Torohia

Medical Training Survey for New Zealand

Torohia – Medical Training Survey for New Zealand

Prevocational training

Comparative summary report

June 2026

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 in 2026 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 2024 - 2026
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 comparative summary report is based on responses from all prevocational trainees New Zealand wide, for a selection of key questions.

Specific results are presented for all regions and all districts that had 10 or more respondents.

The national average shown in charts represents the overall national results for prevocational trainees to enable New Zealand wide comparison. National sample sizes (n) include all responses, including those from regions and districts with fewer than 10 responses. Because results for these areas are not reported separately, the sum of the displayed region and district sample sizes may be less than the national sample size.

Detailed findings

1. Orientation

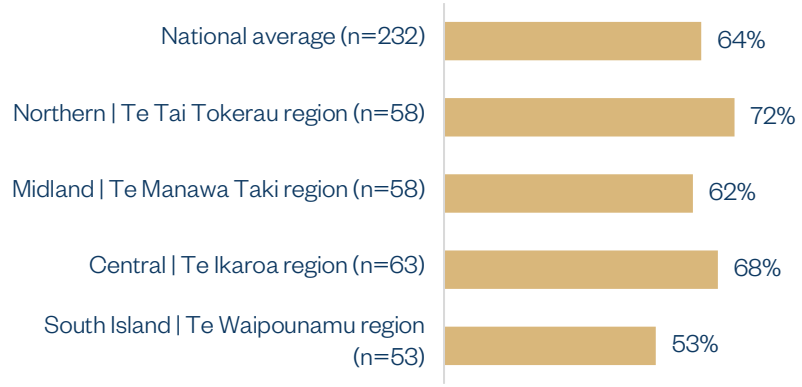
Q16. How would you rate the quality of your workplace orientation?

Base: those who received an orientation to their workplace setting.

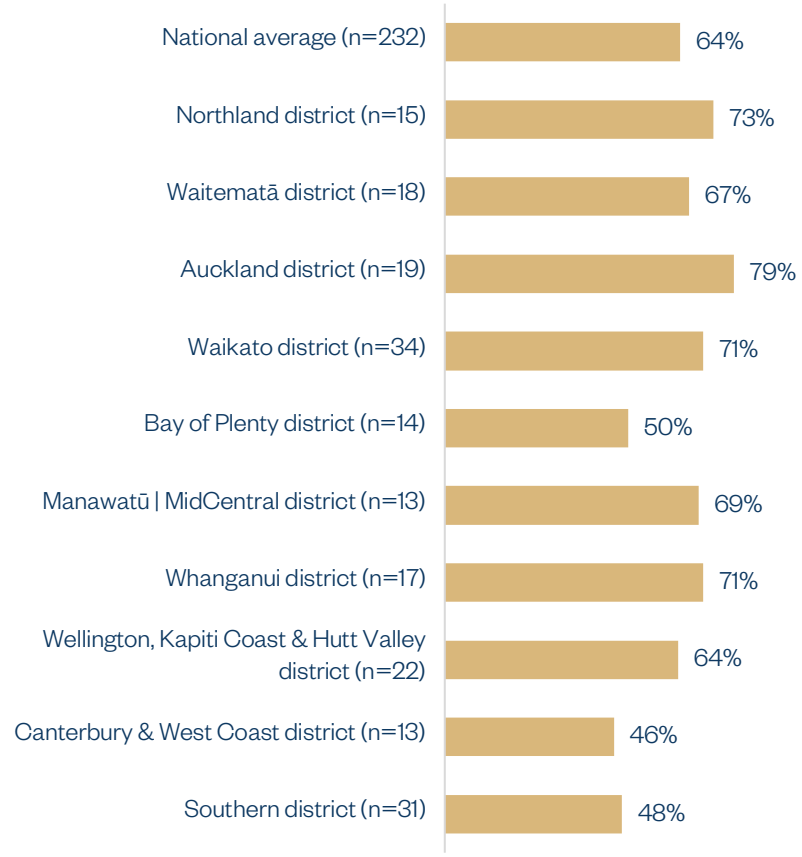
(% excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison



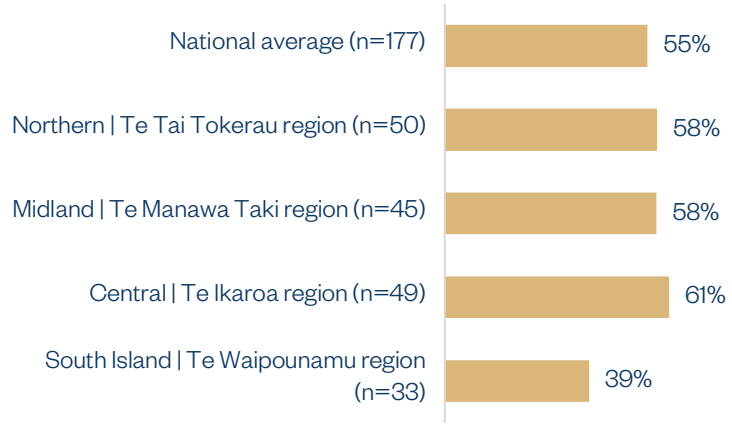
Q18. How would you rate the quality of your clinical attachment orientation?

Base: those who received an orientation to their clinical attachment.

