Torohia

Medical Training Survey for New Zealand

Torohia – Medical Training Survey for New Zealand

Prevocational training

National report

December 2025

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Contents

Foreword

Tēnā koutou katoa

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand is pleased to share the findings from our first year of implementing **Torohia – Medical Training Survey for New Zealand.** The term *Torohia* means 'exploring, scouting out, reaching out' in te reo Māori.

Developed and implemented by the Council, Torohia is the first national survey of doctors in training in Aotearoa New Zealand. The feedback provided by medical trainees will support us to identify what is going well and areas to focus on for improvement, to ensure that all trainees have access to high quality medical training.

The survey ran between 18 August and 15 September 2025. Doctors in accredited prevocational and vocational training programmes across the motu responded to the survey. The 23.5% response rate gives us a solid foundation to build on in future years.

The data collected will help us understand what's working well. For example, this year trainees had positive feedback about the quality of clinical supervision, with 80% of respondents rating it excellent or good, and 91% of trainees agreeing that senior medical staff at their workplace were supportive.

The results also highlight what needs improving. It is concerning that 38% of respondents reported they have witnessed or experienced bullying, sexual, racial or other harassment or discrimination. However, this provides the basis for discussion with training providers about what needs to change.

The Torohia data provides a rich, evidence-based foundation to support equity, quality, and accountability in medical training. Findings over time will show where progress is made.

I would like to thank all the medical trainees who participated in Torohia in our first year. Your voice will help to shape improvements that strengthen the quality of medical education and training over coming years.

Finally, I want to highlight that next year we will be broadening Torohia to include feedback from general registrants who are not enrolled in vocational training.

Ngā mihi

Dr Rachelle Love
Tumuaki | Chair
Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

How to read the report

Survey participation

All doctors registered in accredited prevocational and vocational medical training programmes in Aotearoa New Zealand were invited to participate in Torohia. The survey was open between 18 August and 15 September 2025.

- The survey was sent to 5,156 doctors in training.
- 1,210 doctors in training from across the motu responded to the survey, representing an overall response rate of 23.5%.
- Respondents included 250 prevocational trainees, 955 vocational trainees and 5 doctors who did not meet the criteria to continue with the survey as they were not enrolled in an accredited training programme.
- The response rate is based on all doctors recorded by the Medical Council as being enrolled in an accredited medical training programme at the time of the survey. The response rate is indicative, as the denominator (that is, the number of invited participants) may include other doctors who were not enrolled in an accredited training programme at the time of the survey.
- 13 respondents had been on leave for most of their current clinical attachment /rotation and therefore did not meet the criteria to continue the survey.
- All respondents are included in the analysis. This means that if a respondent answered only a portion of the survey, their responses are included for those specific questions. As a result, base numbers (n's) vary between questions throughout the report.
- Not all sub-groups, including some training locations and medical colleges, had enough responses to allow reliable analysis or meaningful comparisons. When response numbers are too low, the data may not accurately reflect the experiences of that group.

Reporting and interpretation

- To protect anonymity of participants and avoid misinterpretation, questions with fewer than 10 responses are reported in an amalgamated format.
- Question numbering for Torohia overall reflects the two survey pathways, prevocational and vocational. Identical questions in both surveys share the same question number; questions unique to either the prevocational version or vocational version are numbered separately. Therefore, not all questions are presented in every report.
- Where there is an asterisk (*) next to a question or statement, it indicates that further information or clarification on its meaning can be found in the Definitions section of this report.
- The response to Torohia is broadly representative of all doctors in prevocational and vocational training. Overseas medical graduates are very slightly over-represented compared to New Zealand and Australian medical graduates, and females are slightly over-represented compared to other genders. Māori trainee participation rates are representative of all Māori doctors in prevocational and vocational training.

Anonymity and confidentiality

- The survey was conducted under strict conditions of anonymity and confidentiality, ensuring that no individual can be identified.
- All responses were de-identified. Individual unique links to the survey were deleted when the survey closed, ensuring that contact details and survey responses were detached.
- All responses have been anonymised through aggregation in the reports.

Interpretation of bullying and harassment results

Unlike most of the survey, which focuses on respondents' current training setting (or previous setting if they had been in their current placement for less than 4 weeks), the questions on experiencing or witnessing bullying and harassment refer to the past 12 months. Therefore, these responses may reflect experiences that occurred in a previous placement, rotation, or region if the respondent has moved during those 12 months.

Adherence to Te Tiriti o Waitangi principles

The development of Torohia adheres to Te Tiriti o Waitangi principles and the Māori Data Governance Model, ensuring the perspectives of Māori doctors in training are represented and that equity considerations inform survey design, data collection and reporting.

Scope of this report

This report is based on responses from all prevocational trainees New Zealand wide.

Key insights: Prevocational trainees

RESPONSE RATE

Responses
250

1,255
Invited

19.9%
Response rate

Response by district

65% Northern

63% Midland

54% Central

54% South Island

SATISFACTION AND FUTURE CAREER

72%
Would recommend their current training position to other doctors

89%
Prevocational trainees intend to become vocationally registered (specialists)

16%
Are considering a future outside of medicine in the next 12 months

TRAINING EXPERIENCE

55%
Rated the quality of clinical attachment orientation as excellent or good

64%
Found the quality of workplace orientation excellent or good

72%
Rated the overall quality of their clinical supervision as excellent or good

59%
Rated regular, informal feedback from clinical supervisor as excellent or good

82%
Rated the quality of supervision by their prevocational education supervisor (PES) as excellent or good

73%
Rated the quality of teaching as excellent or good

76%
Rated the quality of training on how to raise concerns about patient safety in clinical care as excellent or good

66%
Say they had sufficient opportunity to develop skills and knowledge in cultural safety

WORKPLACE ENVIRONMENT AND CULTURE

62%
Agree that their workplace supports staff wellbeing

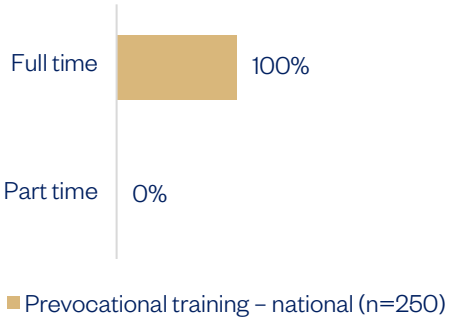
33% Witnessed
27% Experienced
Workplace bullying, discrimination or harassment (sexual, racial, other) in the past 12 months

63%
Agree that bullying, discrimination and harassment are not tolerated at their workplace

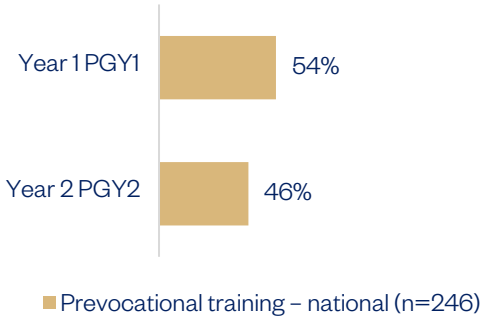
Detailed findings

1. Trainee profile - respondents

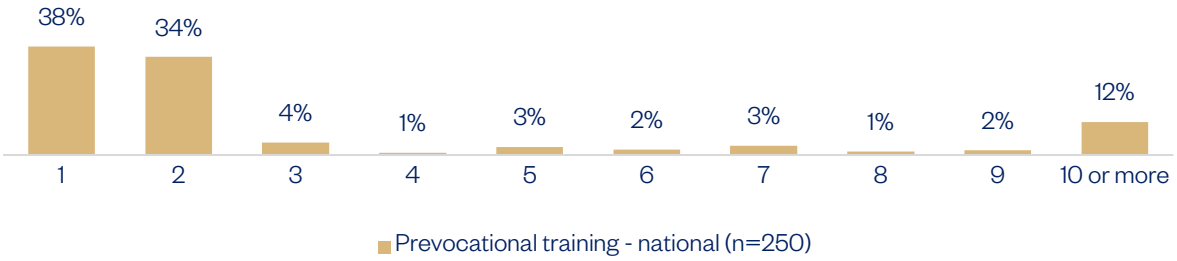
Q2. Do you work full time or part time?



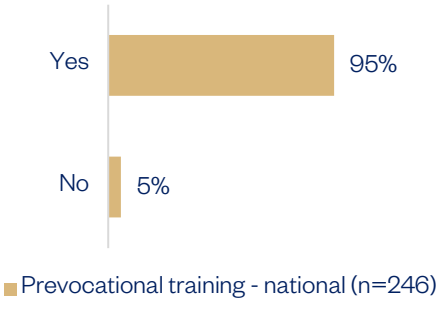
Q4. What year of the prevocational training programme are you currently in?



Q3. How many years ago did you graduate from medical school?

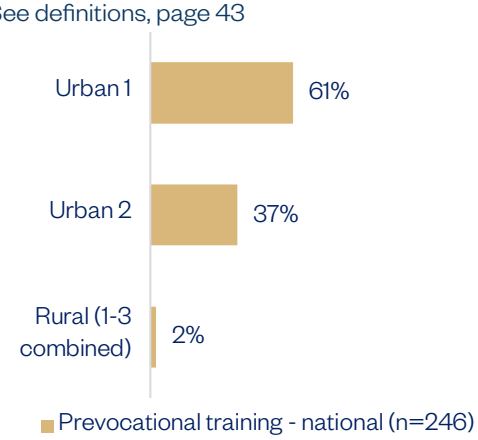


Q7. Is your current clinical attachment predominantly in a public hospital?

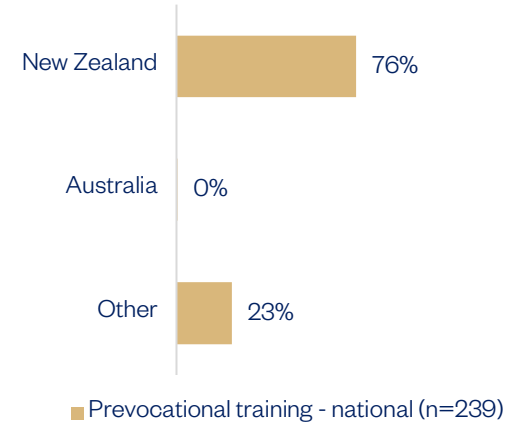


Q9 & Q12. Rural-urban divide based on the Geographical Classification for Health*

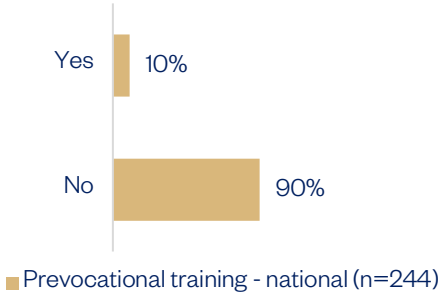
* See definitions, page 43



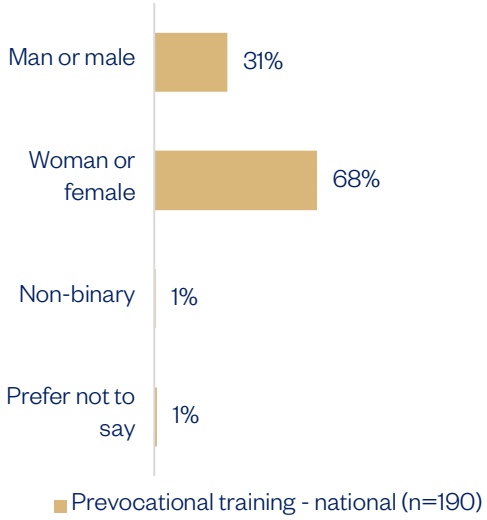
Q21. Where did you complete your primary medical degree?



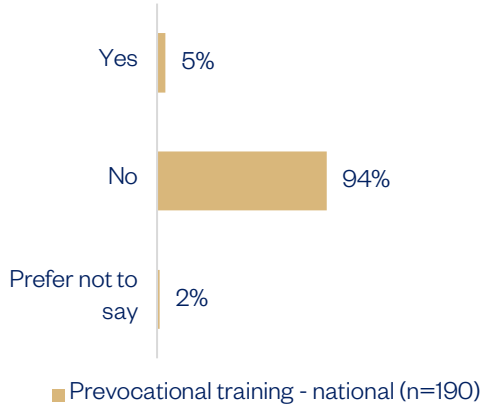
Q13. Are you on a relief run?



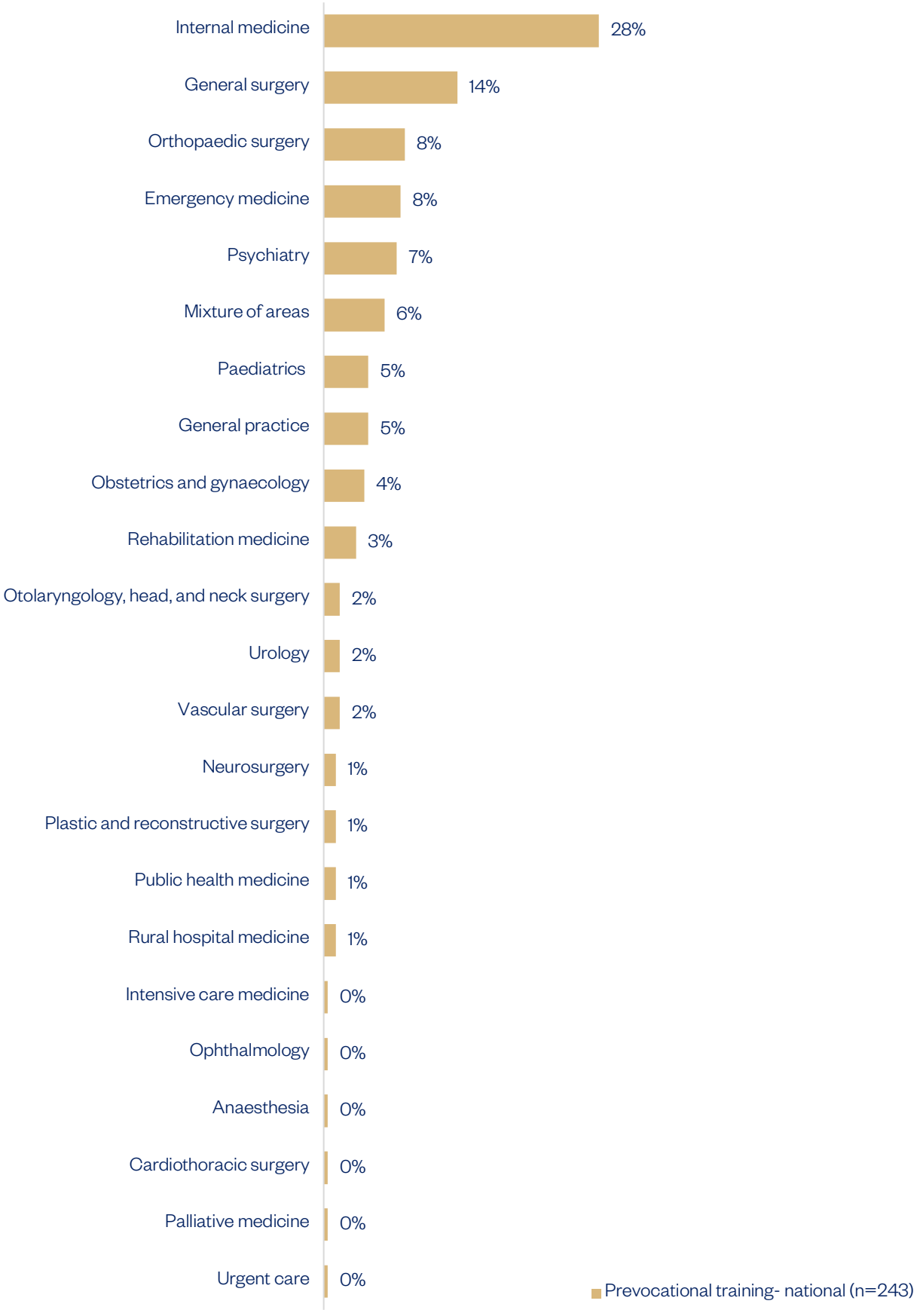
Q84. What gender do you identify as?



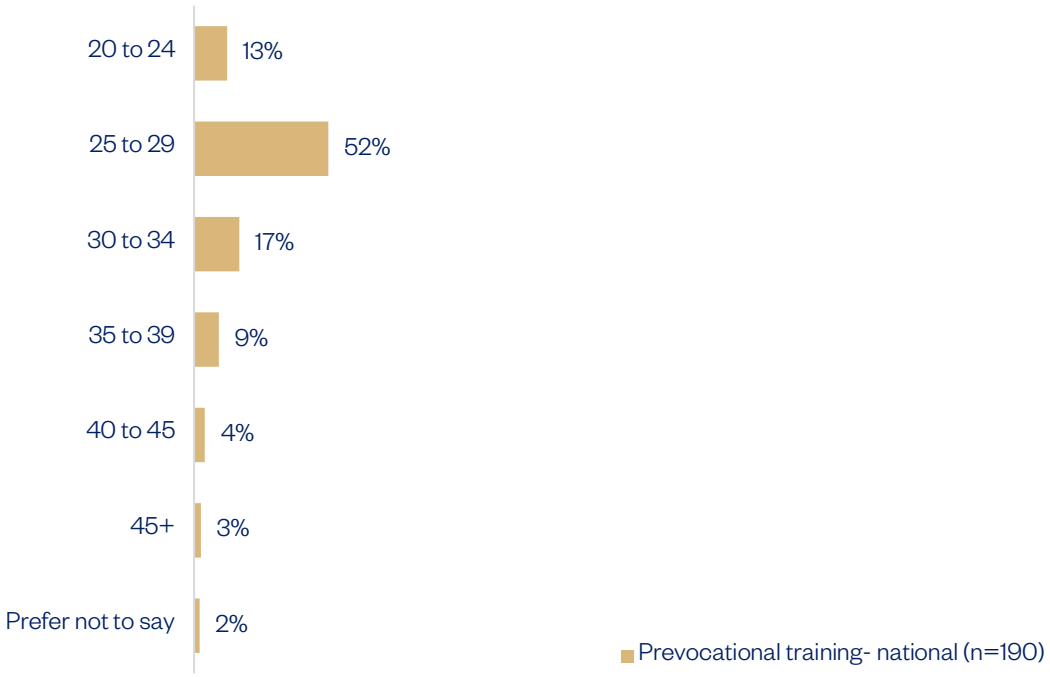
Q86. Do you identify as a person with a disability?



