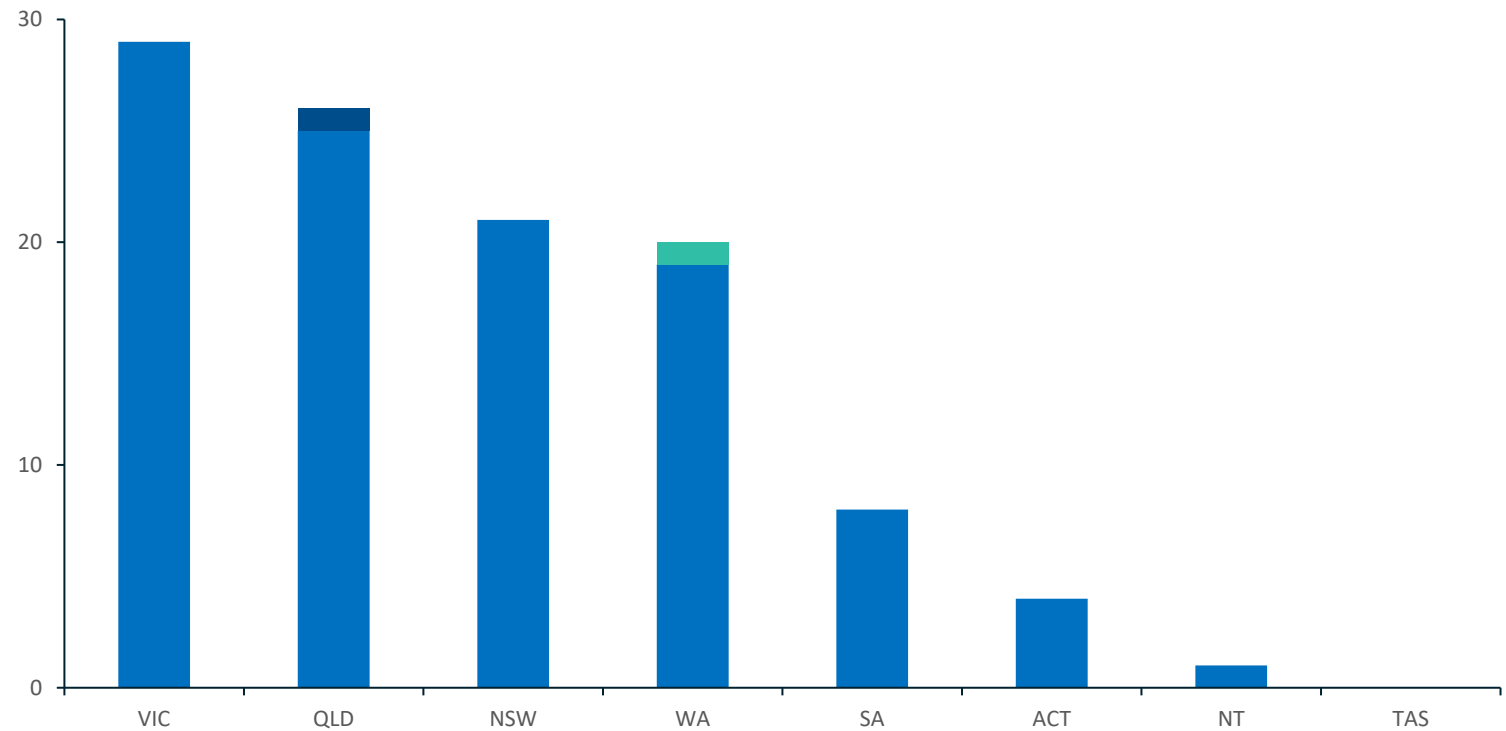
4.4 SIMG Registrations: Number of supervisors for supervised practice

SIMGs can nominate their number of supervisors as part of their SPP for the Registration committee to consider. Of the 109 SIMGs who are required to complete supervised practice and who have had their SPPs approved, most (64%) have nominated one supervisor, with 35% nominating two supervisors.



5.1 SIMG Registrations: Number of registrations in states and territories by specialty

SIMGs nominate a PPP as part of their supervised practice plan. Of the 109 SIMGs with approved SPPs, the highest number have nominated their PPP within Victoria (27%), with 24% in Queensland and 19% in New South Wales. No SIMGs to date are registered to practise in Tasmania.



General practice	29	25	21	19	8	4	1	
Psychiatry		1						
Anaesthesia				1				
Total number of SIMGs by state and territory	29	26	21	20	8	4	1	0

5.2 Registrations: Number of registrations by Distribution Priority Area (DPA) and District of Workforce Shortage (DWS)

The Distribution Priority Area (DPA) classification identifies locations in Australia with a shortage of general practitioner (GP) services. The DPA system also applies the following automatic rules:

- areas that are MM 2 to 7 under the MMM are classified as a DPA
- MM 1 outer metropolitan areas may be classified as a DPA where they have a DPA statistic below the DPA threshold (i.e. <1.00) or an Exceptional Circumstance Review has been approved by the Minister
- the Northern Territory is classified as a DPA.