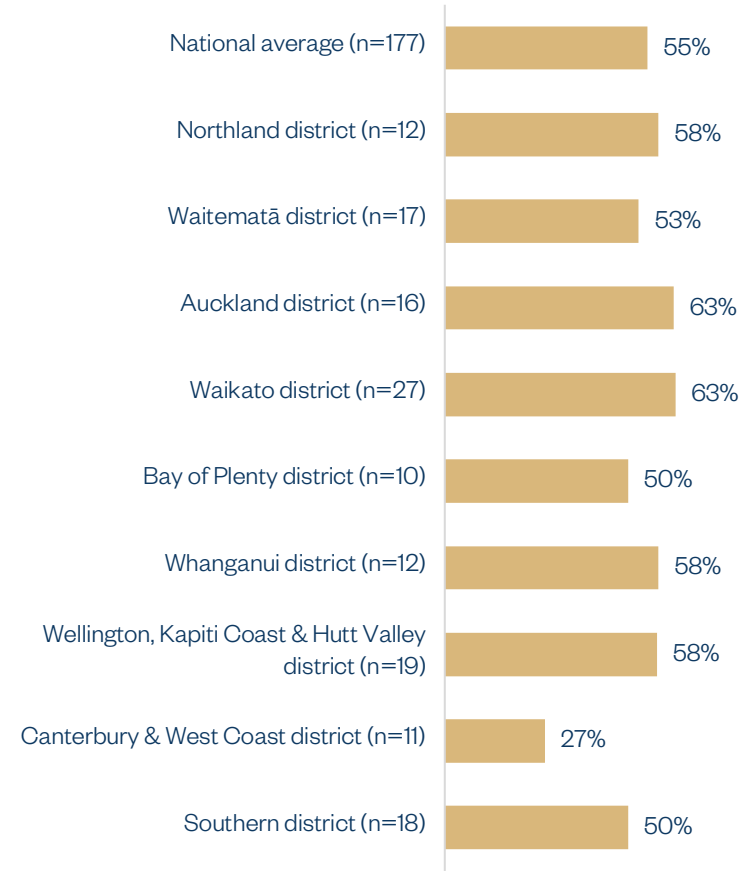
(% excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison



2. Clinical supervision

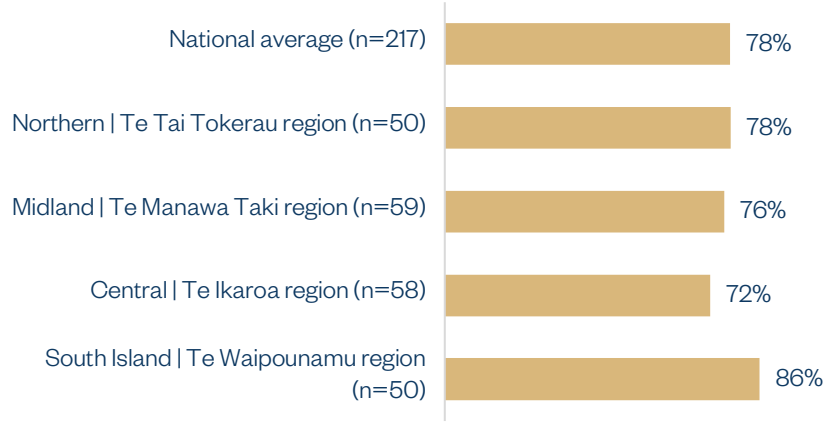
Q42. For your setting, how would you rate the quality of your clinical supervision?

Base: those who have a clinical supervisor.

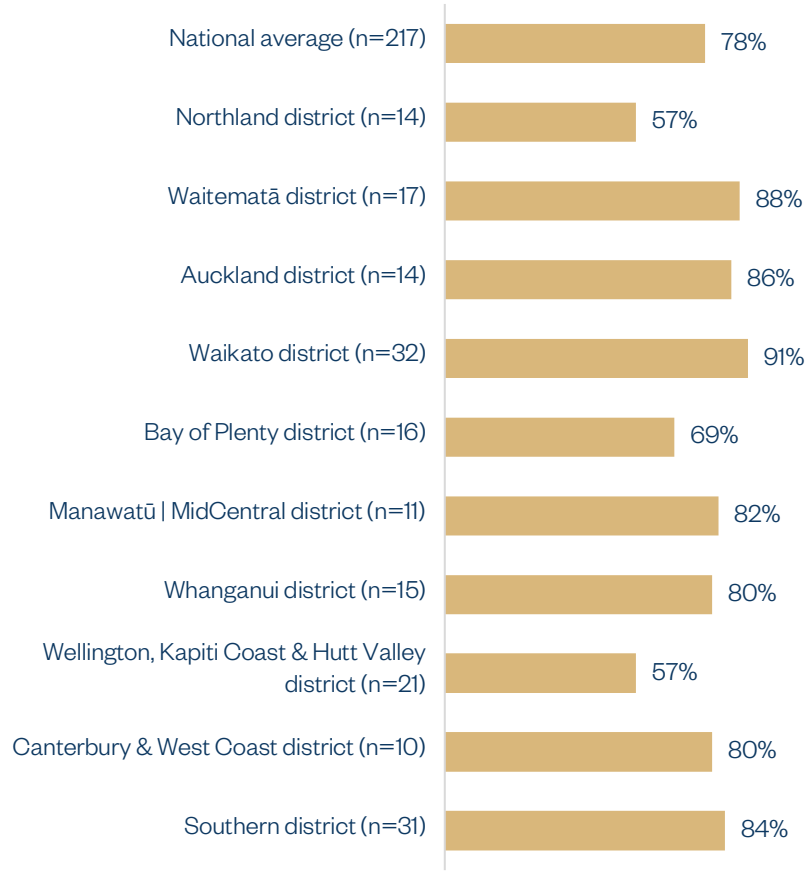
(% excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison

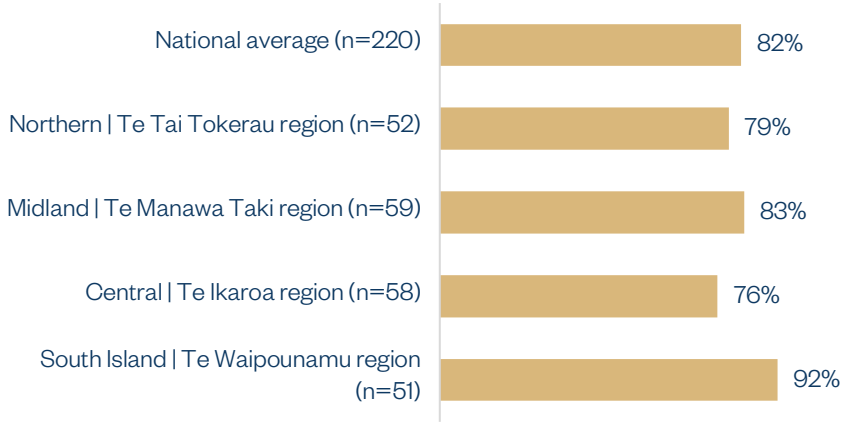


Q43. How would you rate the quality of supervision from your prevocational educational supervisor (PES)?