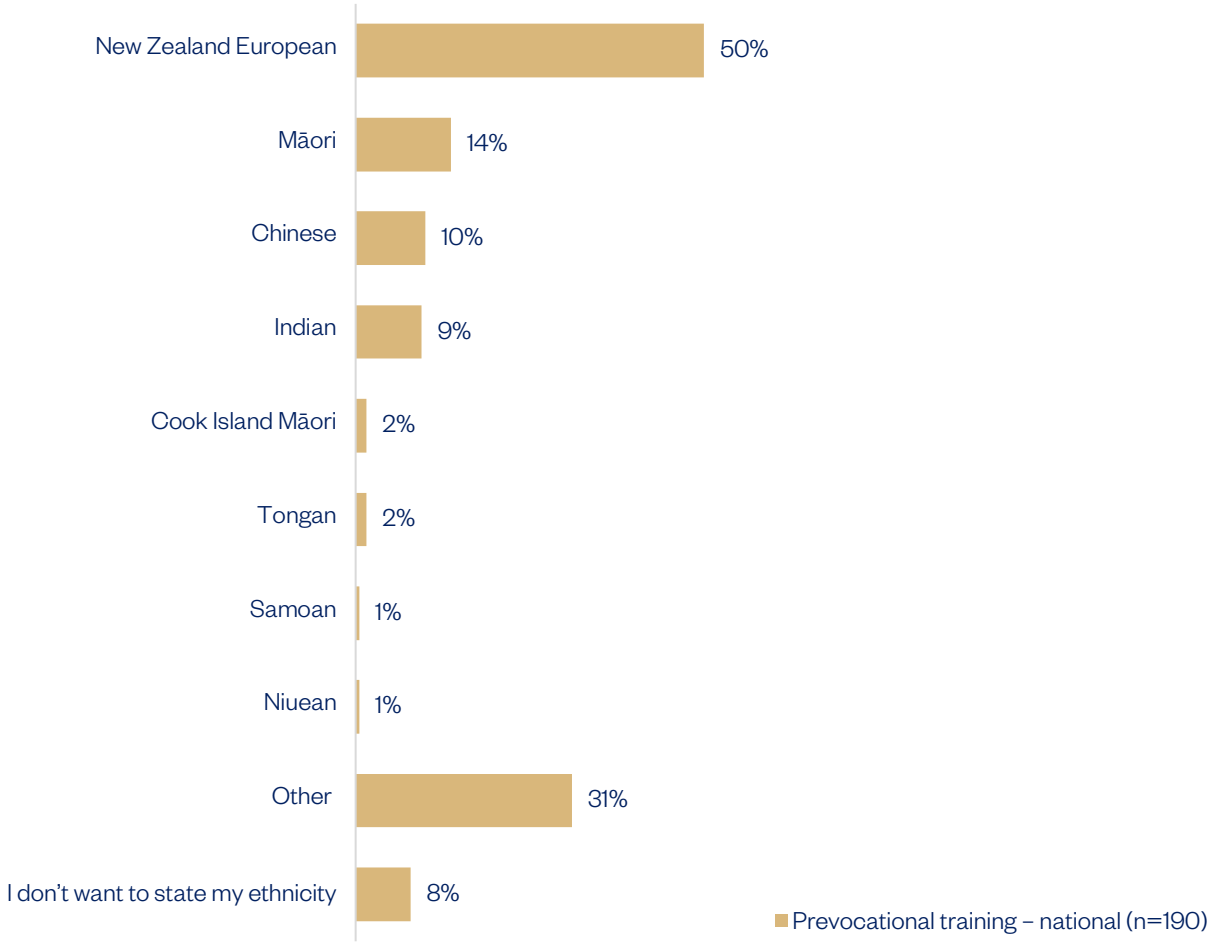
Q14. Which area are you currently practising in?



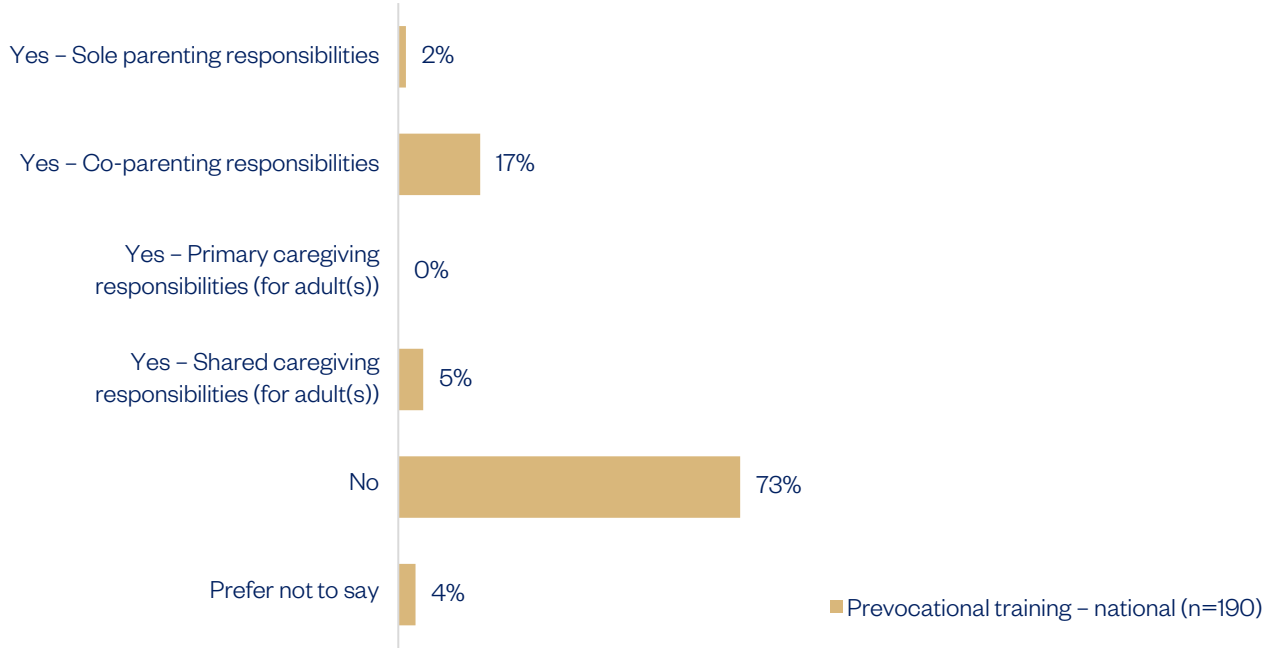
Q85. What is your age? (years)



Q87. Which ethnic group(s) do you belong to?

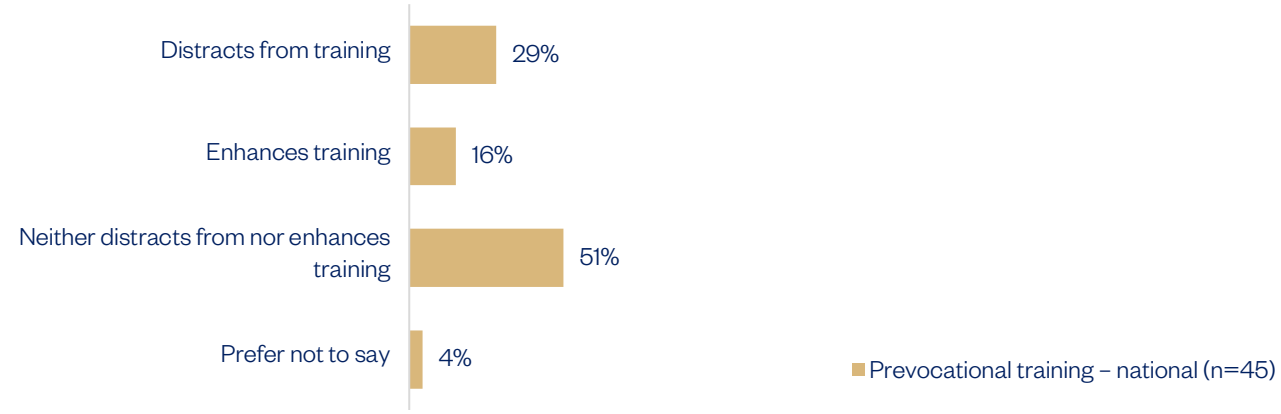


Q88. During your usual work week, do you spend time providing unpaid care, help, or assistance for family/whānau members or others?

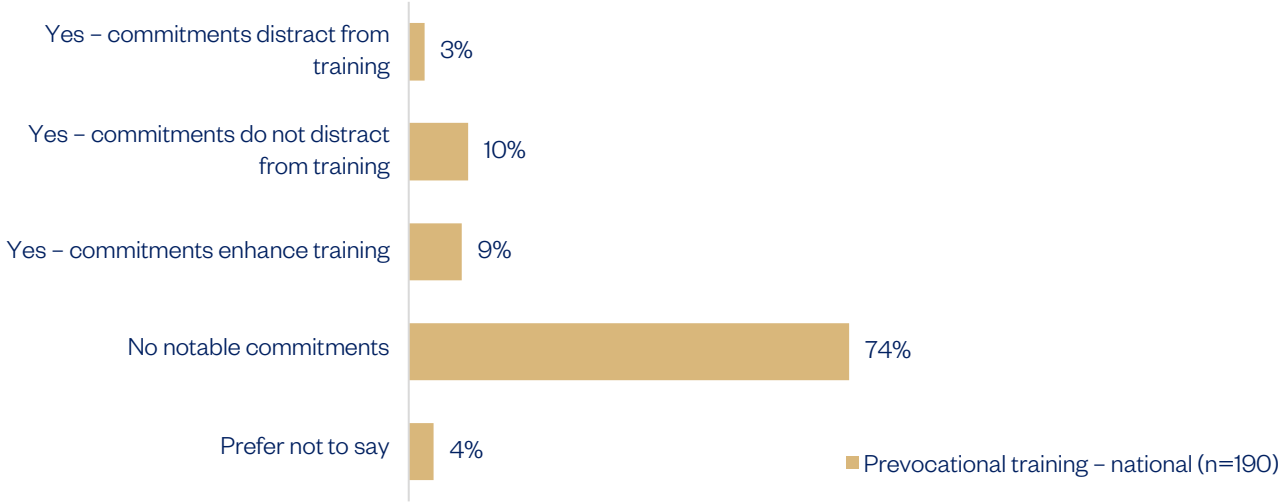


Q89. How does providing care or assistance for family/whānau members or others impact your training?

Base: Those who spend time providing unpaid care, help, or assistance for family/whānau members or others

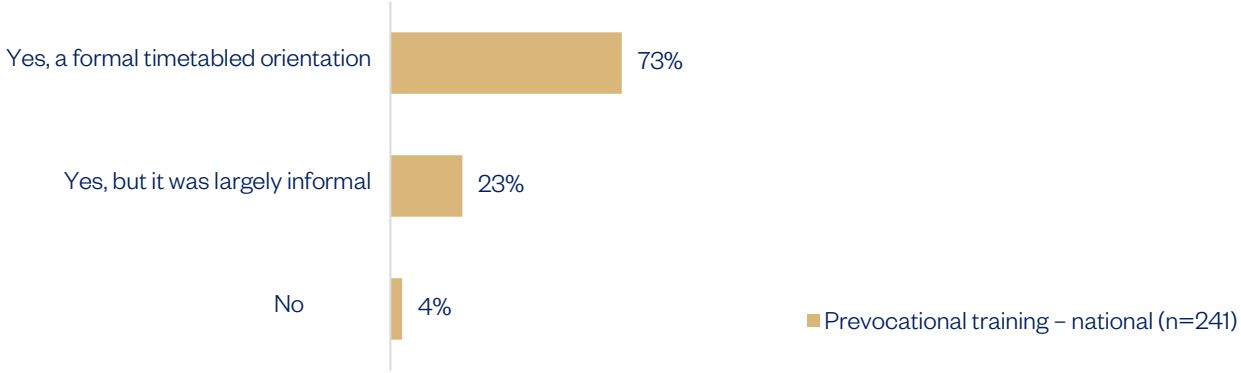


Q90. During your usual work week, do you spend time meeting cultural commitments and /or supporting cultural activities in the workplace and how does this impact training?



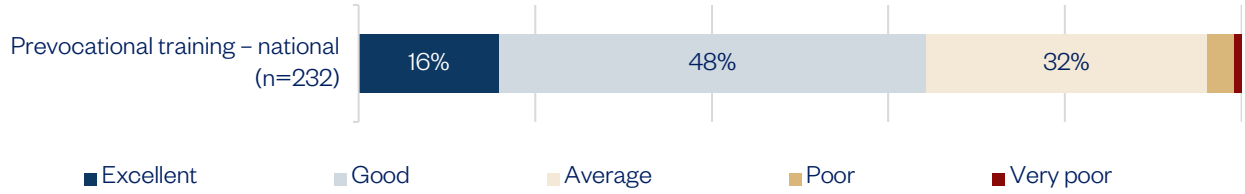
2. Orientation

Q15. Did you receive an orientation to your workplace setting (e.g. hospital, clinic)?

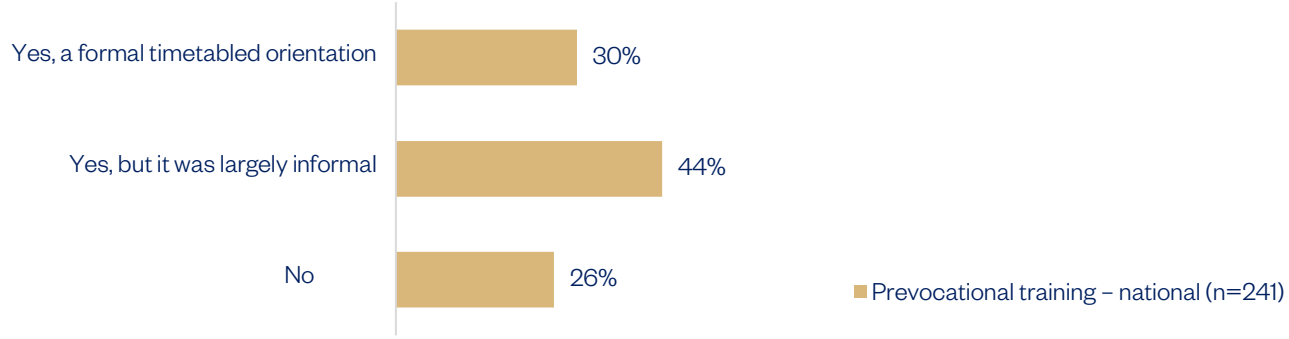


Q16. How would you rate the quality of your workplace orientation?

Base: those who received an orientation to their workplace setting. Labels 3% and below are removed from the chart

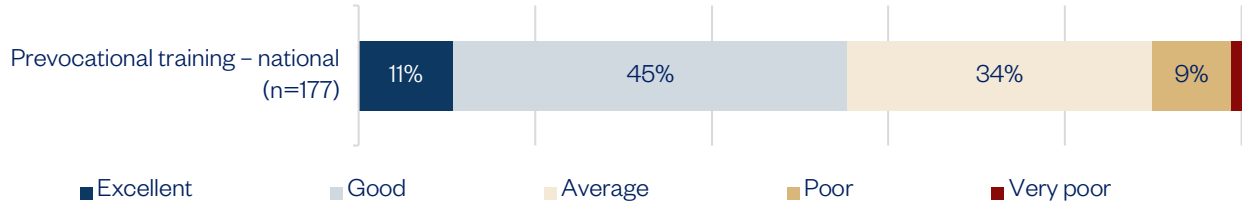


Q17. Did you receive an orientation to your clinical attachment? (e.g. at start of your 3-month general surgery attachment)



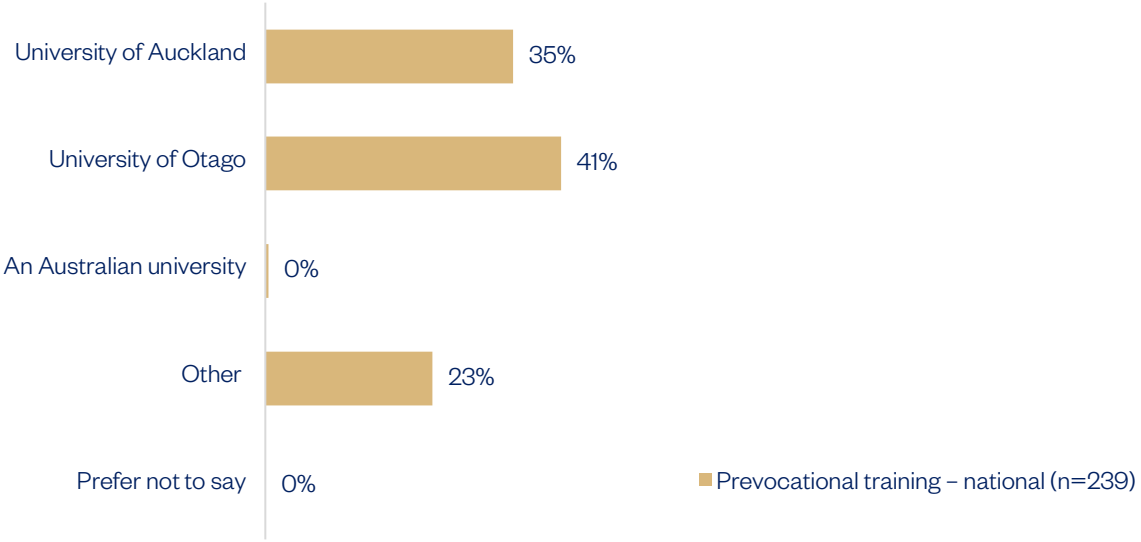
Q18. How would you rate the quality of your clinical attachment orientation?

Base: those who received an orientation to their clinical attachment. Labels 3% and below are removed from the chart



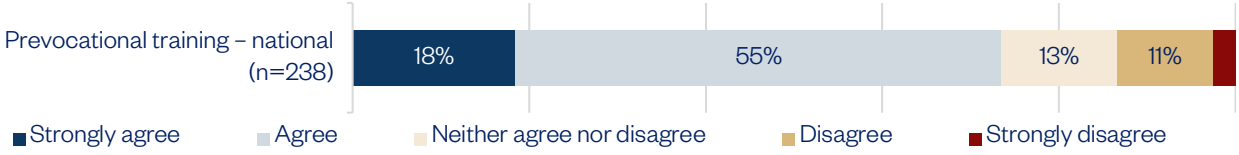
3. Training curriculum

Q21. Where did you complete your primary medical degree?

