



PARENTAL LEAVE REPORT 2025

SUPPORTING DOCTORS IN BALANCING CAREER AND
PARENTHOOD



Foreword	01
Scope	02
Key Outcomes & Data	03
Specialty & District Breakdown	04
Access to Leave & Return to Work	05
Caregiver roles & Return to Work	06
Breastfeeding & Support	07
Systematic Support & Pressure to Return-Part 1	08
Access to Support & Facilities	09
Policy Changes & Best Practice Guidelines	10
Advocacy & Ongoing Work	11
Recommendations & Next Steps	12
Conclusion	13



FOREWORD

PARENTAL LEAVE SHOULD BE A TIME OF SUPPORT AND BALANCE FOR RMOS TO CARE FOR THEIR FAMILIES AND RECOVER FROM THE DEMANDS OF PREGNANCY AND EARLY PARENTHOOD.

However, for many RMOs working within Te Whatu Ora | Health New Zealand they report facing significant difficulties during this time including, administrative obstacles, inconsistent support, and challenges in returning to work.

To better understand these experiences, Specialty Trainees of New Zealand, (STONZ) conducted its first Parental Leave Survey in 2021. The findings highlighted widespread issues with access to entitlements, lack of communication from employers, and limited support for flexible working and breastfeeding.

These insights directly informed the development of the STONZ Parental Leave Best Practice Guidelines, which were incorporated into the 2022 STONZ Collective Agreement.

In June 2025, a follow-up survey was conducted to assess whether conditions had improved and to identify ongoing areas of concern. This report presents a comparative analysis of the 2021 and 2025 survey results, drawing on both quantitative data and qualitative feedback from RMOs across Aotearoa, New Zealand.

While there have been some small positive shifts, such as increased awareness of entitlements and more flexible return-to-work options, many RMOs still face ongoing systemic challenges. This report aims to inform continued advocacy, guide improvements in policy and practice, and ensure that all RMOs are supported in balancing their professional and training responsibilities with their new roles as parents.



SCOPE

BOTH SURVEYS AIMED TO GATHER DATA ON

Access to leave

Understanding how well RMOs were informed about their entitlements and application processes.

Workplace Support

Evaluating the level of assistance provided before, during, and after parental leave.

Return to work challenges

Identifying barriers to flexible working, breastfeeding support, and transition back into training.

Policy Awareness

Measuring how familiar RMOs were with leave entitlements and available resources.

KEY OUTCOMES & DATA

RESPONDENTS SPANNED ALL LEVELS OF TRAINING FOR BOTH SURVEYS



2021



2025



House Officers



Non-Trainee
Registrars



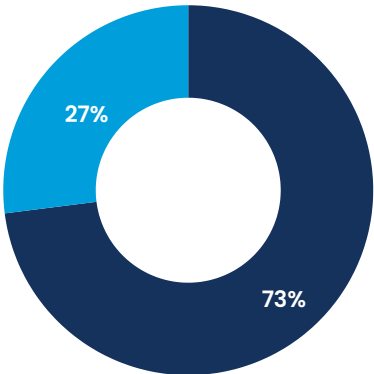
Trainee
Registrars



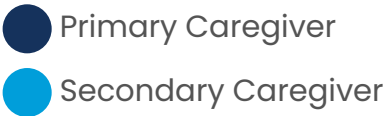
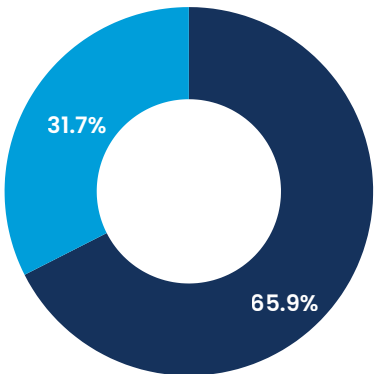
Fellows &
Senior Registrars