The District of Workforce Shortage (DWS) classification is a health workforce classification for specialist medical practitioners. An area is classified as DWS if:

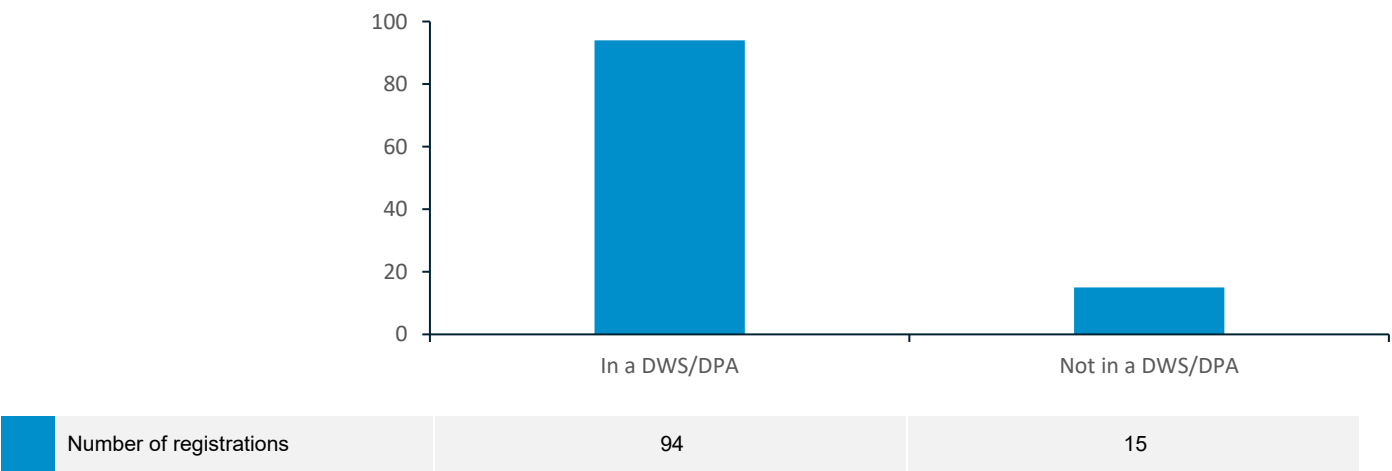
- its ratio of specialists to population is less than the national average
- it has an [Australian Statistical Geography Standard – Remoteness Area classification](#) of RA 3 to RA 5 (i.e. rural to remote areas).

The Commonwealth requires that SIMGs must work for at least 10 years in a DPA if they are a general practitioner or a DWS if they are a non-GP specialist to be eligible to access Medicare. SIMGs may get an exemption to this requirement under a few circumstances including:

- Spousal exemption if the doctor’s spouse is a medical practitioner or a skilled migrant and is designed to enable them to practise near their spouse’s primary place of employment.
- Aboriginal and Torres Strait Islander primary health services exemption.
- Working in a salaried position that doesn’t attract Medicare benefits, like in a public hospital.

Further information on the available exemptions can be found on the [Department of Health, Disability and Ageing’s website](#).

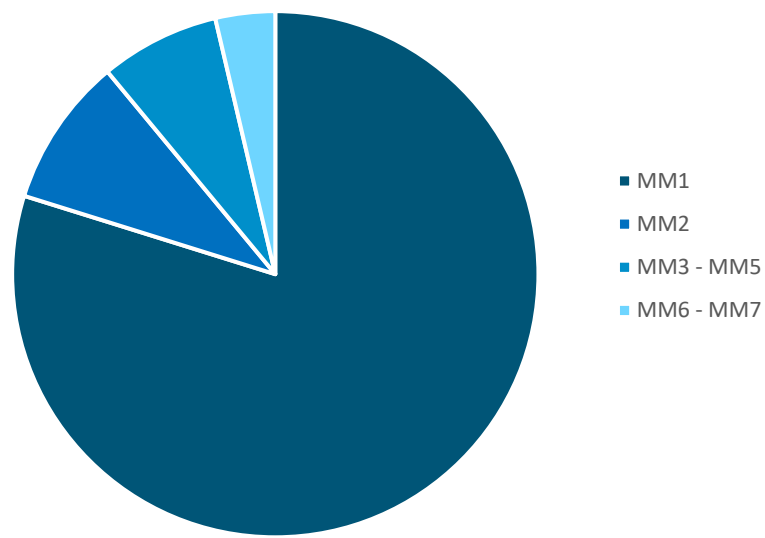
86% of the 109 SIMGs with approved SPPs are registered to practise in a DPA or DWS



5.3 SIMG Registrations: SIMG Principal place of practice by Modified Monash Model (MMM)

The Modified Monash Model (MMM) is used to define whether a location is metropolitan, regional, rural, remote or very remote. The classification (MM) helps to understand where SIMGs are located, including in rural and remote areas. Of the 109 SIMGs with approved SPPs, most (80%) have nominated a PPP within a Metropolitan area (MM1), with 20% of SIMGs registered to practice in a regional, rural or remote area (MM2– MM7).

		Number of registrations	Percentage of registrations
	MM1: Metropolitan area	87	80%
	MM2: Regional centre	10	9%
	MM3 – MM5: Rural	8	7%
	MM6 – MM7: Remote	4	4%



PART C: TIMELINES

Report on Expedited Specialist pathway timelines for registration

6. Timelines: Time from date of complete application to date of registration

The Board aims to register SIMGs with a complete application within six weeks. Complete application is when Ahpra has done the initial assessment of eligibility, and all required documents have been provided by the SIMG. For reporting purposes, the date an application is finalised in the Ahpra system is used as the date of registration, rather than the registration commencement date. This is because applicants can nominate a registration commencement date up to 90 days into the future, which does not reflect the overall processing timeframe and often correlates to their anticipated employment start date. The date an application is finalised is the date when an applicant is either approved for registration or when applications are finalised because of Board refusal. In this reporting period, the Board has not refused any applications.

Most SIMGs (80%) are registered on the Expedited Specialist pathway within six weeks of submitting a complete application, with 41% registered in under four weeks. For 12% of SIMGs (15), registration took 6-8 weeks, while a further 9% took more than eight weeks from the date when their application was complete. The timeframe from the date of complete application to registration includes the period required for the Registration Committee to assess any additional requests for further information, as well as a mandatory 30-day show-cause period during which the SIMG may respond to the proposed decision before registration is finalised.