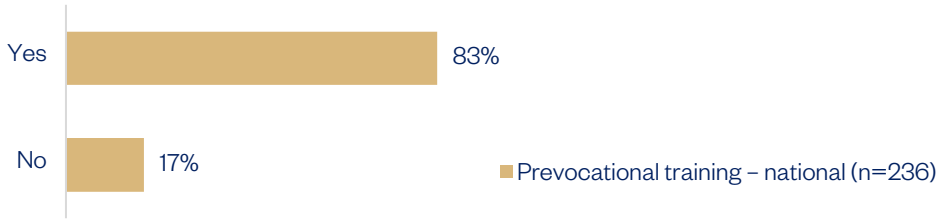


Q23. Overall, I felt that my medical school education was sufficient to prepare me to commence the role and responsibilities of a house officer.

Labels 3% and below are removed from the chart

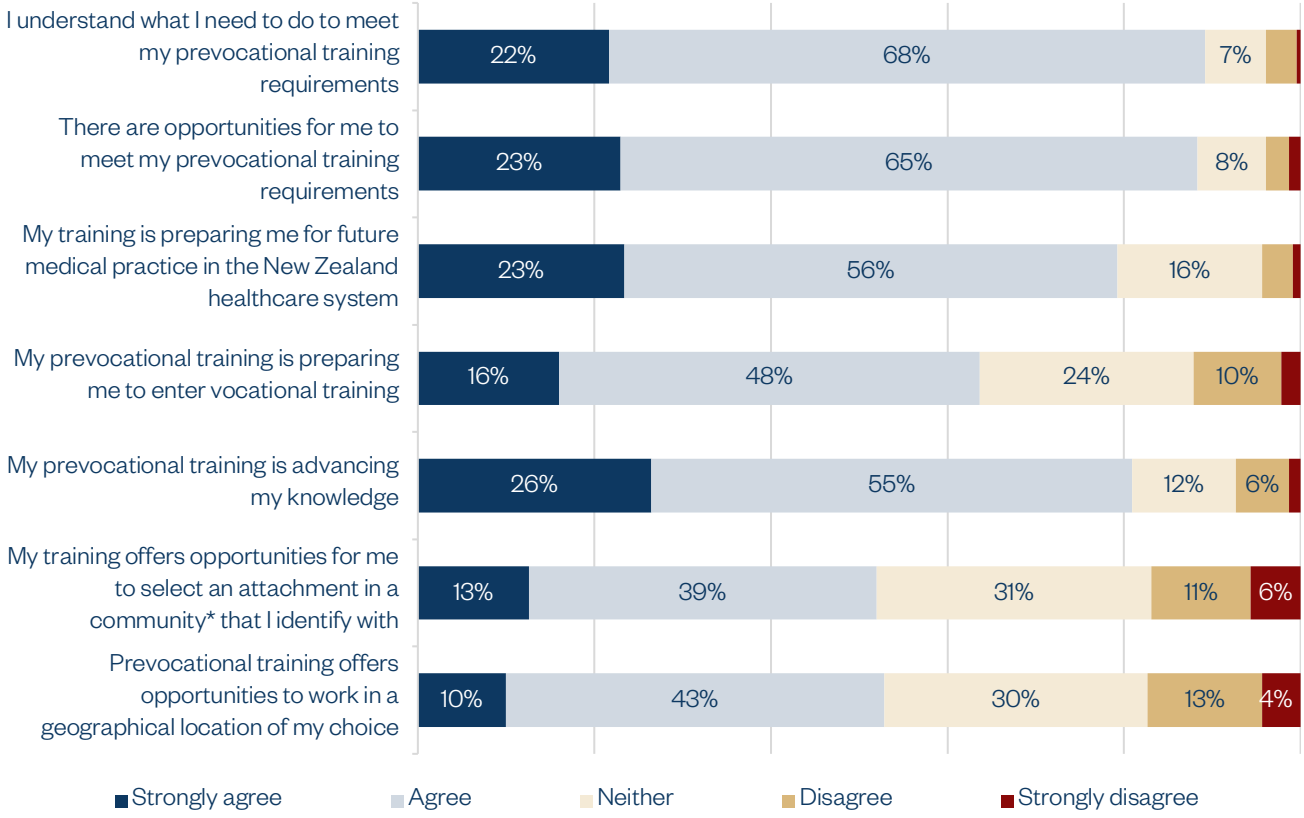


Q24. Do you have a professional development or training plan?



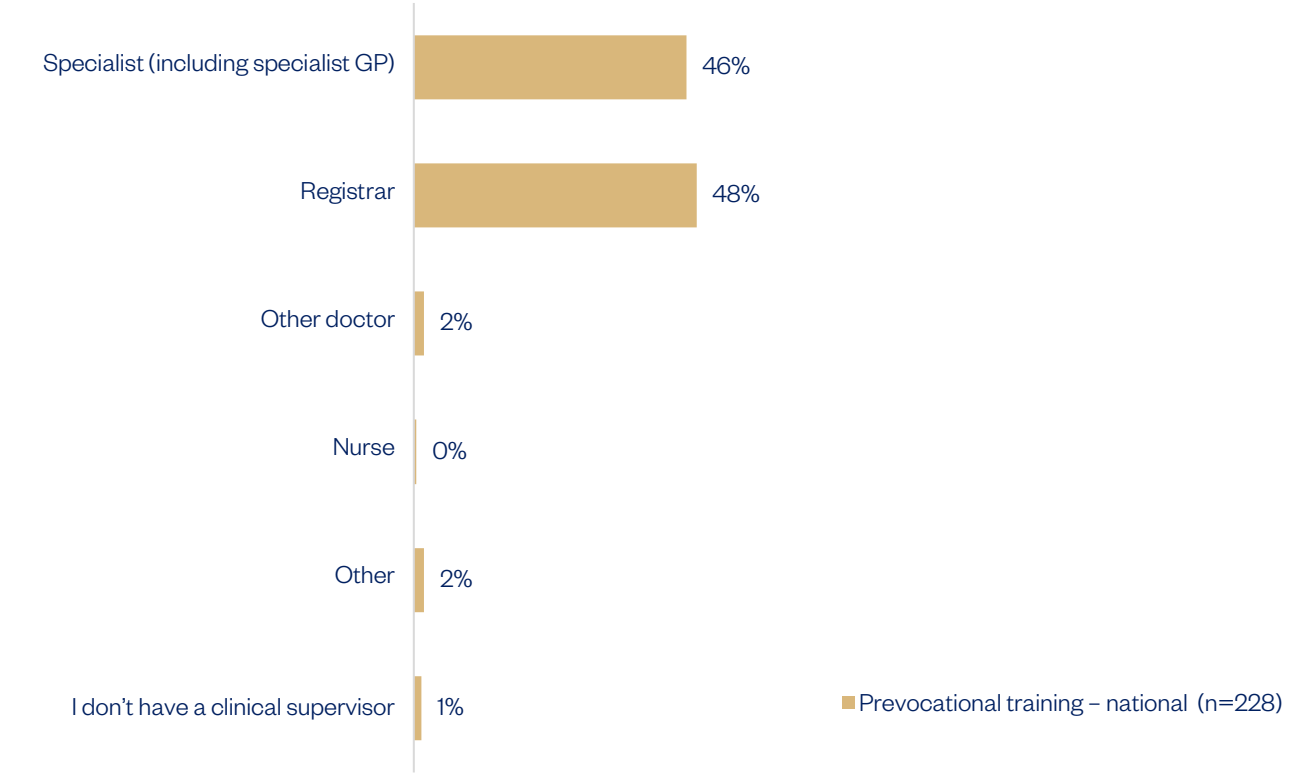
Q25. Thinking about your prevocational training programme, to what extent do you agree or disagree with the following statements?

Base: n=231. Labels 3% and below are removed from the chart. * See definitions, page 43



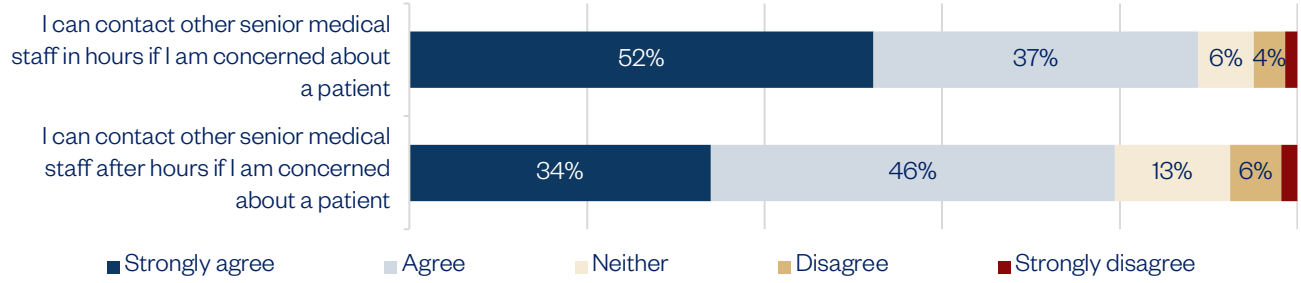
4. Clinical supervision

Q37. In your setting, who mainly provides your day-to-day clinical supervision?



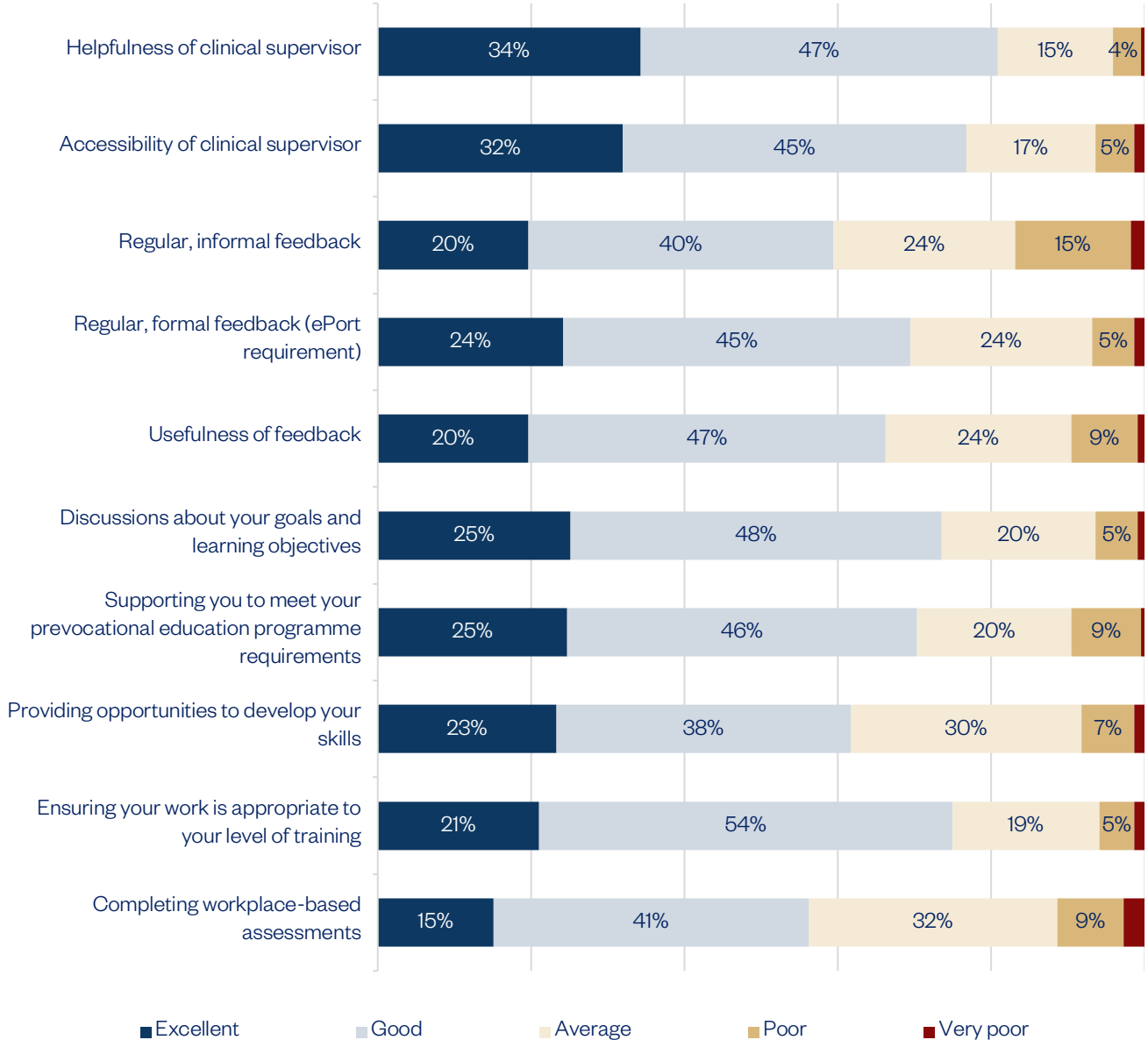
Q39. To what extent do you agree or disagree with the following statements? In my setting, if my clinical supervisor(s) is not available...

Base: n=224, those who have a clinical supervisor. Labels 3% and below are removed from the chart



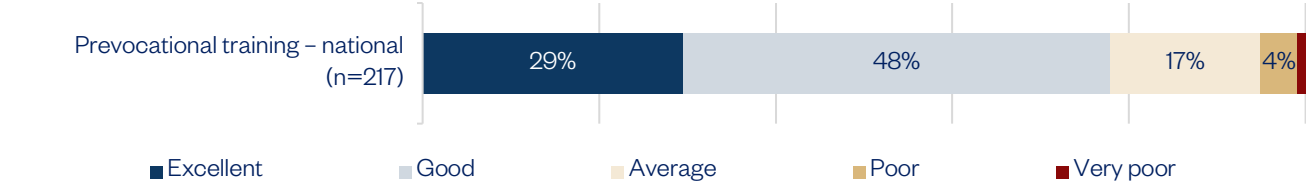
Q40. In your setting how would you rate the quality of your overall clinical supervision for...

Base: n=219, those who have a clinical supervisor. Labels 3% and below are removed from the chart



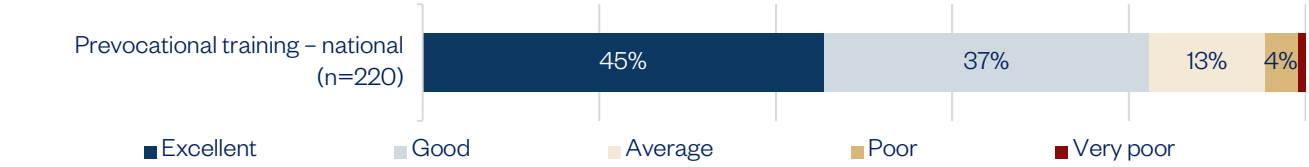
Q42. For your setting, how would you rate the quality of your clinical supervision?

Base: those who have a clinical supervisor. Labels 3% and below are removed from the chart



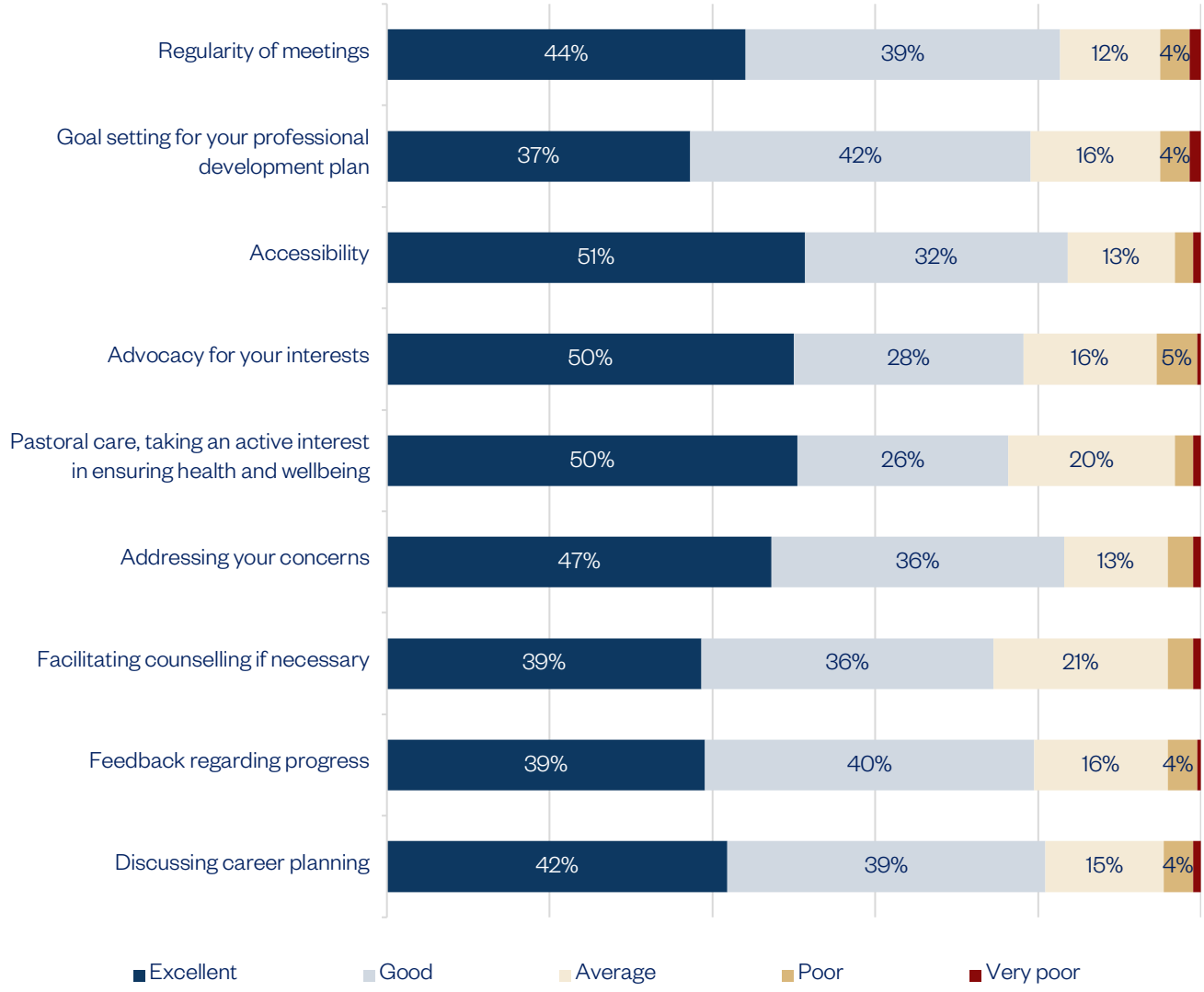
Q43. How would you rate the quality of supervision from your prevocational educational supervisor (PES)?