2021

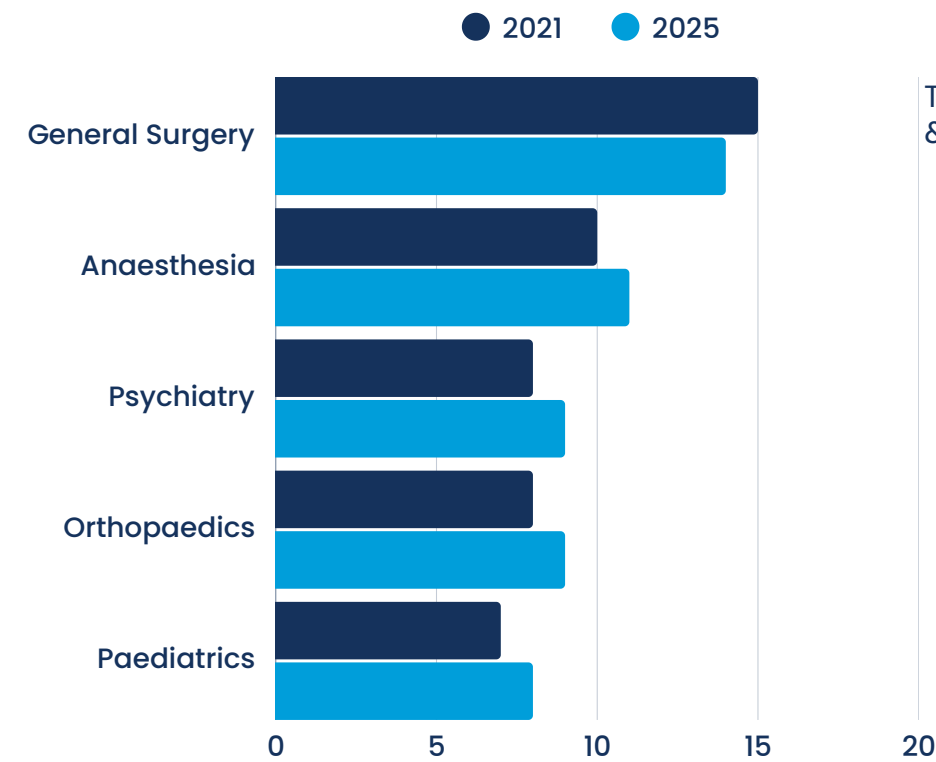


2025



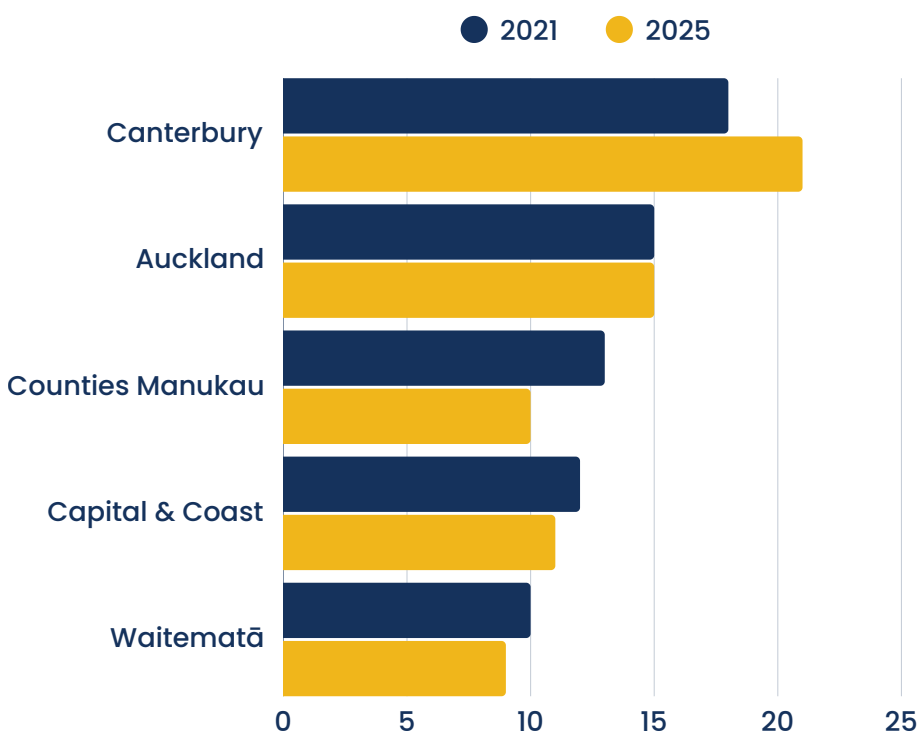
SPECIALTY & DISTRICT

BREAKDOWN



SPECIALTIES

Trends stable: General Surgery & Anaesthesia remain highest. Small 2025 increases in Psychiatry & Orthopaedics; Radiology and ED representation also up.



DISTRICTS

Canterbury has the largest respondent rate (18%, 2021 → 21%, 2025). Auckland