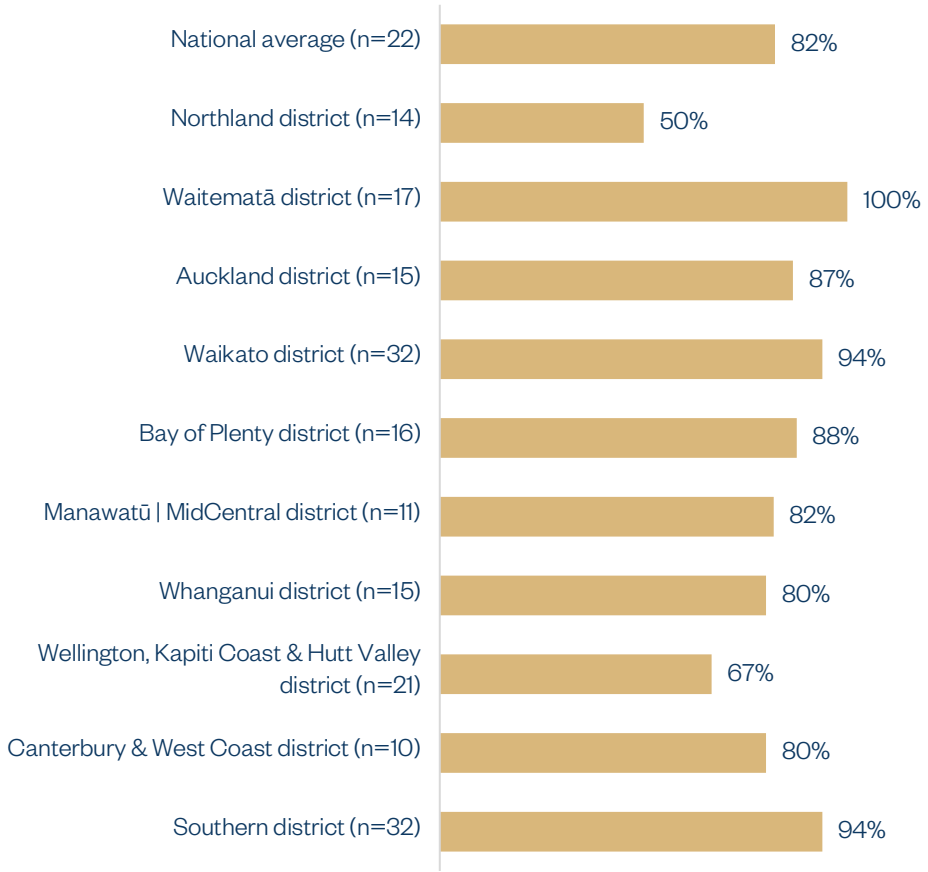
(% excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison



3. Access to teaching

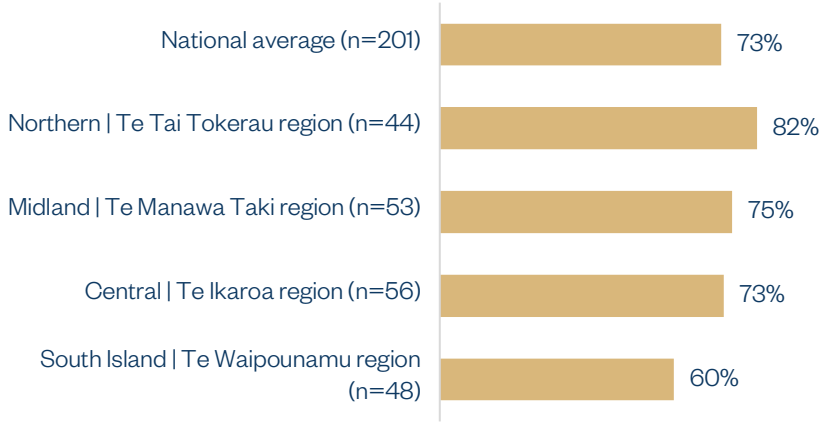
Q54. Overall, how would you rate the quality of teaching?

Base: those who received an orientation to their clinical attachment.

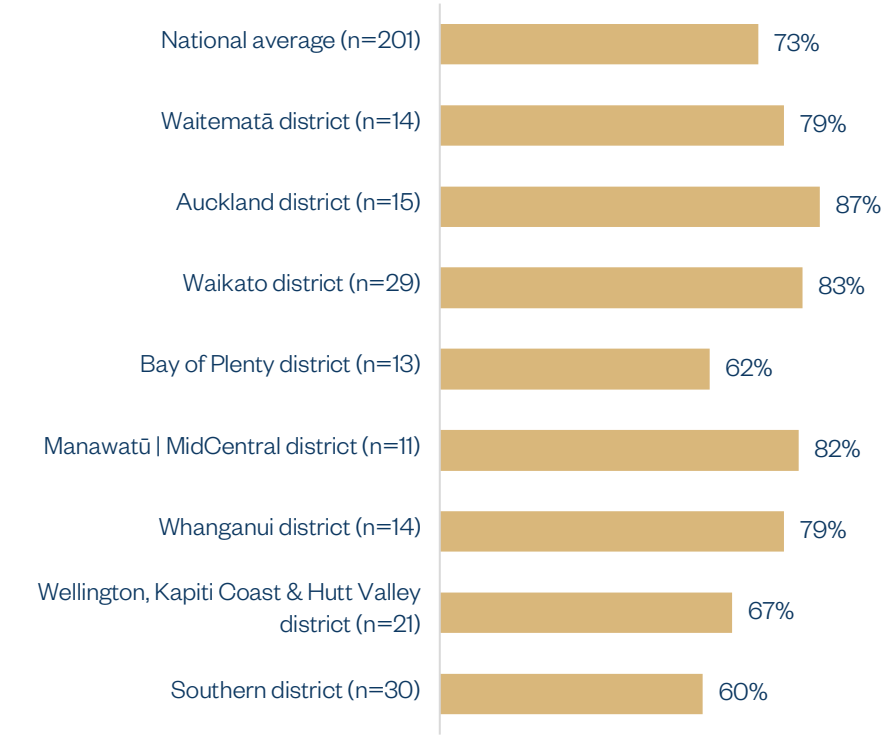
(% Excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison



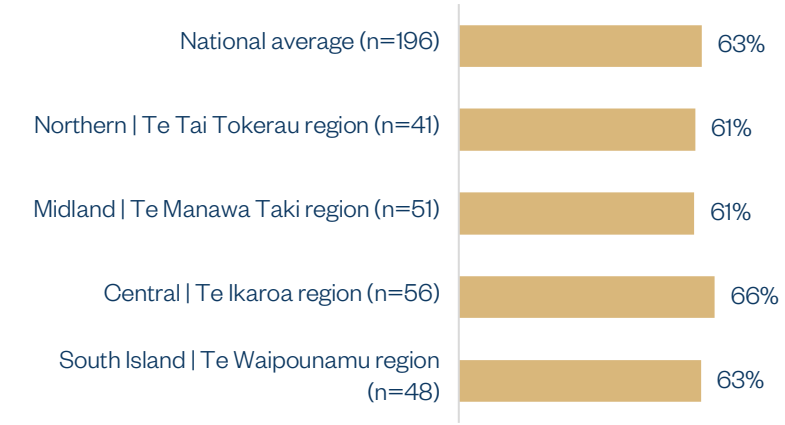
4. Workplace environment and culture

Q58. Thinking about the workplace environment and culture in your setting, to what extent do you agree or disagree with the following statements? - *Bullying, harassment, and discrimination by anyone are not tolerated at my workplace*

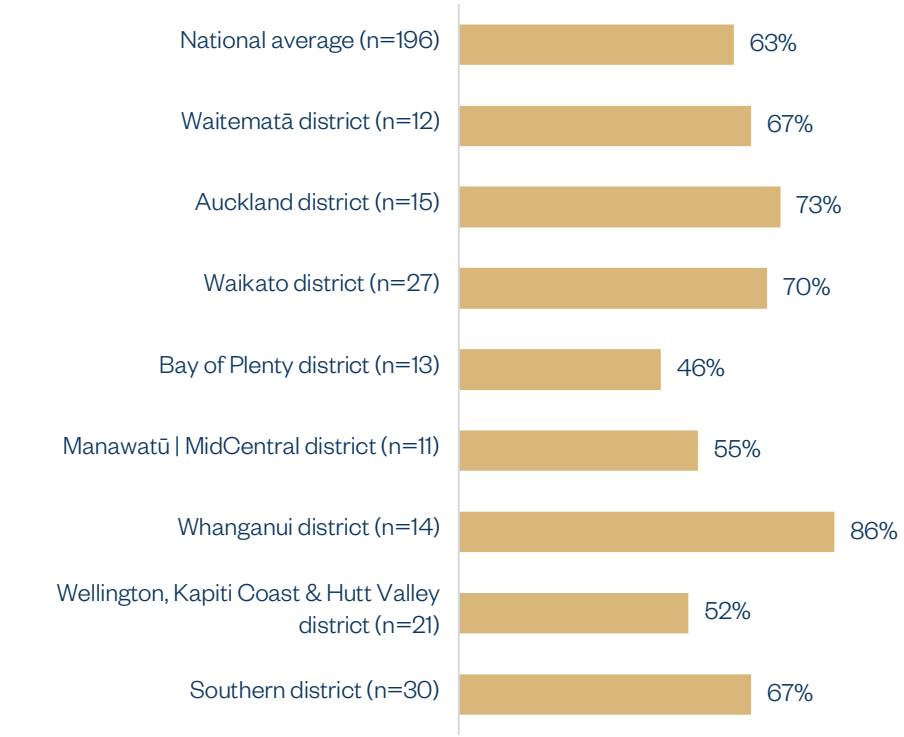
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison



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.

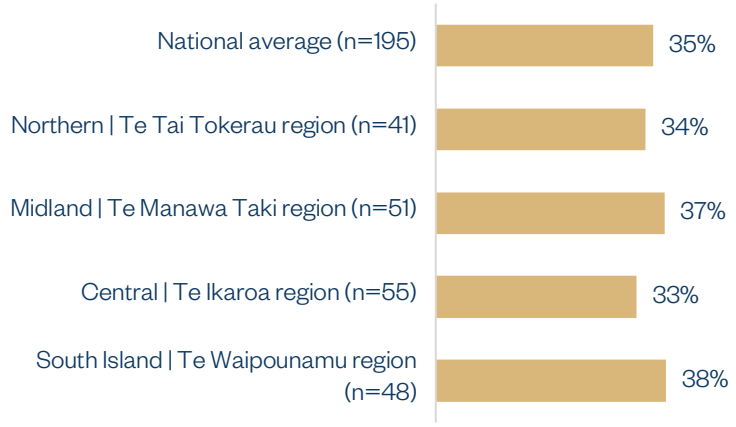
Q59. Thinking about your workplace, have you experienced any of the following in the past 12 months?* Bullying, sexual harassment, harassment, racial harassment or discrimination.