Labels 3% and below are removed from the chart



Q44. How would you rate your prevocational educational supervisor (PES) for...?

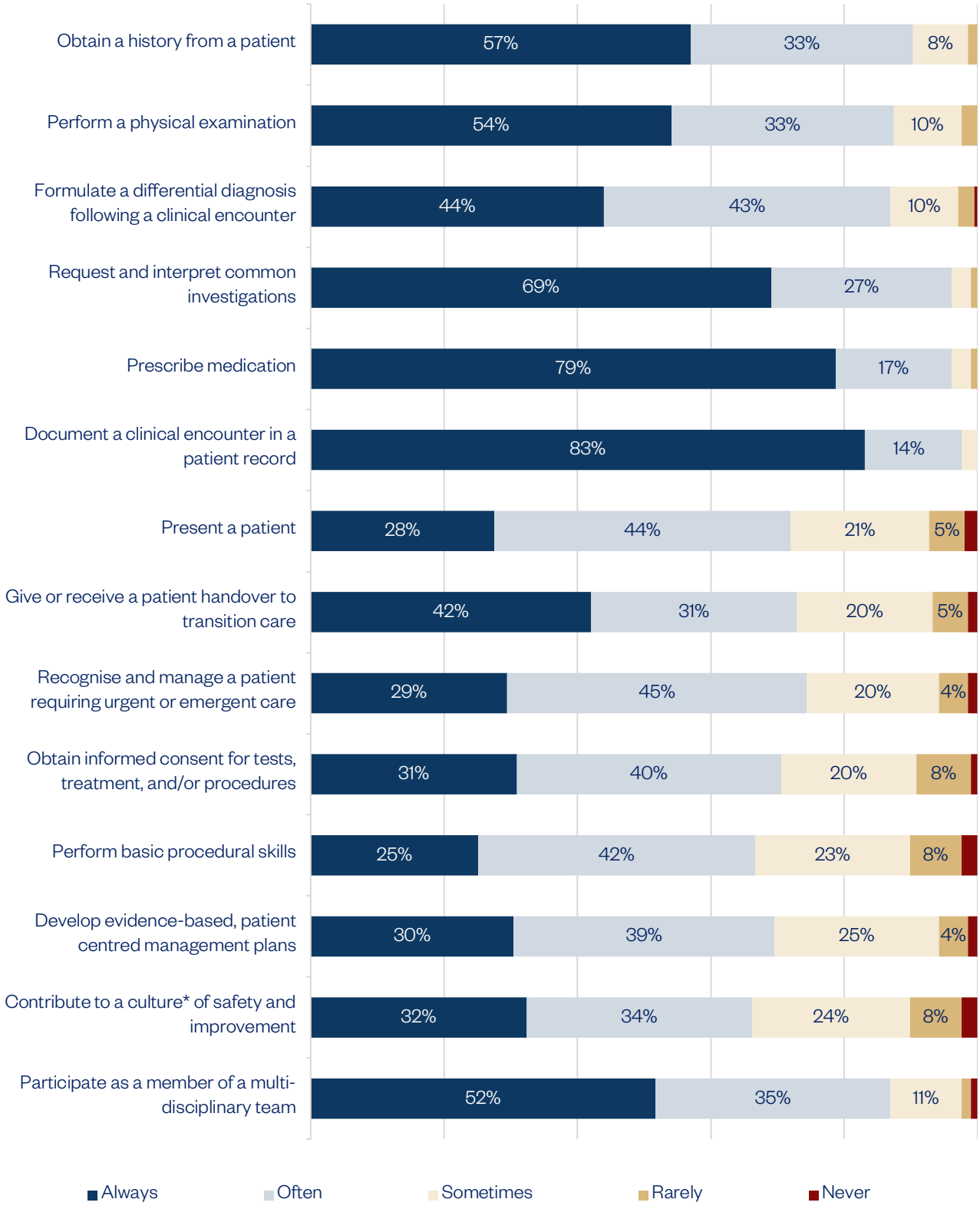
Base: n=220. Labels 3% and below are removed from the chart



5. Access to teaching

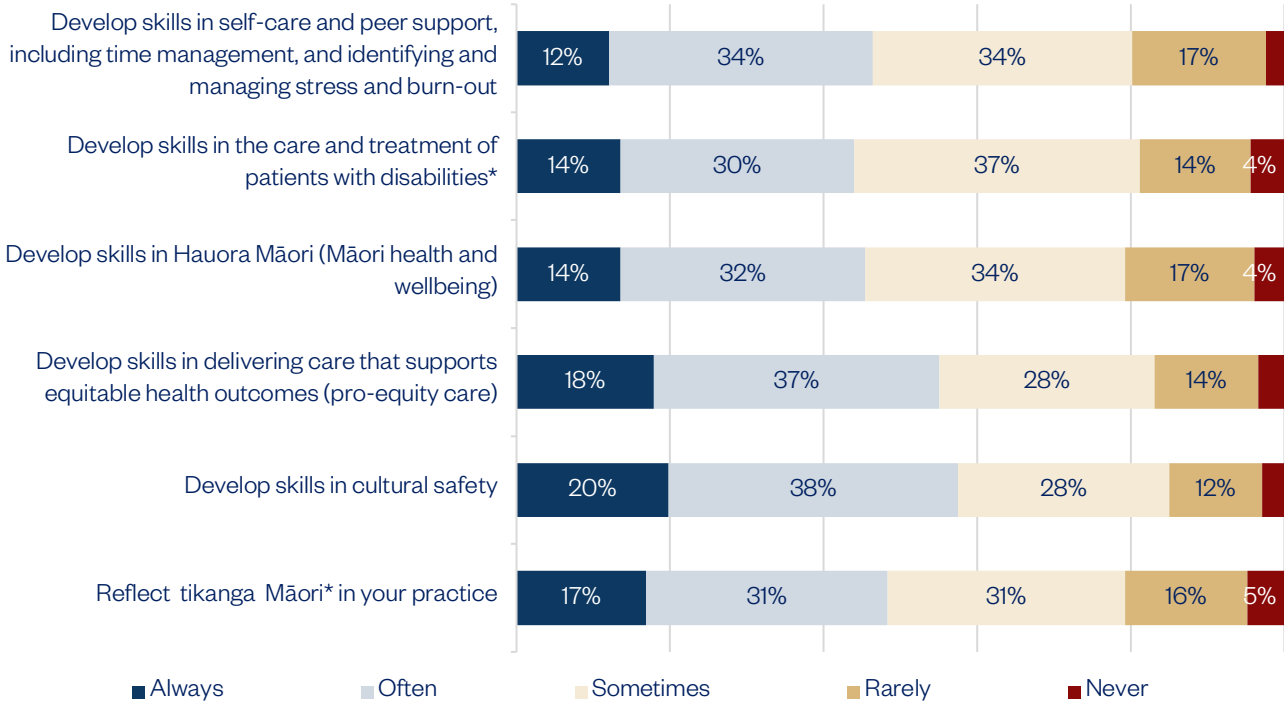
Q46. In your setting, do you have sufficient opportunities to develop your skills and knowledge in these areas (the 14 learning activities)?

Base: n=207. Labels 3% and below are removed from the chart. * See definitions, page 43



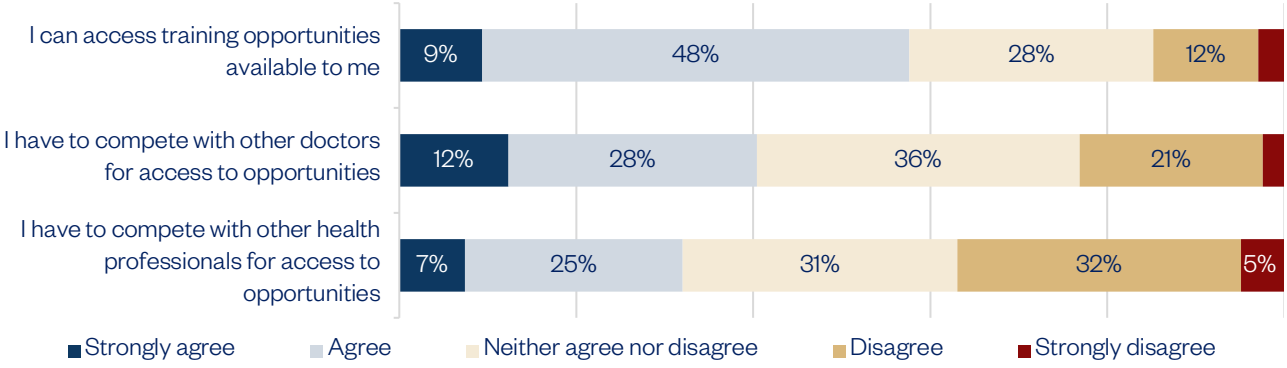
Q46. In your setting, do you have sufficient opportunities to develop your skills and knowledge in these additional areas?

Base: n=207. Labels 3% and below are removed from the chart. * See definitions, page 43



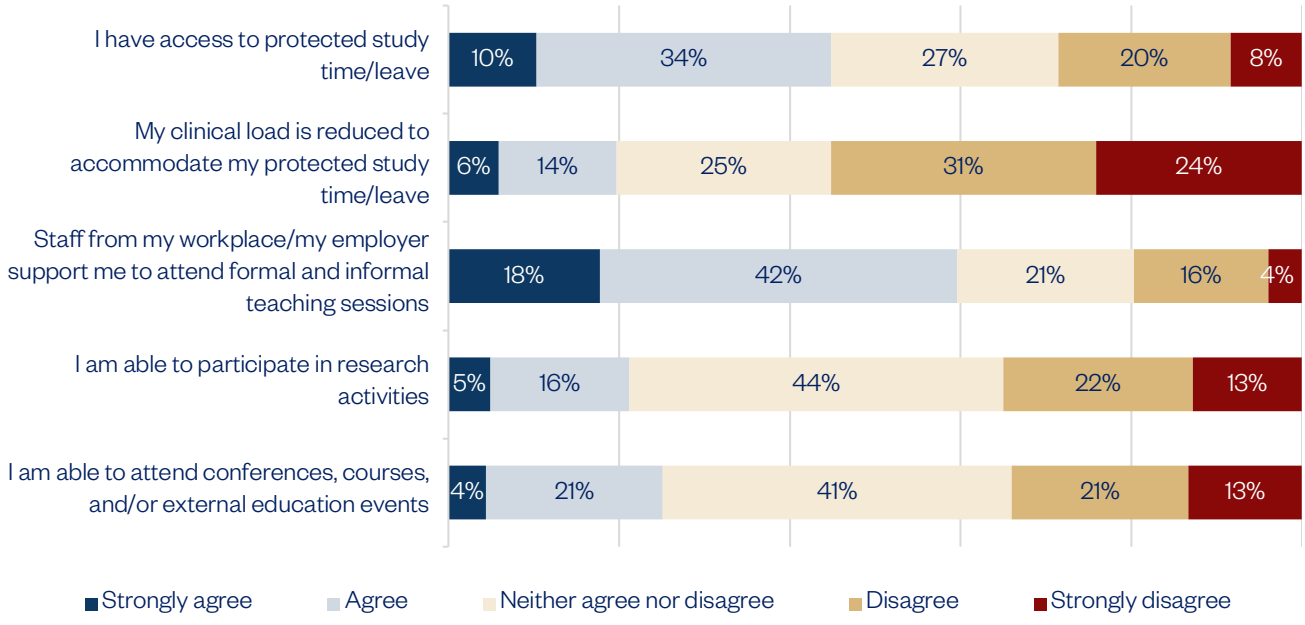
Q48. Thinking about your access to opportunities to develop your skills in your setting, to what extent do you agree or disagree with the following statements?

Base: n=203. Labels 3% and below are removed from the chart

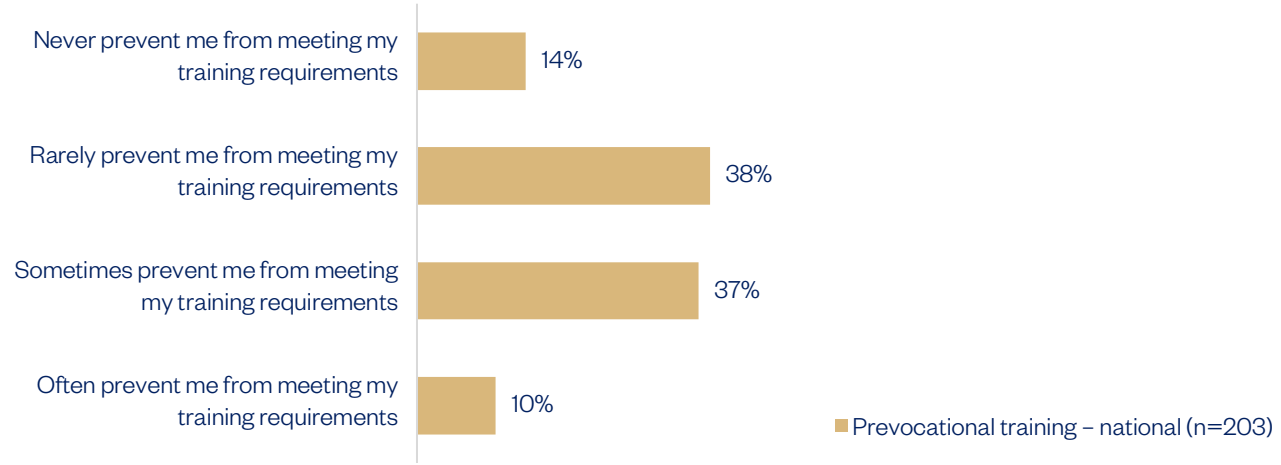


Q49. Thinking about access to teaching and research in your setting, to what extent do you agree or disagree with the following statements?

Base: n=203. Labels 3% and below are removed from the chart

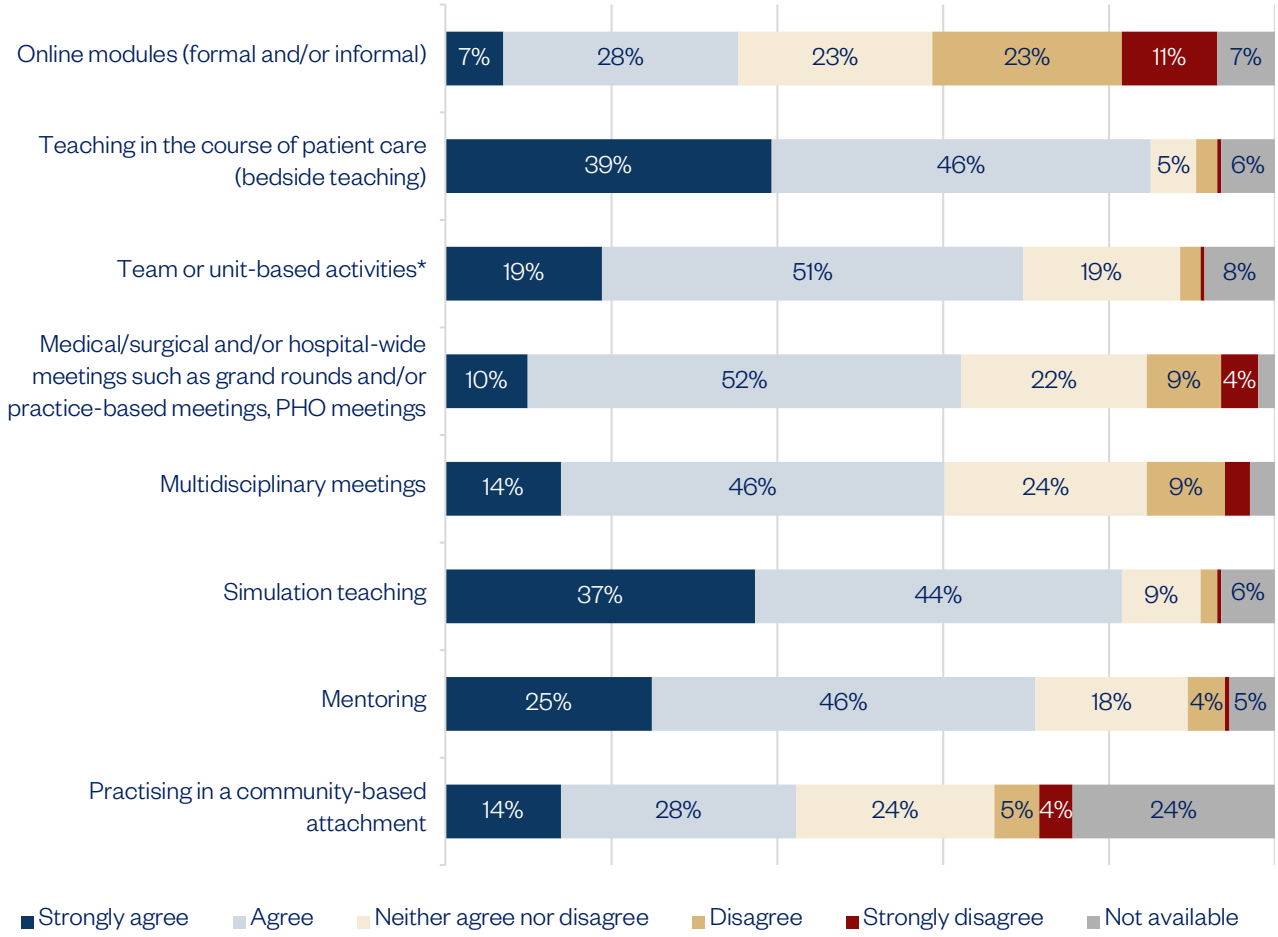


Q51. Which of the following statements best describes the interaction between your training requirements and your job responsibilities? My job responsibilities...