is steady at 15%. Counties and Capital & Coast dip slightly; smaller districts largely unchanged.

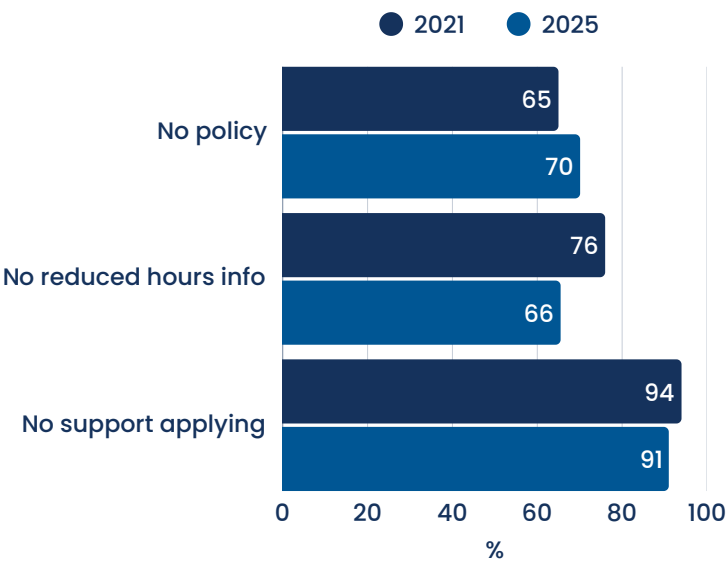
Data is based on 120 respondents in 2021 and 123 Respondents in 2025

ACCESS TO LEAVE

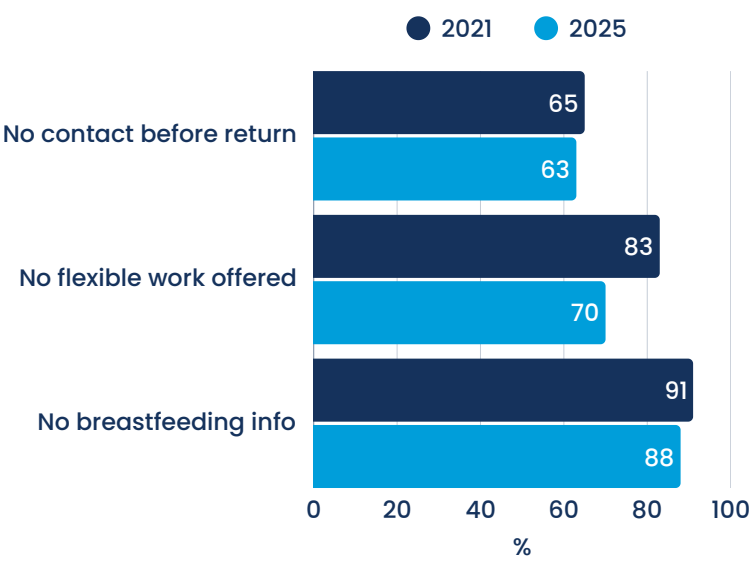
& RETURN TO WORK

THERE HAVE BEEN IMPROVEMENTS SINCE 2021, BUT GAPS REMAIN IN POLICY ACCESS & RETURN TO WORK SUPPORT.