* See definitions, page 22

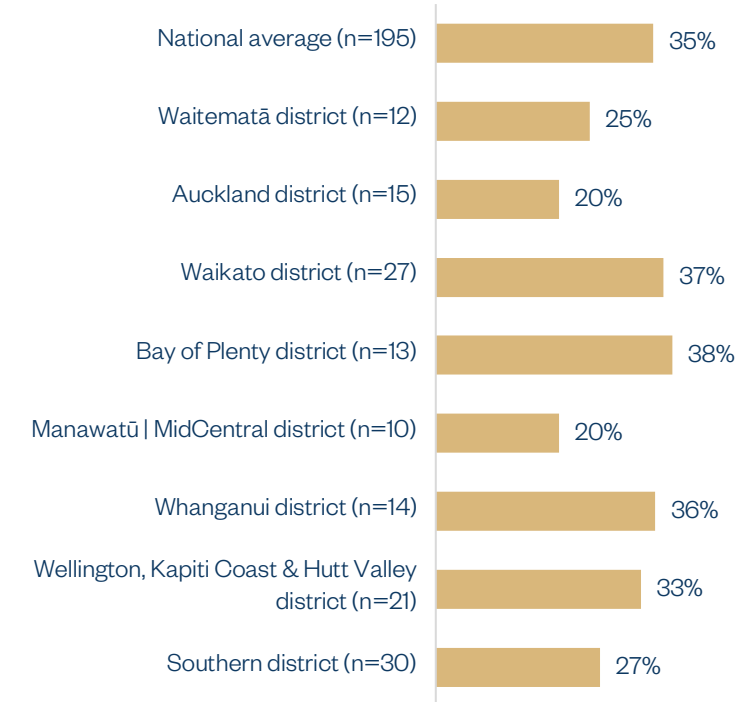
(% who have experienced any)

Where sample size <10, the district is not shown

Region comparison



District comparison



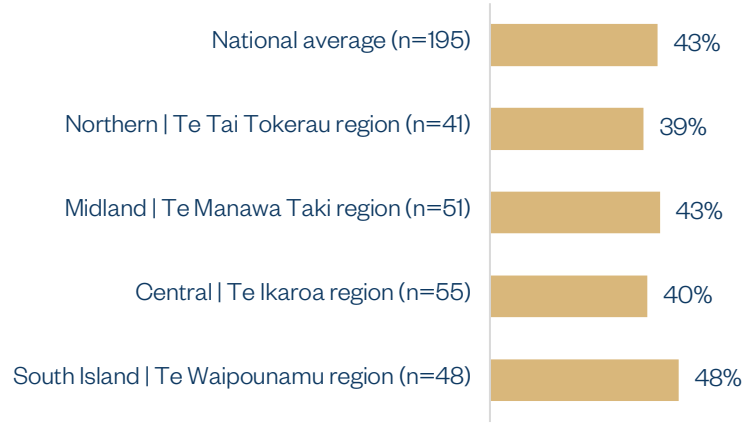
Q59. Thinking about your workplace, have you witnessed any of the following in the past 12 months?* Bullying, sexual harassment, harassment, racial harassment or discrimination.

* See definitions, page 25

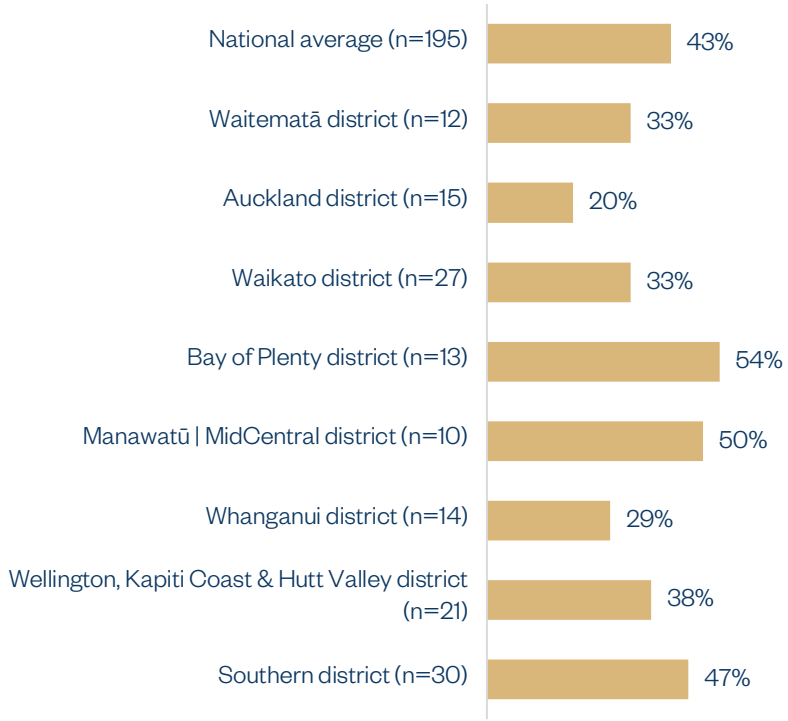
(% who have witnessed any)