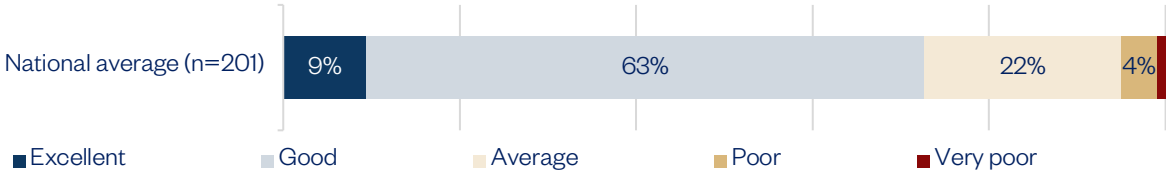
Q52. To what extent have the following educational activities been useful in your development as a doctor?

Base: n=201. Labels 3% and below are removed from the chart. * See definitions, page 43



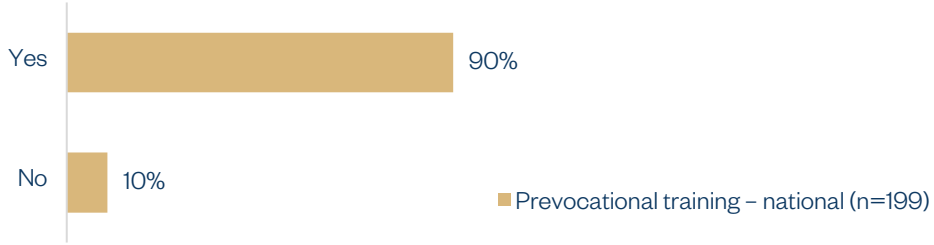
Q54. Overall, how would you rate the quality of teaching?

Base: those who received an orientation to their clinical attachment. Labels 3% and below are removed from the chart



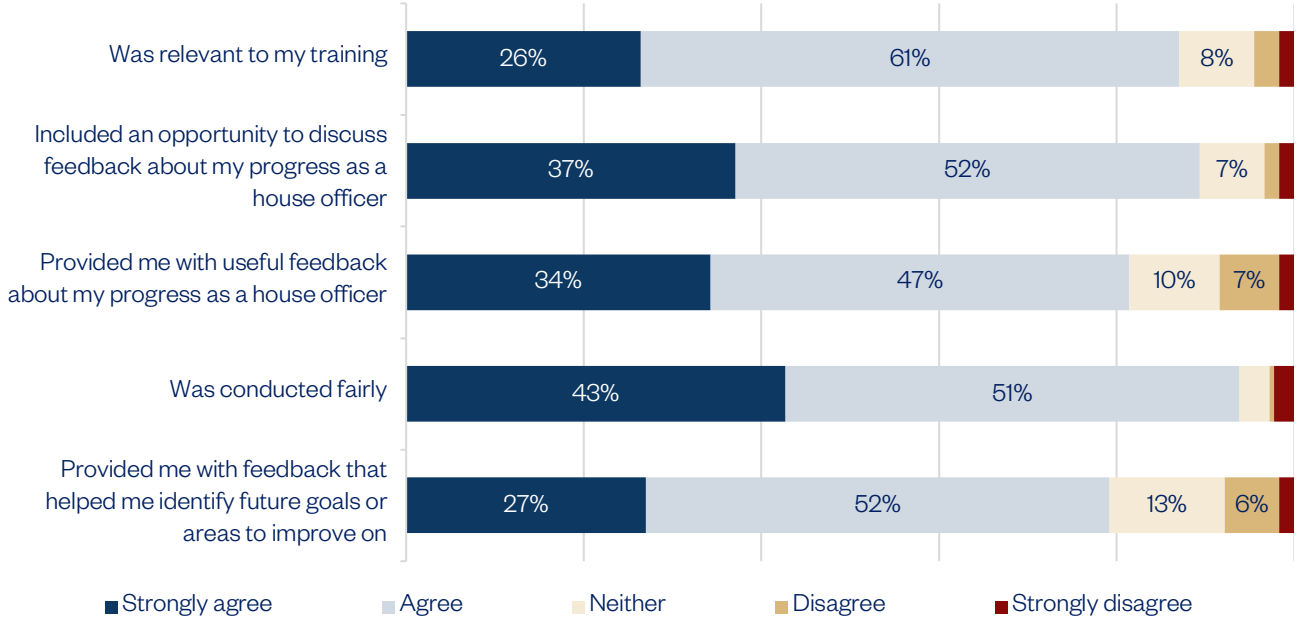
6. Assessment

Q55. Did you receive an assessment for your previous clinical attachment (e.g. end of run rating, feedback, multi-source feedback)?



Q56. To what extent do you agree or disagree with the following statements? The assessment from my previous clinical attachment...

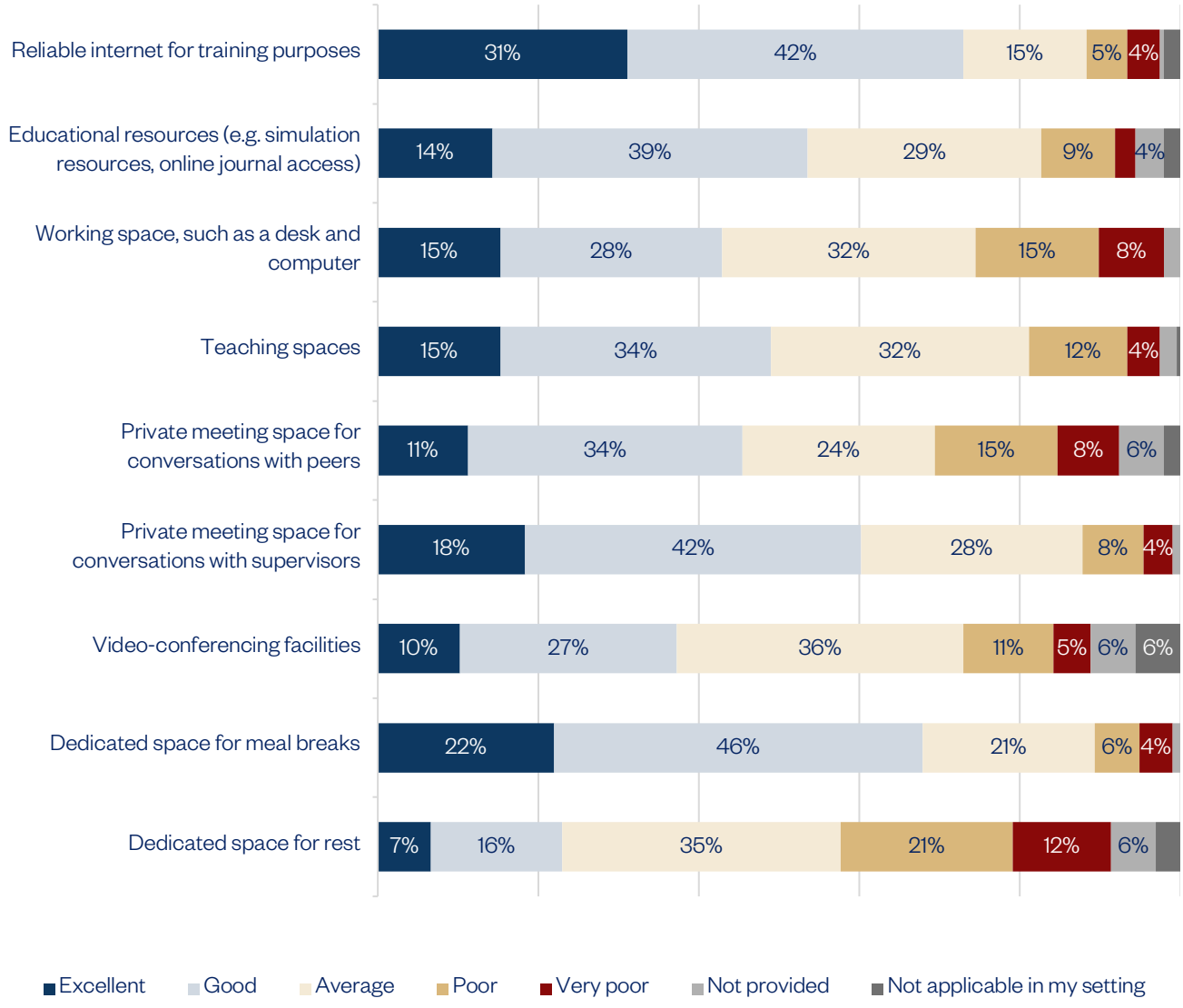
Base: n=178, those who received an assessment for their previous clinical attachment. Labels 3% and below are removed from the chart



7. Workplace environment and culture

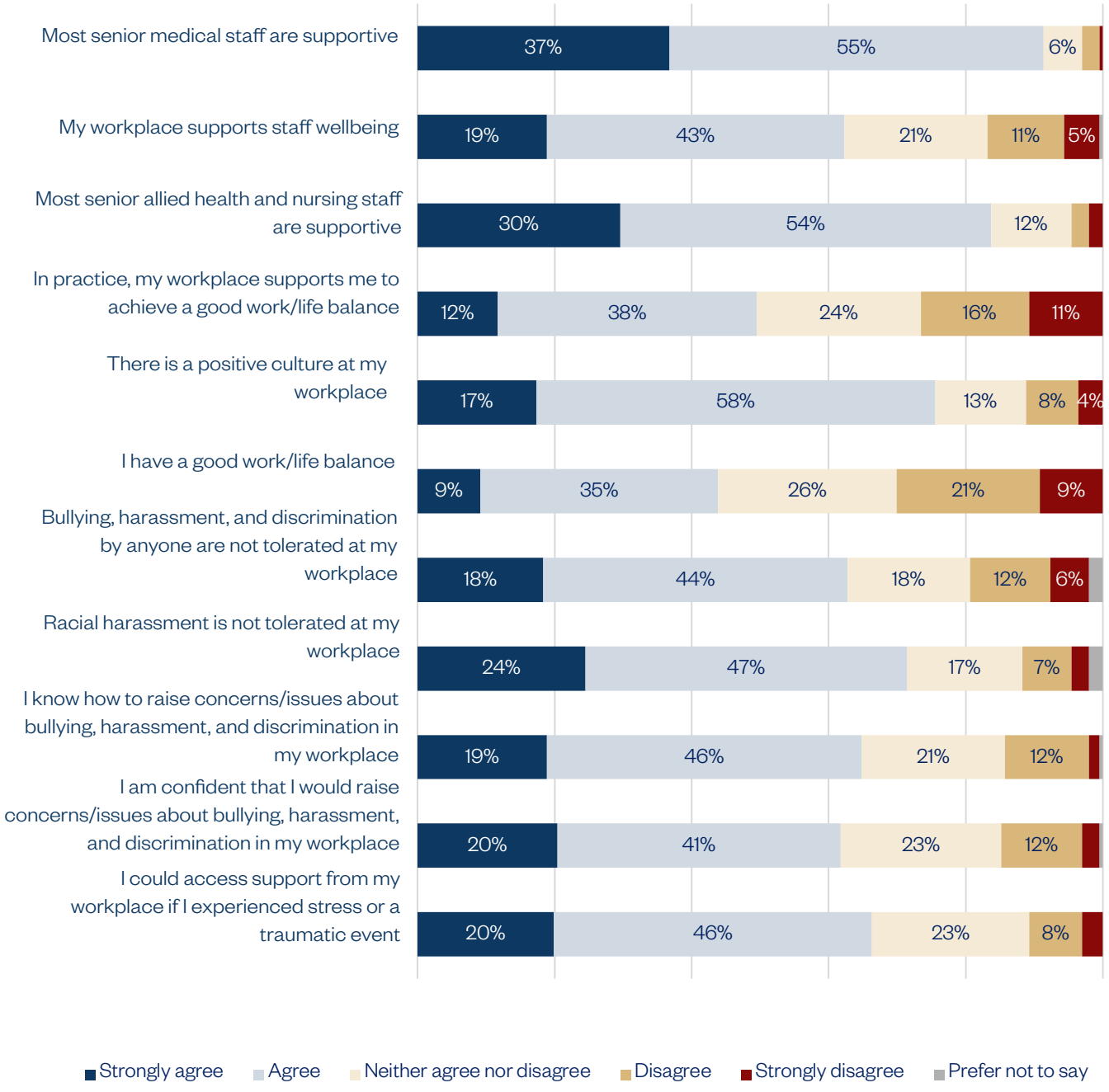
Q57. How would you rate the quality of the following in your setting?

Base: n=196. Labels 3% and below are removed from the chart



Q58. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements?

Base: n=196. Labels 3% and below are removed from the chart

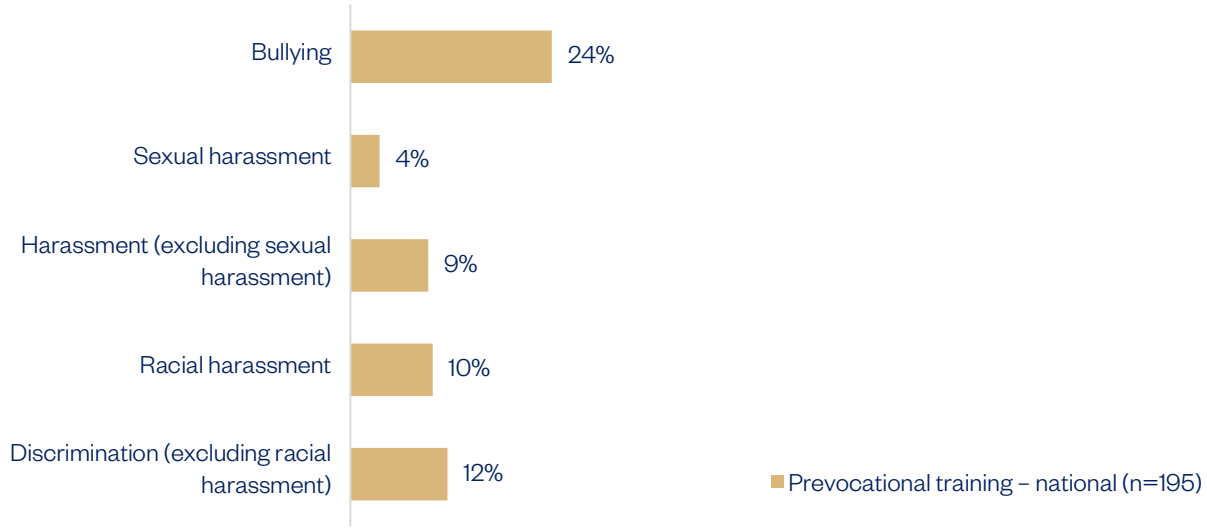


Interpretation of bullying and harassment results

Unlike most of the survey, which focuses on respondents' current training setting (or previous setting if they had been in their current placement for less than 4 weeks), the questions on experiencing or witnessing bullying and harassment refer to the past 12 months. As such, responses may reflect experiences that occurred in a previous placement, rotation, or region if the respondent has moved during those 12 months.

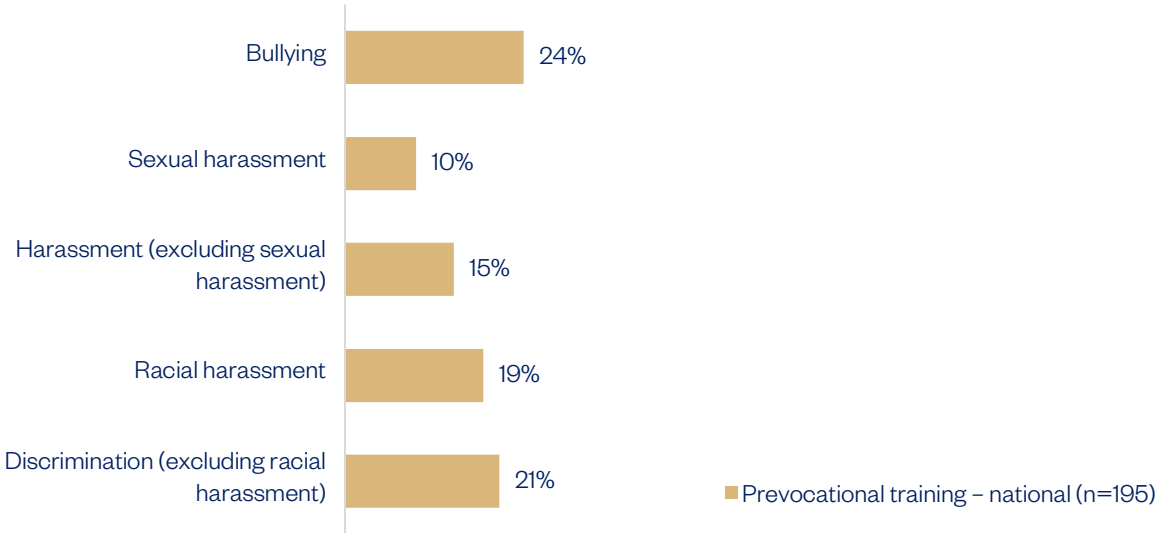
Q59. Thinking about your workplace, have you experienced any of the following in the past 12 months?*