Access to Leave



Return to work

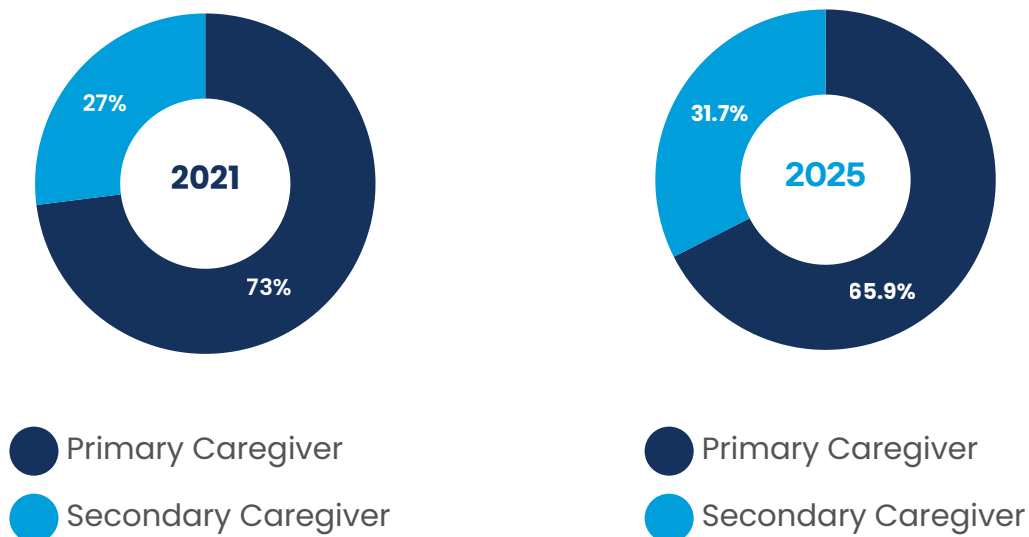


“

I was ghosted when I tried to get the roster, then told I had no job- this was later remedied 1-2 weeks before return to work.

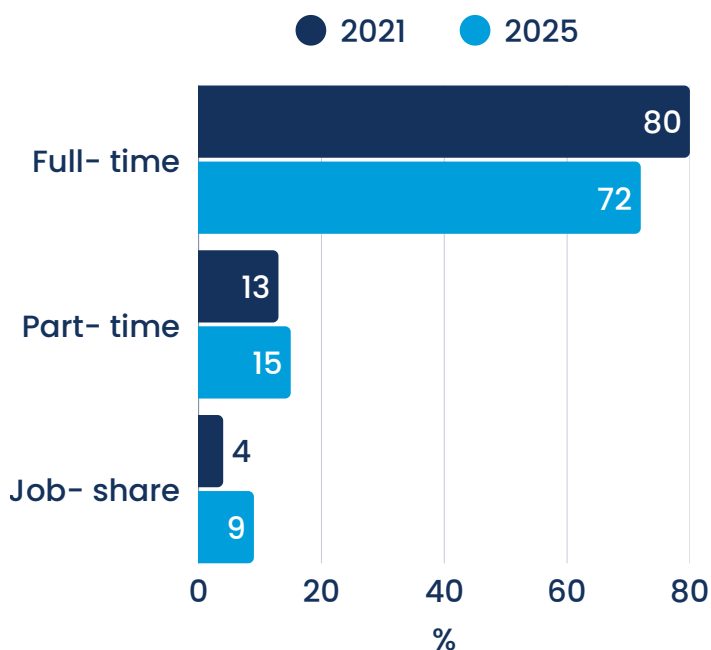
CAREGIVER ROLES & RETURN TYPE

OVER BOTH SURVEYS THERE WAS AN INCREASE IN SECONDARY CAREGIVER RESPONSES, POSSIBLY INDICATING AN UPTAKE IN DOCTORS TAKING SECONDARY CAREGIVER LEAVE.