Where sample size <10, the district is not shown

Region comparison



District comparison



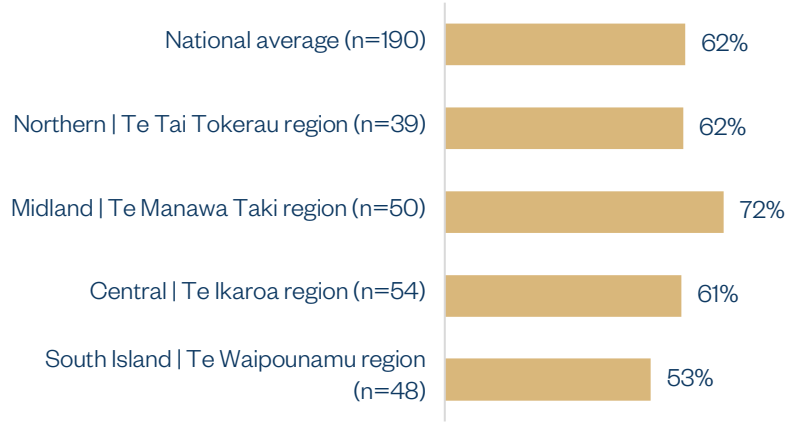
5. Patient safety

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

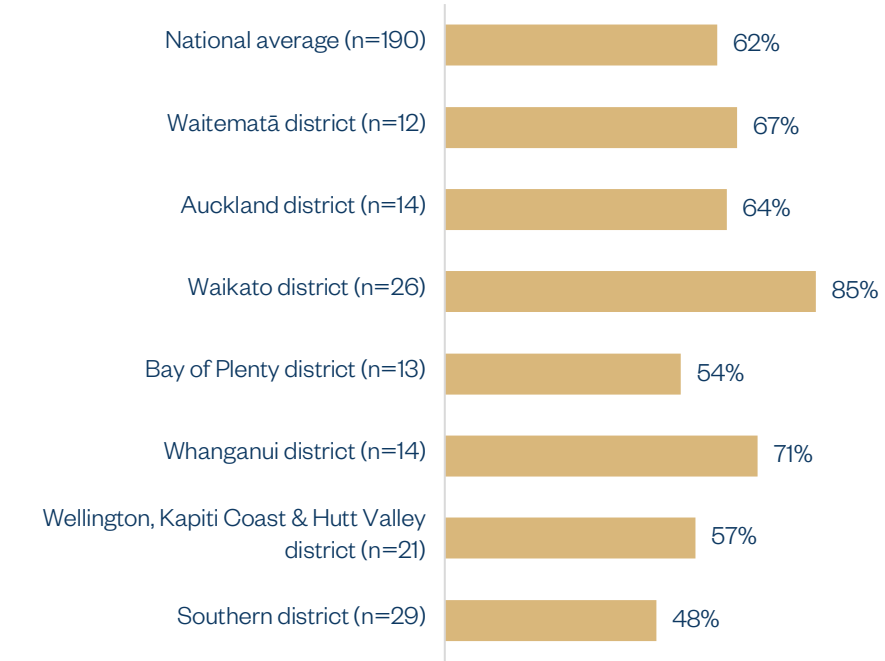
(% Excellent + good)

Where sample size <10, the district is not shown

Region comparison



District comparison

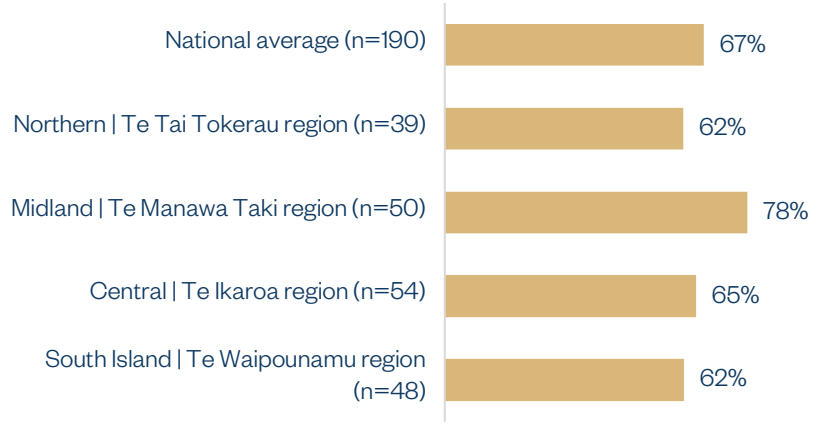


Q74. Thinking about patient care and safety in your current setting, to what extent do you agree or disagree with the following statements? - *There is a culture of proactively dealing with concerns about patient care and safety*

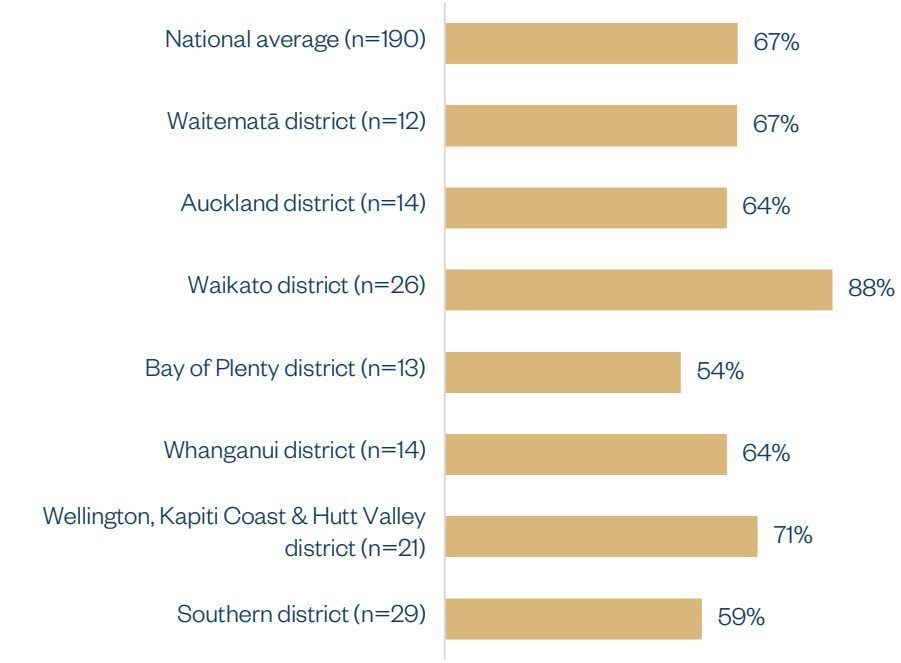
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison

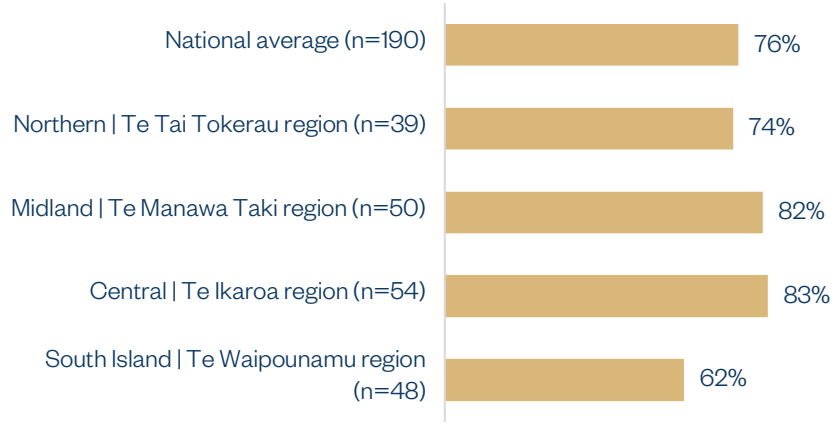


Q74. Thinking about patient care and safety in your current setting, to what extent do you agree or disagree with the following statements? - *I am not expected to gain informed consent beyond my capabilities*