* See definitions, page 43



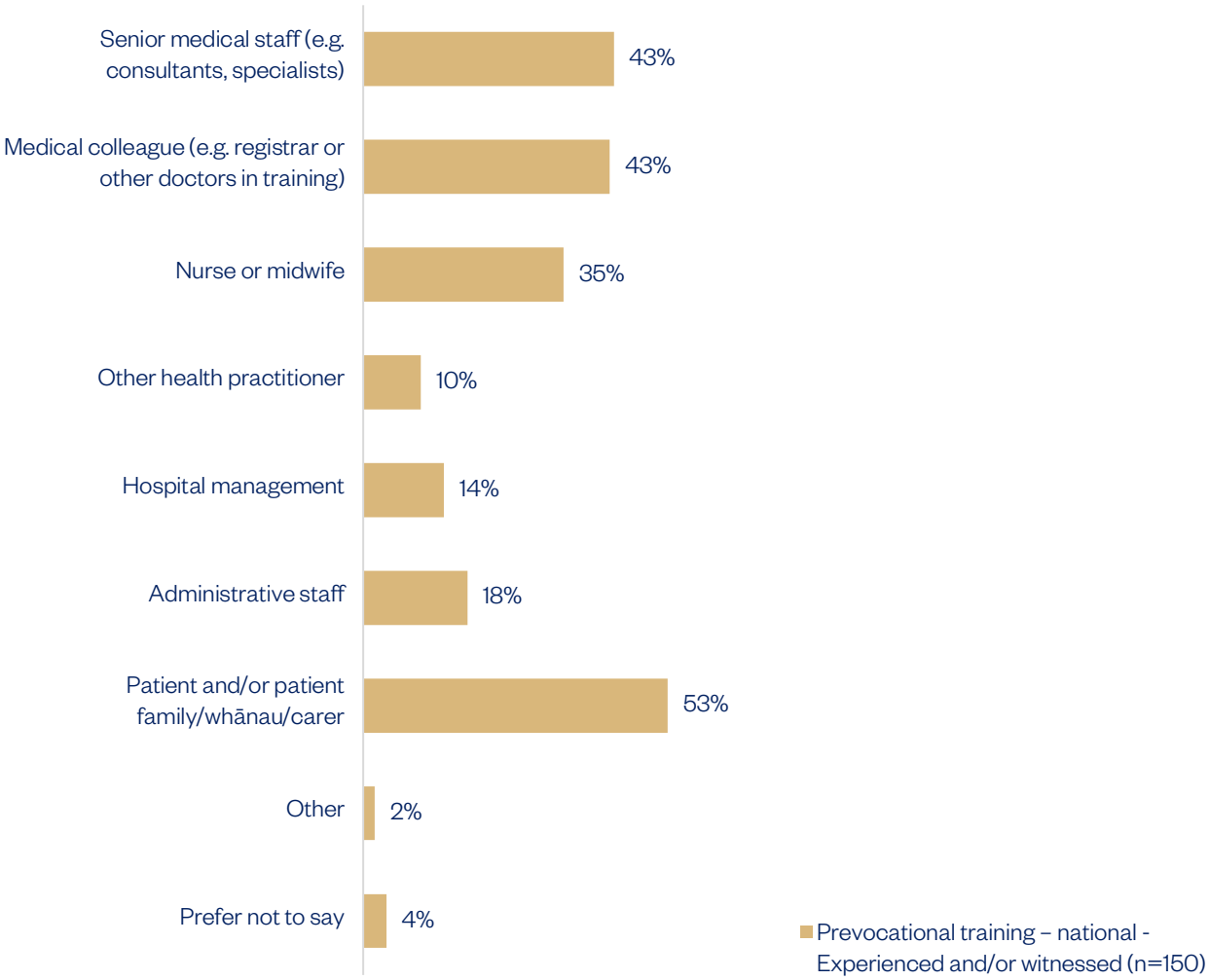
Q59. Thinking about your workplace, have you witnessed any of the following in the past 12 months?*

* See definitions, page 43



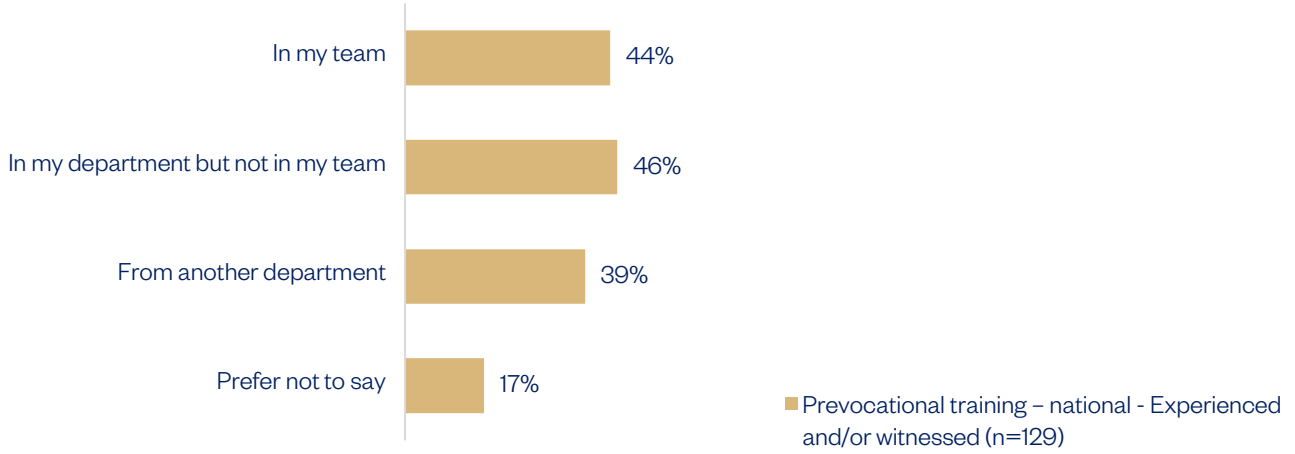
Q60. Who was responsible for the bullying, harassment (including racial harassment), and/or discrimination that you experienced?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months



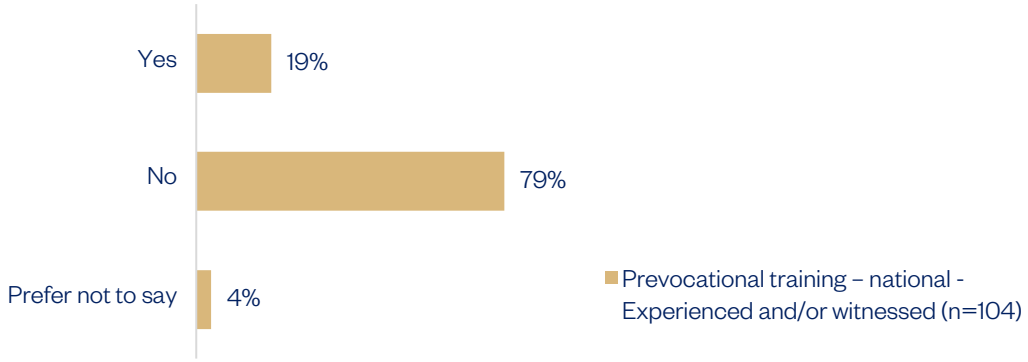
Q61. Was the person(s) responsible was in your team or department?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months and if the person responsible was a staff member



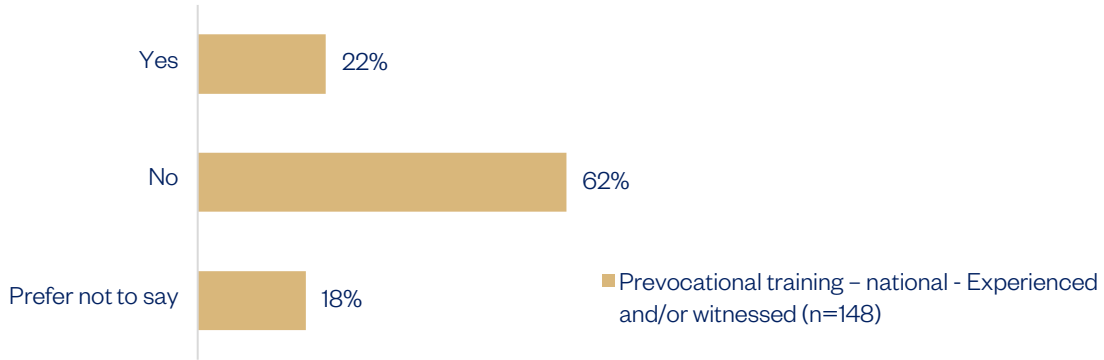
Q62. Was the person one of your supervisors?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months and if the person responsible was in their team or department



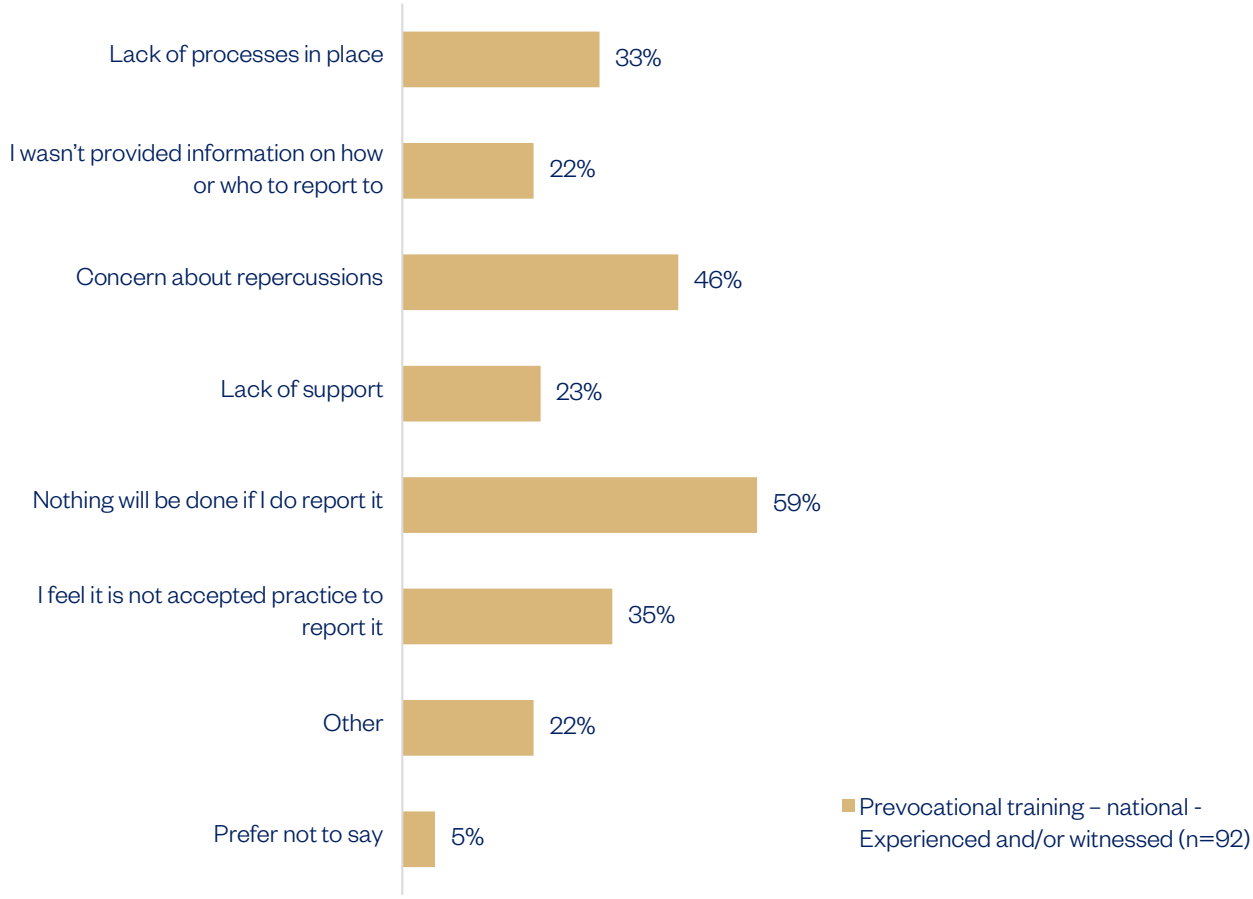
Q63. Have you reported it?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months



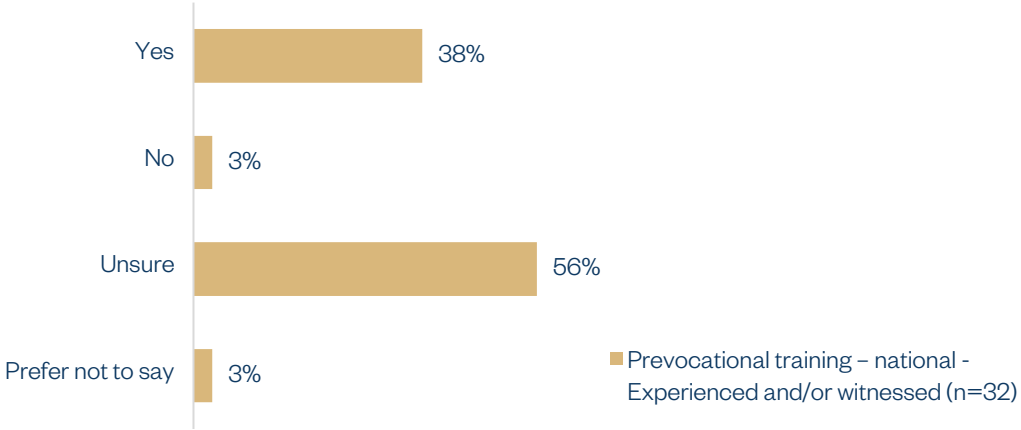
Q64a. What prevented you from reporting it?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months, and they did not report it



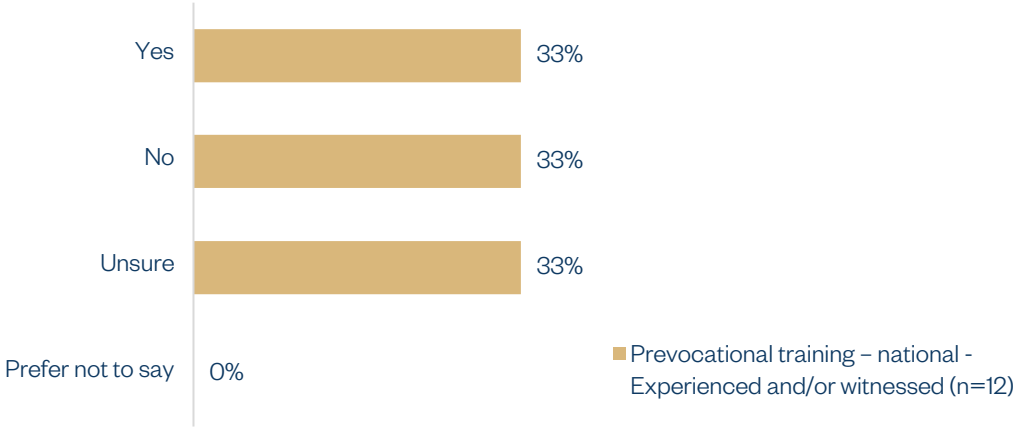
Q64b. Has the report been followed up?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months, and they did report it



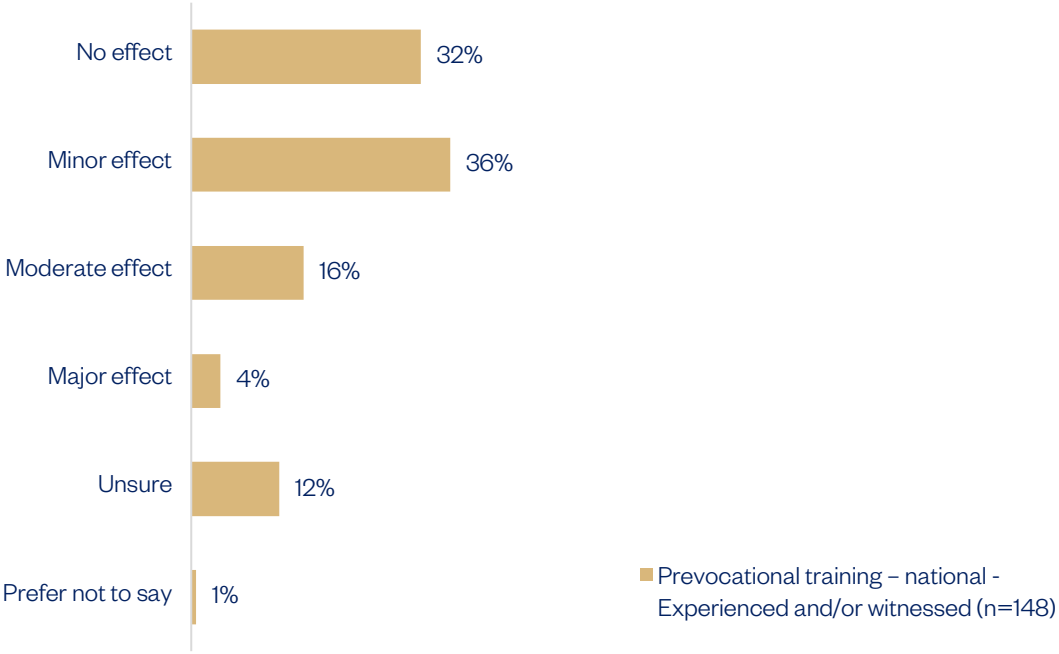
Q65. Are you satisfied with how the report was followed up?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months, and they did report it, and the report was followed up

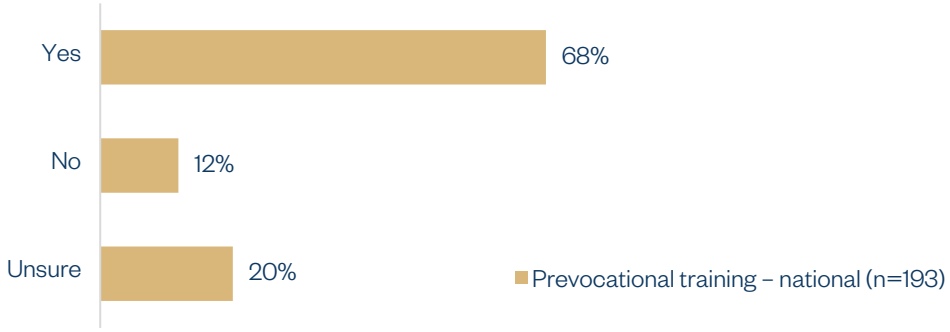


Q66. Has the incident adversely affected your medical training?