Return to work type

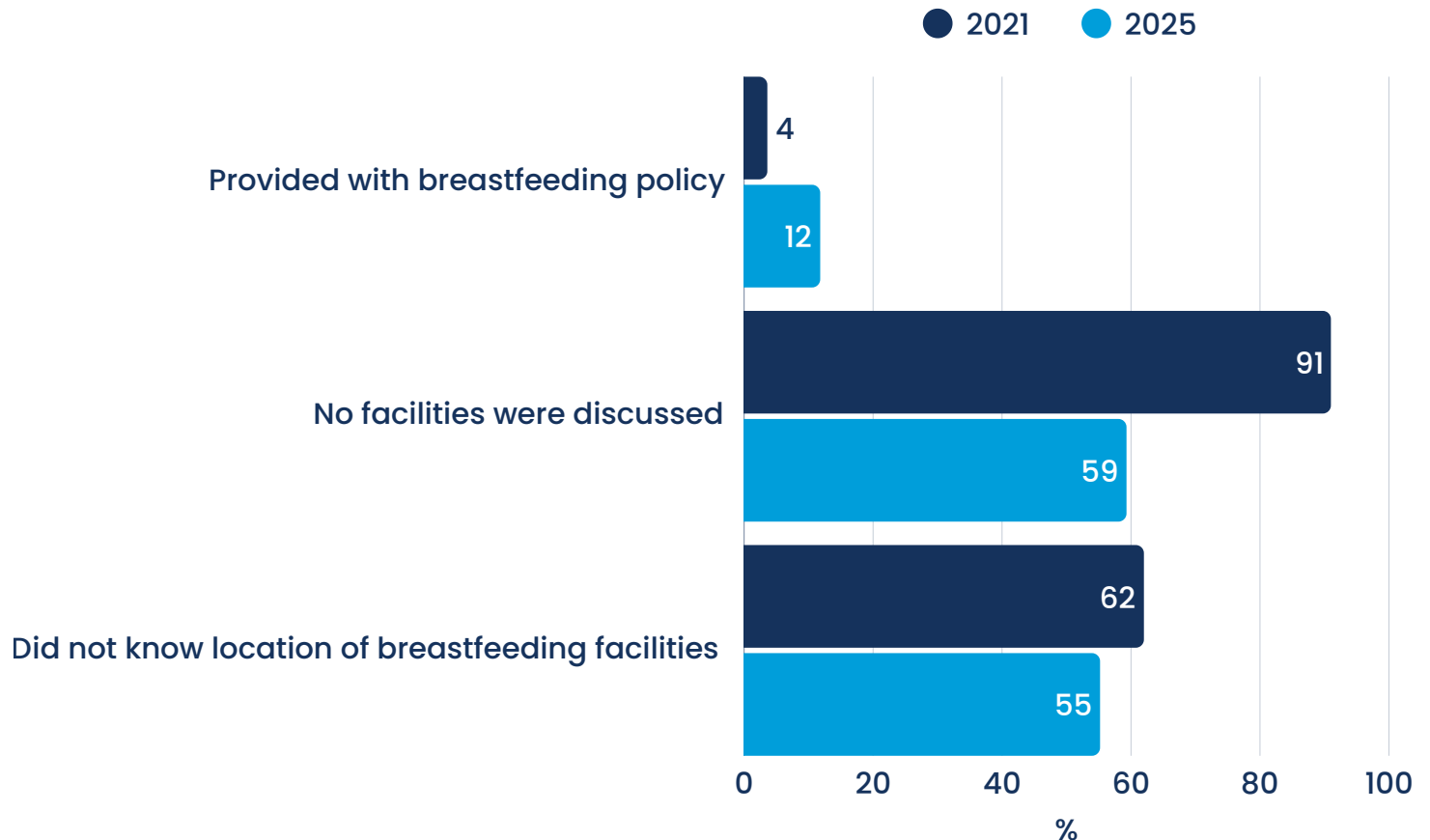
2025 RESULTS INDICATE A SMALL INCREASE IN PART-TIME AND JOB-SHARE OPPORTUNITIES WHEN RETURNING TO WORK.