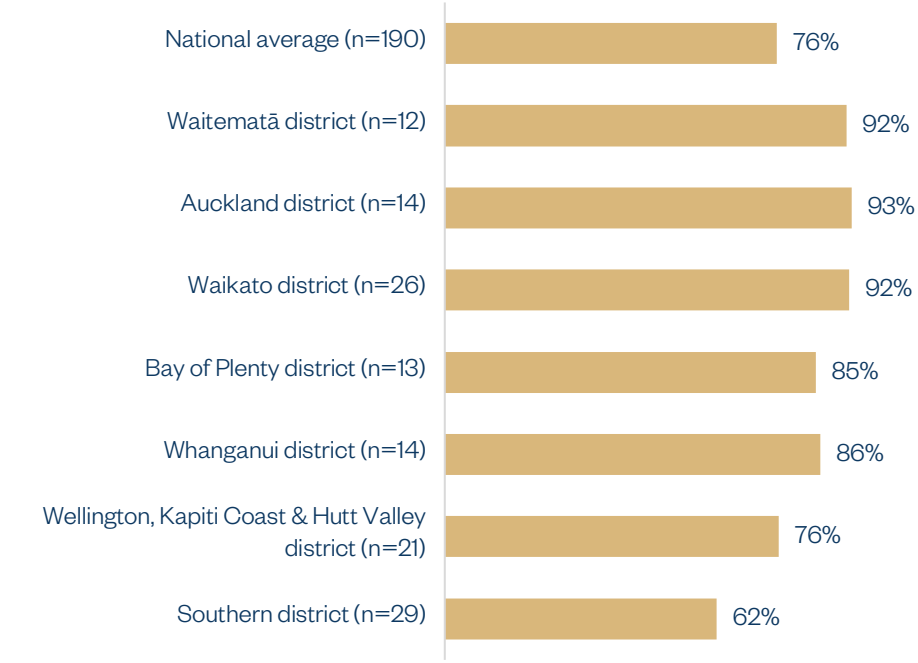
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison



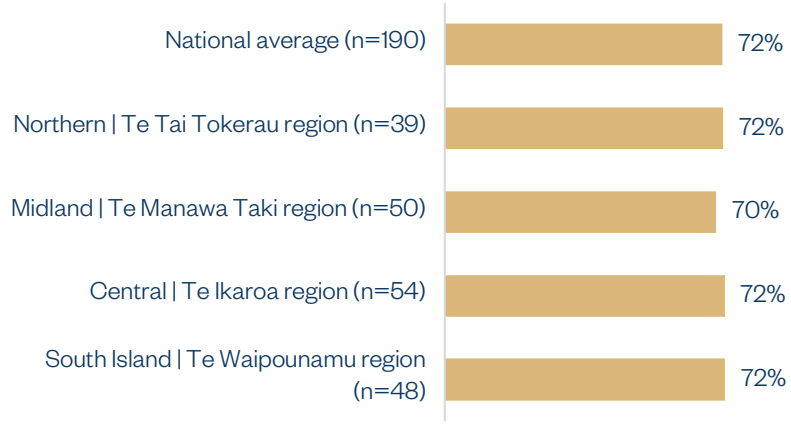
6. Overall satisfaction

Q77. Thinking about your setting, to what extent do you agree or disagree with the following statements? - *I would recommend my current training position to other house officers*

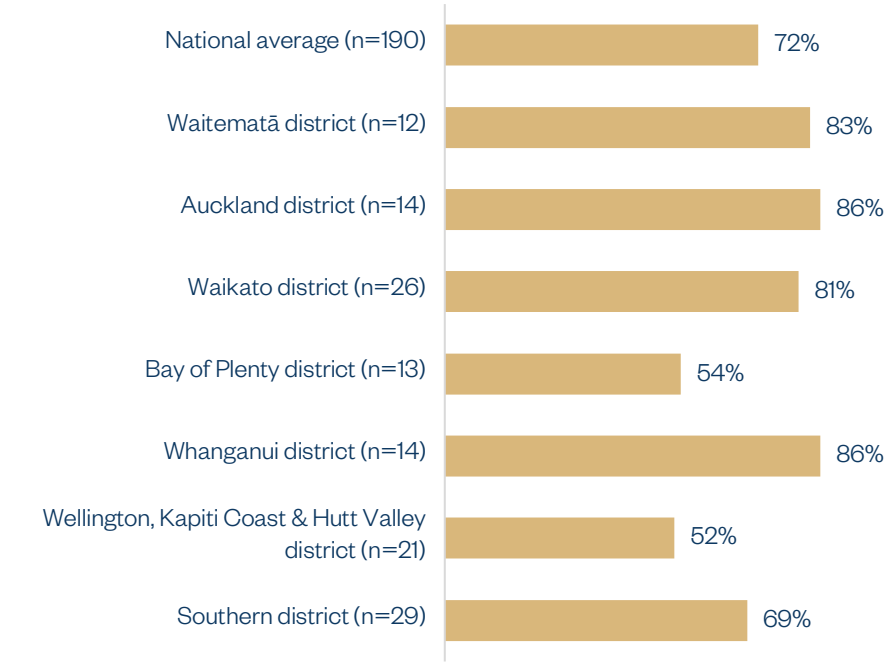
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison

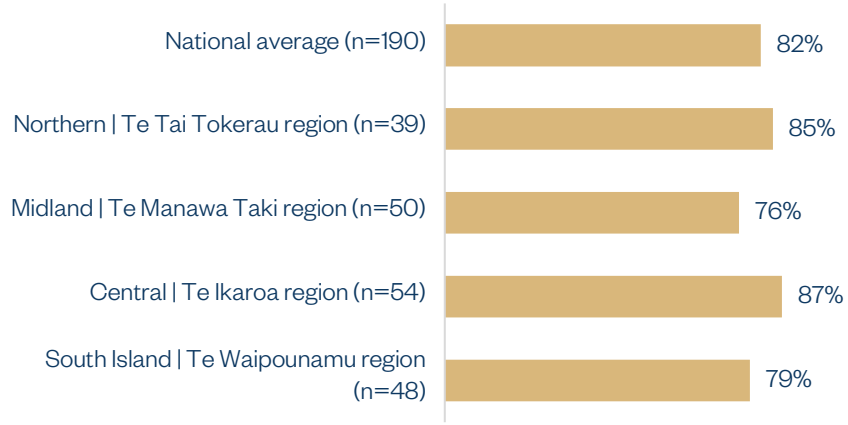


Q77. Thinking about your setting, to what extent do you agree or disagree with the following statements? - *I would recommend my current workplace as a place to train*

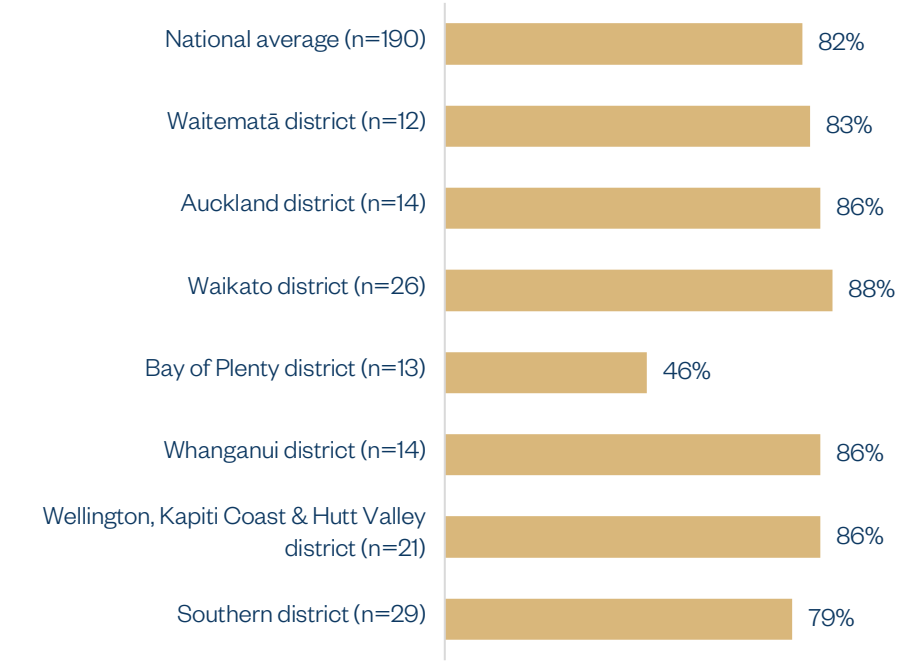
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison



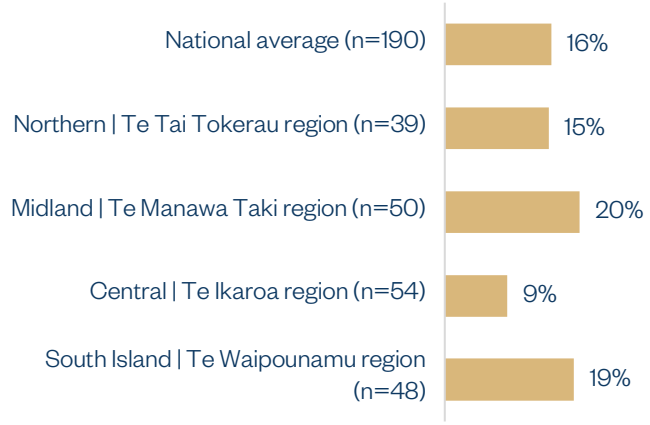
7. Future career intentions

Q82. Thinking about your future career, to what extent do you agree or disagree with the following statements? - *Considering a future outside medicine in next 12 months*

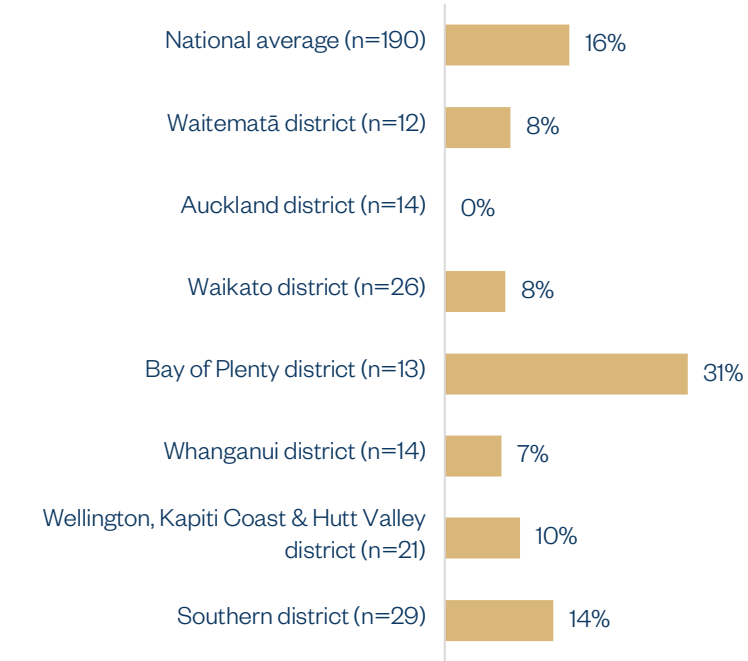
(% strongly agree + agree)

Where sample size <10, the district is not shown

Region comparison



District comparison



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
59	Bullying, sexual harassment, harassment, racial harassment and discrimination	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." 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"

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

How to reference this report

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

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Speak, Share, Shape...