Base: those who have experienced or witnessed bullying, sexual harassment, harassment, racial harassment or discrimination in the past 12 months and they did report it and the report was followed up

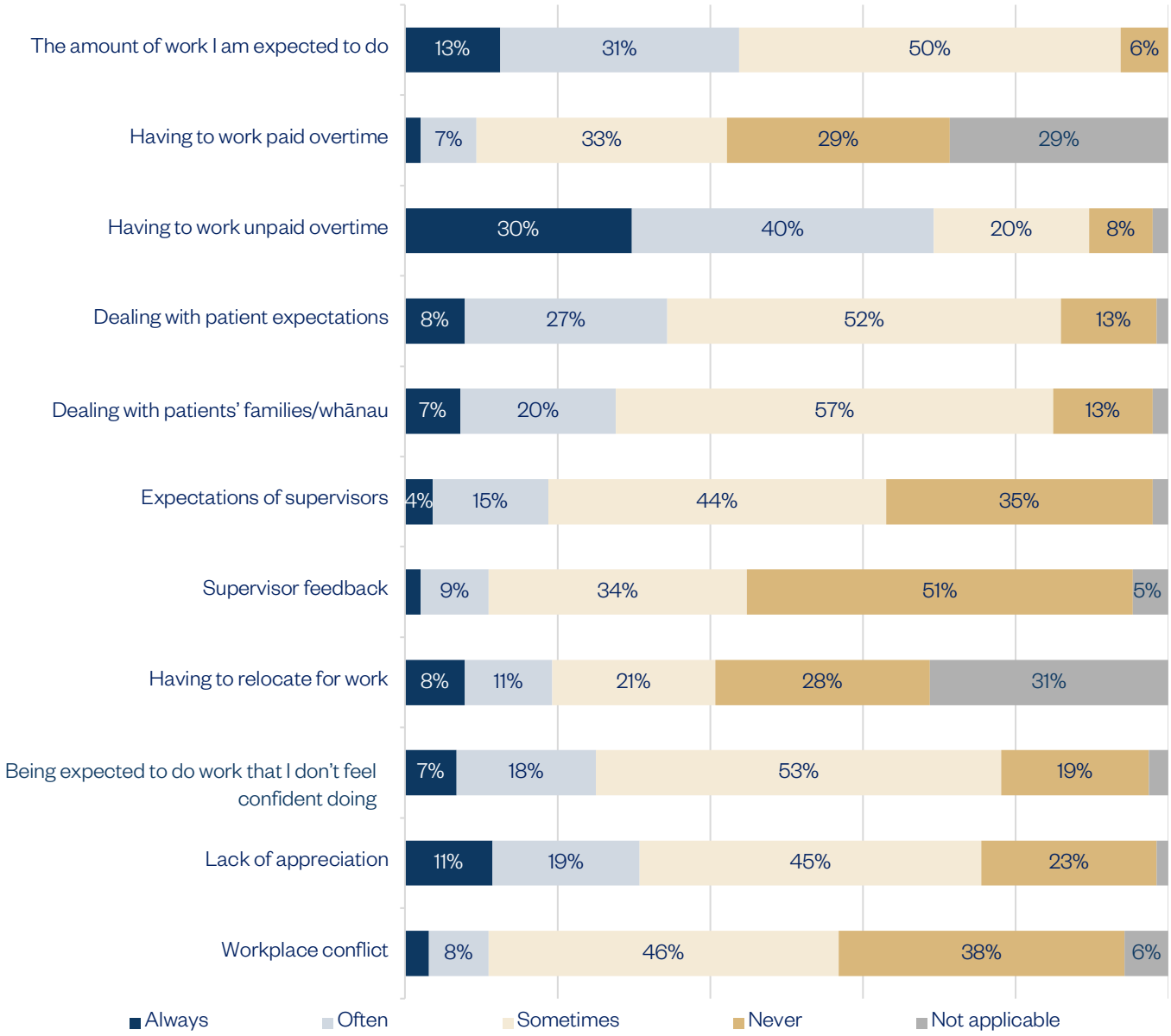


Q67. If you needed support, do you know how to access support for your health (including for stress and other psychological distress)?



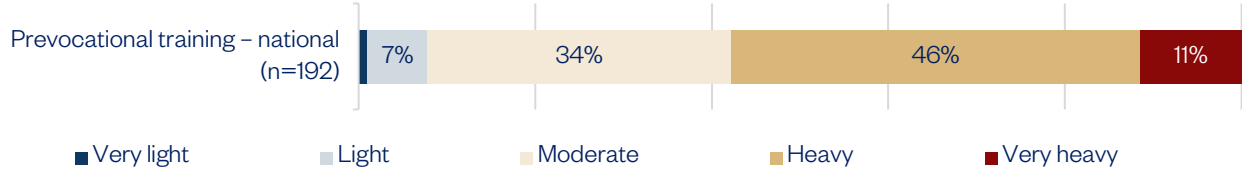
Q68. How often do the following adversely affect your wellbeing in your setting?

Base: n=192. Labels 3% and below are removed from the chart



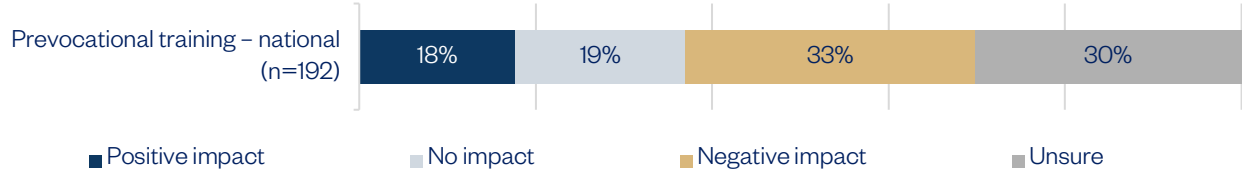
Q69. How would you rate your workload in your setting?

Labels 3% and below are removed from the chart

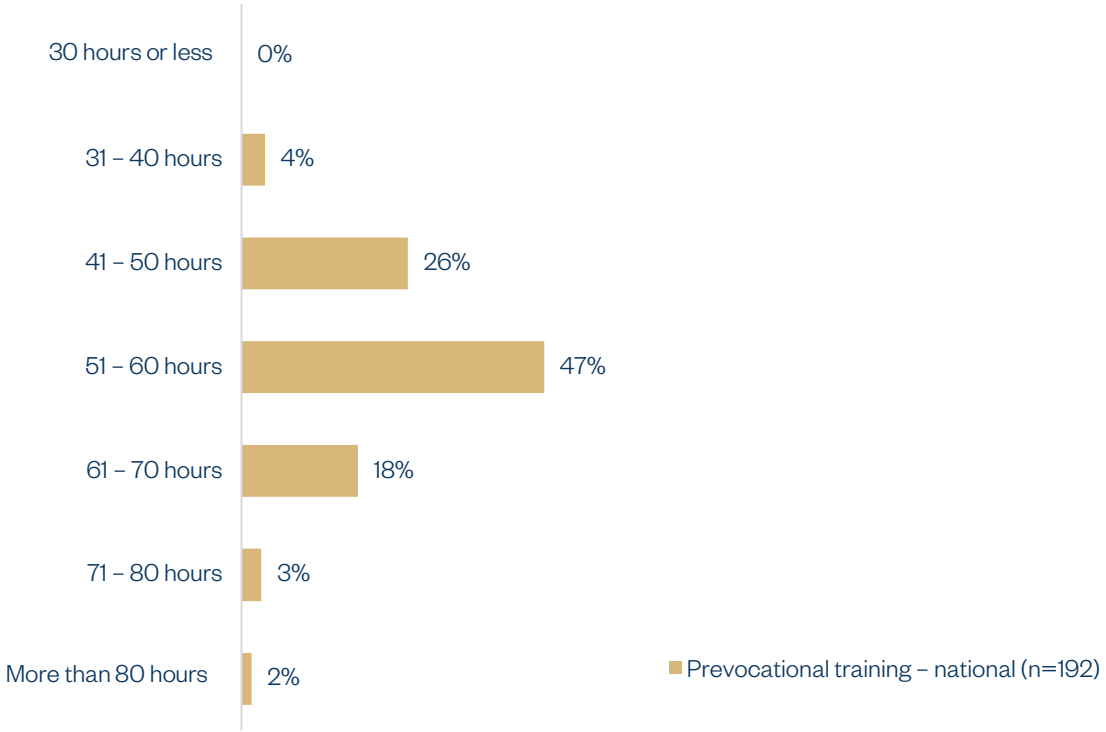


Q70. How has your workload affected your training?

Labels 3% and below are removed from the chart

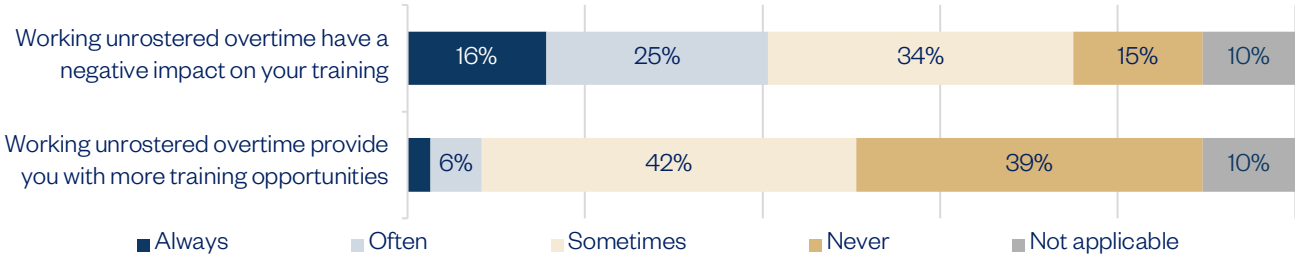


Q71. On average in the past month, how many hours per week* have you worked?



Q72. For any unrostered overtime you have completed in the past, how often did ...?

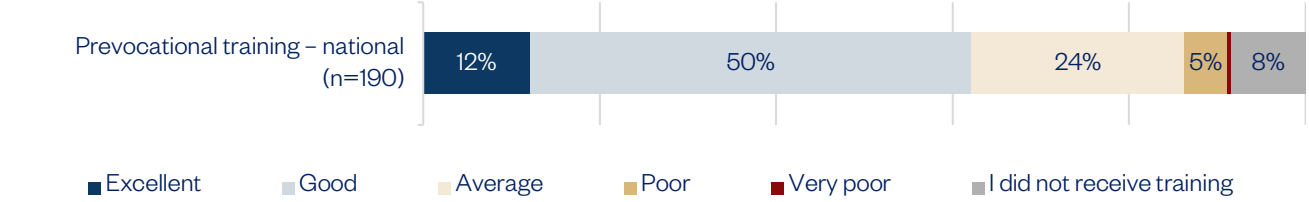
Base: n=192. Labels 3% and below are removed from the chart



8. Patient safety

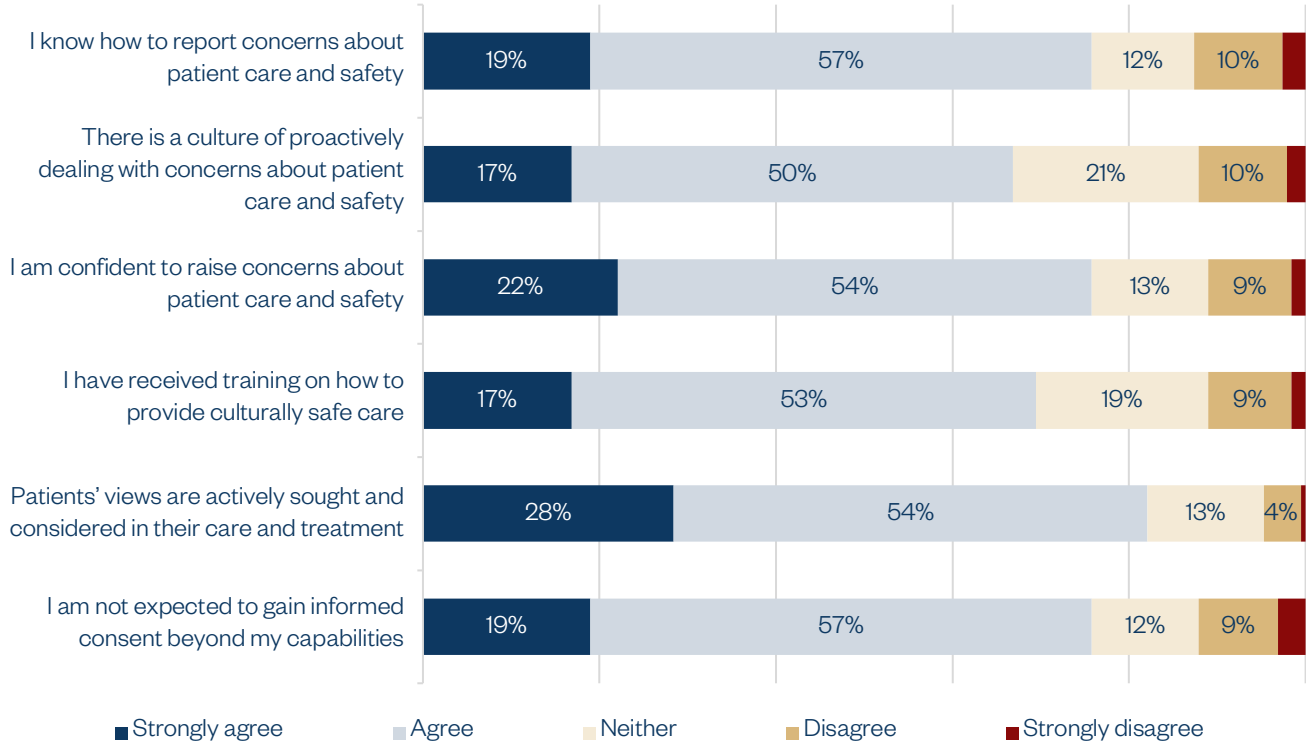
Q73. In your setting, how would you rate the quality of your training on how to raise concerns about patient safety in clinical care?

Labels 3% and below are removed from the chart



Q74. Thinking about patient care and safety in your current setting, to what extent do you agree or disagree with the following statements?

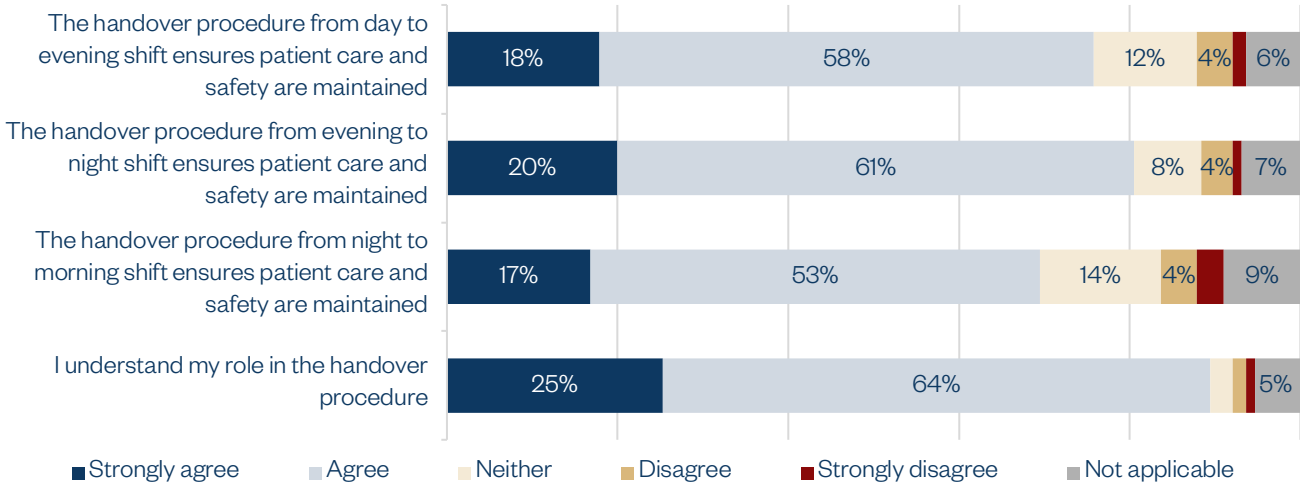
Base: n=190. Labels 3% and below are removed from the chart



Q75. Thinking about patient care and safety in your current setting, to what extent do you agree or disagree with the following statements?

Prevocational training – national

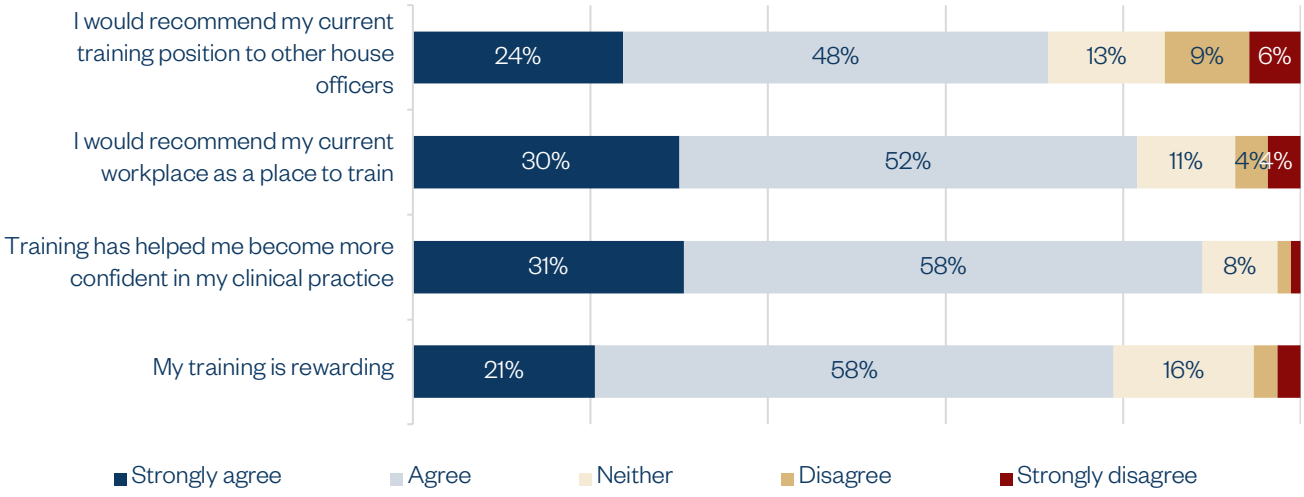
Base: n=190. Labels 3% and below are removed from the chart



9. Overall satisfaction

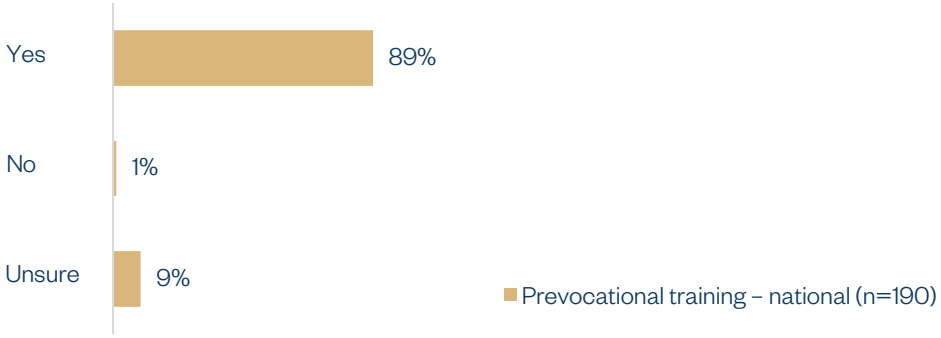
Q77. Thinking about your setting, to what extent do you agree or disagree with the following statements?