“
I had to threaten to quit if part-time wasn't arranged.”

BREASTFEEDING & SUPPORT

MARKED IMPROVEMENT IN AWARENESS AND DISCUSSION REPORTED BY RMOS, BUT FACILITIES REMAIN INADEQUATE.



The data includes respondents who indicated they were continuing or planning to continue breastfeeding upon returning to work, as well as those who had breastfed during previous pregnancies after returning to work. In total, this represents 60 respondents in 2021 and 81 respondents in 2025.

“—

***I had to express in a storage cupboard with no sink
— it was humiliating.***



SYSTEMATIC SUPPORT & PRESSURE TO RETURN

RESPONDENTS HIGHLIGHTED LACK OF PROTECTIVE SUPPORT AND PRESSURE TO RETURN EARLY AS ONGOING SYSTEMATIC ISSUES.

Systematic Support and Information

Many respondents reported feeling unsupported and uninformed about their parental leave rights and entitlements.

Respondents often had to navigate the process independently, with little to no proactive guidance from RMO units, Services or Districts.

Information was frequently described as incomplete, inconsistent, or difficult to access, especially when off-site or on leave.

STONZ was commonly cited as the primary source of accurate information, rather than the employer.

Pressure to Return to Work Early

Many respondents said they felt pressured, either directly or indirectly, to return earlier than planned.

This pressure was often linked to roster gaps, training timelines, or departmental expectations.

Some members returned early to align with run changeovers or to avoid being seen as a burden on the service.

Others cited financial pressures or lack of flexibility as key reasons for returning sooner than desired.



BREASTFEEDING

ACCESS TO SUPPORT & FACILITIES

- Many respondents were unaware of breastfeeding policies or facilities until they returned to work, relying to colleagues or personal research.
- Breastfeeding facilities were often unavailable, poorly maintained or far from clinical areas, leading some to use offices, changing rooms or even toilets.
- Time to pump was limited due to clinical demands, with some reporting they had to work while pumping or chose to wean early.
- While some teams and managers were supportive, others offered little assistance—leaving individuals to advocate for themselves.

“
I needed STONZ support just to get a part-time return. I still had to do full-time on-call, which was incredibly tough while breastfeeding a five-month-old.

POLICY CHANGES & BEST PRACTICE GUIDELINES

SINCE STONZ ESTABLISHMENT IN 2018, WE HAVE PUSHED FOR IMPROVEMENTS TO PARENTAL LEAVE ENTILEMENTS AND BETTER ACKNOWLEDGEMENT OF THE CHALLENGES RMOS FACE BEFORE, DURING AND AFTER PARENTAL LEAVE.

2018

EXTENDED PARENTAL LEAVE TOP-UP

Top-up increased from 6 to 14 weeks for primary caregivers, ending a 15-year cap at 6 weeks.

2021

FIRST PARENTAL LEAVE SURVEY COMPLETED

120 Respondents provided vital feedback to support subsequent changes achieved at the 2022 bargaining.

2022

APPENDIX 6 BEST PRACTICE GUIDELINES

Following the 2021 survey, guidelines were added to the 2022 agreement, setting clear expectations for planning leave, support during leave, and transition back to work.

2022

RETURN TO WORK PROTECTIONS

RMOs can request no after-hours shifts during the first month back from parental leave—supporting a safer, smoother transition.

2022

BREASTFEEDING SUPPORT PROVISIONS

Districts must allow breaks for expressing and provide accessible, private facilities. Where facilities aren't available, portable/wearable pumps are reimbursed by mutual agreement.