Base: n=190. Labels 3% and below are removed from the chart



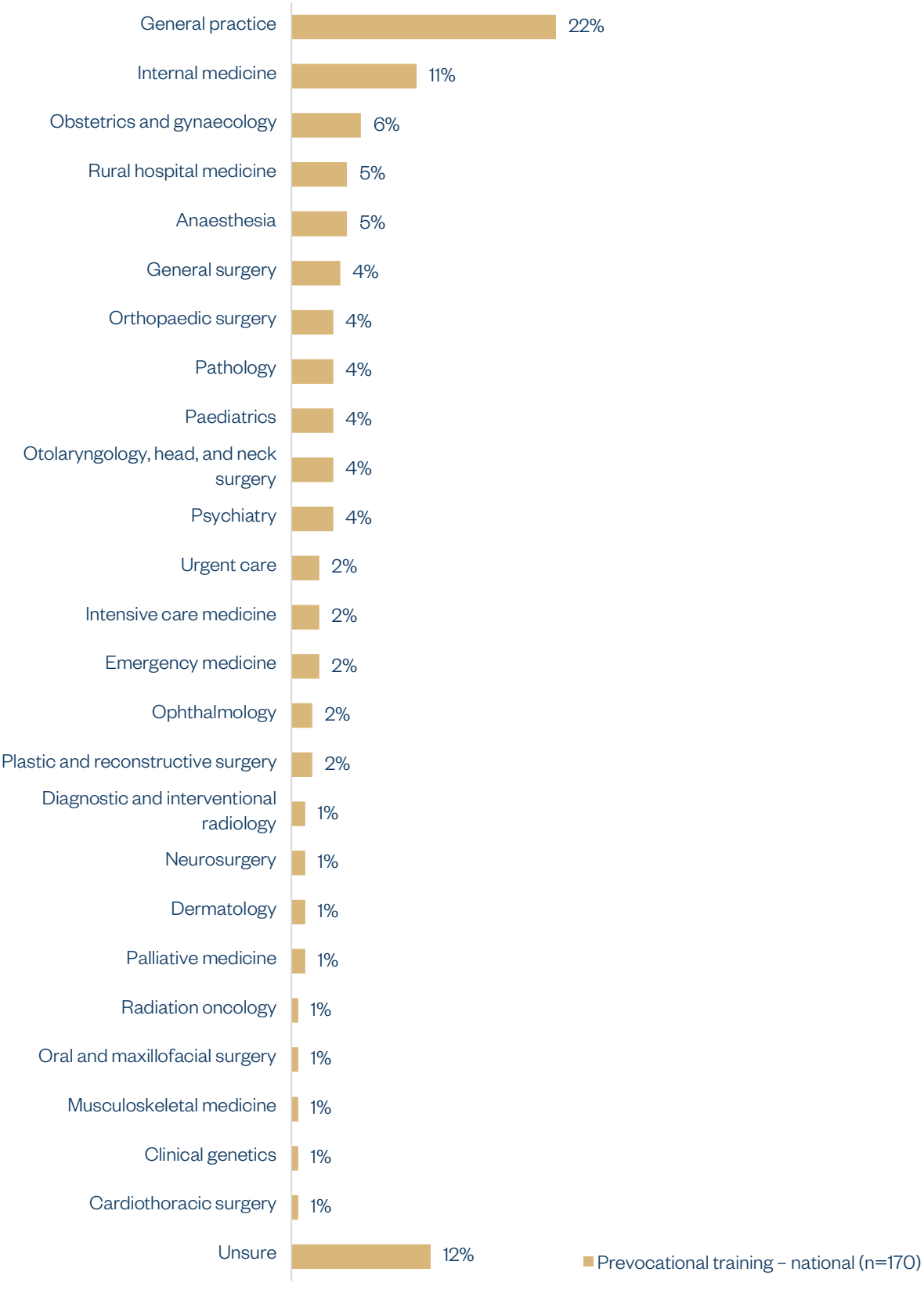
10. Future career intentions

Q78. Do you intend to become vocationally registered (a specialist)?



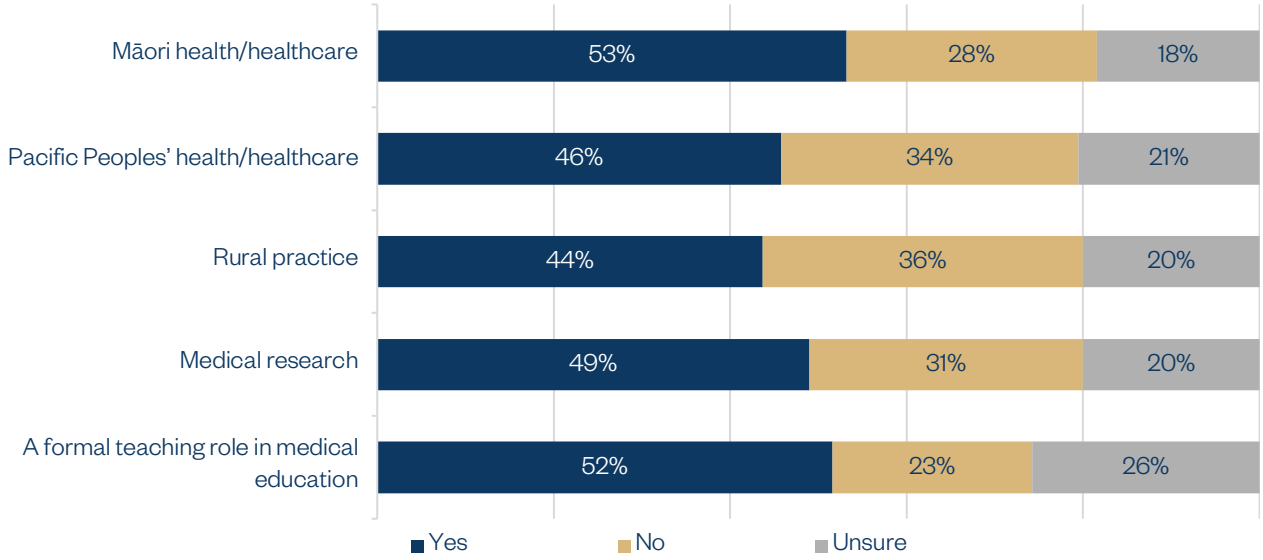
Q79. Which specialty are you most interested in pursuing?

Base: those who intend to become vocationally registered. Only specialties where all results are 3% or more are shown



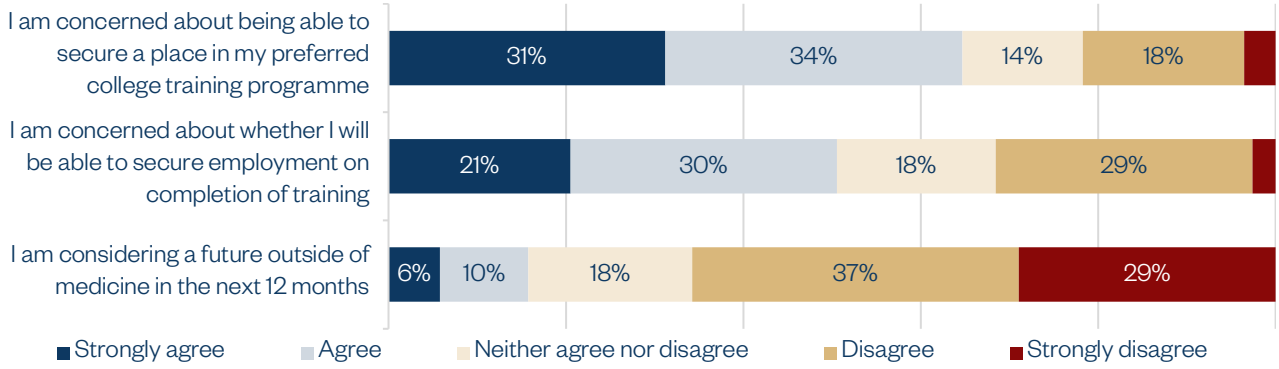
Q81. Thinking about your future career, are you interested in the following areas?

Base: n=190. Labels 3% and below are removed from the chart



Q82. Thinking about your future career, to what extent do you agree or disagree with the following statements?

Base: n=190. Labels 3% and below are removed from the chart



Methodology

Data collection process

Survey design and administration

Torohia is annual online survey led by Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. In 2025 all doctors enrolled in accredited prevocational or vocational training programmes across Aotearoa New Zealand were invited to participate. An independent research agency, Perceptive, managed the delivery of the survey online, and the storage, analysis and reporting of collected data.

Torohia has been modelled on the successful Australian Medical Training Survey (MTS) and was adapted to the Aotearoa New Zealand context based on feedback from a wide range of stakeholders including representatives of doctors in training, prevocational medical training providers and specialist medical colleges.

The survey automatically guided respondents into the appropriate pathway (prevocational or vocational) depending on their initial screening responses.

Invitations and open period

Invitations were distributed by email from torohia@perceptive.co.nz, with each doctor in training receiving a personalised link. Eligible invitees were doctors listed as enrolled in accredited prevocational or vocational training programme on the Medical Council of New Zealand register at the time of the survey.

The open period ran for approximately four weeks between 15 August and 18 September 2025.

Respondents were able to return to the survey within the open period if they had not completed it in one sitting. The survey took approximately 20 minutes to complete and responses could not be changed once submitted.

Torohia is a voluntary survey. To encourage participation, several reminder emails were sent throughout the open period to those who had not yet responded. Additionally, training providers and other stakeholders supported awareness raising about the survey.

Eligibility

Respondents were included in the analysis if they:

- were enrolled in an accredited prevocational or vocational training programme in New Zealand during the survey open period, and
- were currently working.

Respondents who did not meet these criteria were not included in the survey.

Data processing and analysis

Data inclusion and completeness

All valid responses submitted were included in the analysis. If a respondent answered only part of the survey, their responses were still counted for the questions they completed. For example, a respondent who answered only the first section contributed data to that section only.

No data cleaning or editing was applied. Each submitted response was treated as an authentic record of the respondent's experience, ensuring that all input - whether full or partial - was represented in the results.

Data preparation and analysis

Each question's results are shown as percentages of those who answered it. The number of people who answered (shown as "n") may vary between questions. As this is the first year of Torohia, all results are presented as standalone findings without any trend analysis, comparisons to previous years, or statistical weighting applied.

Quality assurance

Throughout data handling and analysis, established quality-control procedures were followed to ensure accuracy and consistency. Quality checks confirmed that all eligible responses were included, question flow operated as intended, and summary calculations (percentages and base numbers) were accurate prior to reporting.

Confidentiality, anonymity and data use

Torohia was conducted under strict conditions of anonymity and confidentiality, ensuring that no individual can be identified.

All responses were de-identified. Individual unique links to the survey were deleted when the survey closed, ensuring that contact details and survey responses were detached.

Data is stored securely in the Qualtrics platform with ISO 27001 certification in Australia and New Zealand.

Reports with anonymised results are published in December each year, with more detailed data tables made available the following February. All findings are published in a way that protects participant anonymity.

Individual-level or raw data are not publicly released.

Definitions

Survey wording definitions

The survey provided the following definitions to help respondents understand the terms used and answer the questions consistently.

Question	Term	Definition
25	Community	A community is a group of people with a shared characteristic, such as culture, religion, values, customs, identity, place, or interest.
25	Prevocational training requirements	Prevocational training, year 1 • Satisfactorily complete four accredited clinical attachments • Substantively attain the learning outcomes outlined in the 14 learning activities of the curriculum. • Achieve certification for advanced cardiac life support (ACLS) at the standard of New Zealand Resuscitation Council CORE Advanced. • Be granted a recommendation for registration in a general scope of practice by a Council approved Advisory Panel. Prevocational training, year 2 • satisfactorily complete 8 Council accredited clinical attachments (4 in PGY1 and 4 in PGY2) • substantively attain the learning outcomes outlined in the 14 learning activities of the curriculum • have completed Multi Source Feedback • have demonstrated progress with completing the goals in your PDP.
46, 47 & 86	Disability	The definition of disability includes sensory, intellectual, neurodiverse, physical, and mental illness – where the disability is permanent or is likely to be permanent.
46 & 47	Tikanga Māori	Tikanga Māori refers to the values, customs and practices that are rooted in te ao Māori (the Māori world). In the workplace, tikanga Māori underpins culturally appropriate behaviours and practices that promote respectful relationships, collective wellbeing, and equitable engagement with Māori.
52	Team or unit-based activities	Such as mortality and morbidity audits (M&Ms), peer review, case presentations and seminars, journal club, radiology, and pathology meetings
59	Bullying, sexual harassment, harassment, racial	1. Bullying Bullying is defined by Worksafe New Zealand as “repeated and unreasonable behaviour directed towards a worker or group of workers that can lead to physical or psychological harm.”

Question	Term	Definition
	harassment and discrimination	2. Sexual harassment Sexual harassment is: • a request for sexual intercourse, sexual contact or other form of sexual activity which contains an implied or overt promise of preferential treatment or an implied or overt threat of detrimental treatment; or • conduct of a sexual nature (including use of written or spoken language of a sexual nature, use of visual material of a sexual nature or physical behaviour of a sexual nature) directed at a person, which is unwelcome or offensive to that person and is either repeated, or of such a significant nature, that it has a detrimental effect on that person". 3. Harassment (excluding sexual harassment) Harassment is "any unwanted and unjustified behaviour which another person finds offensive or humiliating and, because it's serious or repeated, it has a negative effect on the person's employment, job performance or job satisfaction." 4. Racial harassment Racial harassment is the use of language (whether written or spoken), or visual material, or physical behaviour that: • expresses hostility against, or brings contempt or ridicule in respect of, any other person on the grounds of the colour, race, or ethnic or national origins of that person; and • is hurtful or offensive to that other person (whether or not that is conveyed to the first-mentioned person); and • is either repeated, or of such a significant nature, that it has a detrimental effect on that other person." 5. Discrimination (excluding racial harassment) Discrimination is "where a person is subjected to adverse actions or treated less favourably because of the person's characteristics, which could include sex, marital status, religious belief, ethical belief, disability, age, political opinion, employment status, family status or sexual orientation"
71	Hours per week	This includes rostered, unrostered, claimed and unclaimed overtime and recall. This does not include undisturbed on-call.

Additional context and explanations

The next section provides additional context and clarification on specific parts of the survey. These notes are included to help readers interpret the results accurately and understand any important background details or limitations.

Question	Term	Definition
9 & 12	Rural-urban divide based on the Geographical Classification for Health	The Geographical Classification for Health (GCH) is a rural–urban classification developed to support health research and policy in Aotearoa New Zealand. It categorises all areas of the country into five groups – two urban and three rural - based on population size and drive time to the nearest major, large, medium, or small urban area. These categories reflect decreasing urban influence and increasing rurality and are designed to monitor rural-urban variations in health outcomes. The classification is based on Stats NZ geographic standards and was developed in partnership with the Ministry of Health's National Rural Health Advisory Group and rural health stakeholders. For this report, GCH classifications were determined using the address of the hospital where respondents were working. For those not working in a public hospital, the address of their current training or work setting was used. Each address was then matched to its corresponding GCH category to identify the rural-urban classification of respondents' settings.
13	Relief run	A Council-accredited 13-week rotation in which a prevocational trainee provides cover for doctors who are on leave. The trainee may work across several departments or specialties, depending on where cover is needed.
44	Prevocational educational supervisor (PES)	Council appointed vocationally registered doctor who has oversight of the overall educational experience of a group of PGY1 and/or PGY2 doctors as part of the intern training programme.

Te Whatu Ora regions and districts	
Northern	Northland Waitematā Auckland Counties Manukau
Midland /Te Manawa Taki	Waikato Lakes Bay of Plenty Tairāwhiti Taranaki
Central District/Te Ikaroa	Whanganui Hawke's Bay Manawatū / MidCentral Wairarapa Wellington, Kapiti Coast & Hutt Valley
South Island | Te Waipounamu	Nelson Marlborough Canterbury & West Coast South Canterbury Southern

Adjusting of survey question length in reports

Some survey questions have been abbreviated in the charts for readability. The table below shows the original and shortened wording used in reporting

Question	Survey wording	Report wording
25	My prevocational training is preparing me for future medical practice in the New Zealand healthcare system	My training is preparing me for future medical practice in the New Zealand healthcare system
25	My prevocational training offers opportunities for me to select an attachment in a community that I identify	My training offers opportunities for me to select an attachment in a community that I identify
25	Recruitment to Prevocational training offers opportunities to work in a geographical location of my choice	Prevocational training offers opportunities to work in a geographical location of my choice
46	Develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out	Develop skills in self-care and peer support, and identifying and managing stress and burn-out
49	Staff from my workplace/current attachment/my employer supports me to attend formal and informal teaching sessions	Staff from my workplace/employer support me to attend formal and informal teaching sessions
52	Medical/surgical and/or hospital-wide meetings such as grand rounds and/or practice-based meetings, Primary Health Organisation meetings	Medical/surgical and/or hospital-wide meetings such as grand rounds and/or practice-based meetings, PHO meetings
58	I know how to raise concerns/issues about bullying, harassment, and discrimination (including racial harassment) in my workplace	I know how to raise concerns/issues about bullying, harassment, and discrimination in my workplace
58	I am confident that I would raise concerns/issues about bullying, harassment, and discrimination (including racial harassment) in my workplace	I am confident that I would raise concerns/issues about bullying, harassment, and discrimination in my workplace

List of unreported survey questions

Some questions have not been reported to protect participant anonymity.

Q5. What district do you work in?

Q9. Which hospital do you work at?

Q10a. Select any additional settings you work in, other than your current rotation/placement in a hospital.

Q10b. Which setting do you work in?

How to reference this report

Medical Council of New Zealand (2025) *Torohia - Medical Training Survey for New Zealand: Prevocational training report*.

PERCEPTIVE

The research in this report has been conducted by Perceptive, an award-winning market research and customer insights agency passionate about insights. Their deep expertise combined with full insight capabilities across experience, data science, and qualitative and quantitative research, allows them to design, build and deliver better experiences, meaningful understanding, and impactful outcomes for clients. Perceptive is a member of Omnicom Oceania, the largest and most successful marketing communications organisation in the Oceania region. They also know how important data security is in today's digital ecosystem. This has led them to become ISO-certified to ensure they meet the highest global standards for information security management.

For more information visit torohia.org.nz

If you have any feedback about Torohia, send us an email at feedback@torohia.org.nz

Published January 2026

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Torohia
Medical Training Survey for New Zealand

Speak, Share, Shape...