2022

CENTRALISED PARENTAL LEAVE RESOURCE HUB

Online hub on the STONZ website launched with a Parental Leave Checklist, entitlements, and guidance to help RMOs navigate the process.

2025

SECOND PARENTAL LEAVE SURVEY COMPLETED

Report and Analysis completed.

Explore the Best Practice Guidelines →
stonz.co.nz/parental-leave



ADVOCACY & ONGOING WORK

THERE IS STILL MORE WORK TO DO & WE CONTINUE TO ADVOCATE FOR EQUITY IN TRAINING, EMPLOYMENT CONDITIONS AND FAMILY WELLBEING.

Equitable Access to Safe Lead Gowns in Surgery

In 2023, concerns were raised about the lack of safe, well-fitting protective equipment via the STONZ National Engagement Forum (SNEF).

Progress has been made, but several issues remain:

- Limited female-specific gown designs with breast/axilla protection
- Inadequate or missing thyroid shields
- Sizing mismatches for small women and larger men
- Concerns about gown cleanliness and age

STONZ continues to push Te Whatu Ora | Health NZ for audits and procurement standards that reflect the diversity of the RMO workforce.

Limiting Mandatory Rotations

Frequent 6-monthly relocations disproportionately impact RMOs with caregiving responsibilities. STONZ continues to advocate to the Council of Medical Colleges to reduce mandatory rotations, which strain families, disrupt support systems, and harm workforce retention.

Annual Leave Pay Equity

STONZ's position is that RMOs returning from parental leave should have their annual leave paid at the greater of ordinary pay or a 12-month average. This prevents financial disadvantage, supports rest, and promotes work-life balance without penalty for taking parental leave.



RECOMMENDATIONS & NEXT STEPS

1

ENGAGE WITH TE WHATU ORA | HEALTH NZ

Advocate for national parental leave templates.
Share survey findings & guidelines.
Audit implementation across districts.

2

MONITORING FRAMEWORK

Collect ongoing member feedback.
Create confidential reporting for breaches.
Use data to inform advocacy.

3

EDUCATION & AWARENESS

Promote nationally consistent guidelines & resources.
Support info sessions/webinars.
Explore peer support/mentoring.

4

PARTNERSHIP WITH COLLEGES

Advocate for more alignment between PL policies & training requirements.
Advocate for pro-rata training recognition.

5

SEEK CHANGES TO THE STONZ SECA

Use upcoming bargaining to advocate for stronger protections such as:

- Value of Annual Leave post Parental Leave.
- Extend the 'top-up' payments.
- Better support for Secondary Caregivers.
- Better Breastfeeding Support & Facilities.
- Standardised Pre/post Leave Planning & Information Access.

“

No one provided me with the DHB's parental leave policy. I had to figure most things out on my own.



CONCLUSION

The 2025 Parental Leave Survey highlights both progress and persistent challenges. RMOs report small improvements to flexible return-to-work options and breastfeeding support, yet administrative barriers, inconsistent communication, and inadequate facilities remain a real concern.

The findings amplify RMOs' voices: there is stronger advocacy and clearer calls for systemic change. To achieve equity, focus must remain on:

- Standardised, proactive communication
- Equitable training and leave policies
- Enhanced breastfeeding support and facilities
- Fair and transparent compensation
- Ongoing advocacy, robust monitoring, and district-level accountability will be essential to build a workplace culture that truly supports RMOs as both doctors and parents.

STONZ would like to acknowledge and thank all RMOs who took the time to complete both surveys. Your lived experiences and personal stories are what drive us to continue advocating for change. Also, a special thanks to those members who braved the camera, and shared their beautiful whānau for this project.

“***Supporting RMOs as parents is vital for a sustainable, thriving workforce.***”



/SpecialtyTraineesofNZ



@SpecialtyTraineesofNZ



www.stonz.co.nz



support@stonz.co.nz

