Guide for Educational Supervisors: New Resident Doctor Contract

Purpose

This guide summarises what Educational Supervisors (ESs) need to know about supporting resident doctors in training under the new All Wales Resident Doctor Contract. The ES role has not changed, but there is greater emphasis on early personalised development planning, regular review, and timely action where training opportunities are not being delivered. This guidance complements the roles and responsibilities as set out in the All-Wales Medical Trainer Agreement (MTA). (For further information on the MTA please click on this link: All-Wales Medical Trainer Agreement - HEIW)

Implementation Timeline

- August 2026: applies to Foundation doctors, new Core / Specialty starters, and residents on unbanded rotas.
- August 2027: all Core residents move to the new contract; Specialty residents already in programme may choose to transfer.
- August 2028: all remaining Specialty residents transfer, except those within 12 months of CCT.

Irrespective of contractual arrangements all resident doctors will be entitled to new arrangements and entitlements for study leave from April 2026.

A small number of individuals may transfer to the new contract earlier. This will typically be those returning from OOP and those on parental leave.

Core ES Responsibilities

- Provide educational supervision and maintain oversight of progress throughout the placement or programme.
- Meet early, normally within four weeks of the start, and agree further review points including before ARCP (Annual Review of Competence Progression) or end-of-placement reporting.
- Support the resident to identify curriculum needs, learning objectives and realistic training opportunities within the placement.
- Agree, document, and review the Personal Development Plan (PDP) (referred to as a personalised job plan under the new contract), including use of Educational Development Time (EDT) and ensure this is recorded on the portfolio.
- Monitor progress, encourage reflection, provide constructive feedback and identify evidence needed for the portfolio.

- Respond early to concerns affecting training, including training missed opportunities, workload pressures, rota issues, wellbeing or barriers to progression.
- Work with Named Clinical Supervisors (NCSs), rota teams, departmental leads, medical education teams, Training Programme Directors and others where changes or escalation are needed.

In some specialities the ES is also the Named Clinical Supervisor for the resident during a placement. In others, the ES may work on a different site to the resident in which case some aspects of the ES role are more appropriately undertaken by the NCS - it will be important that there are clear allocation of tasks and lines of communication between these individuals.

All residents will have a generic job plan from the employing or host organisation. The ES and resident should use this as the starting point for a PDP that reflects the resident's curriculum, stage of training, learning needs and the educational opportunities available in the post. The PDP should set out how curriculum outcomes will be achieved, when key experiences such as clinics, theatre, teaching or regional education will be accessed, and how EDT will be used with agreed objectives. (Further guidance around use of EDT can be found by using this link: Training Policies and Guidance - HEIW).

The PDP should be reviewed if service pressures, working patterns, health needs, caring responsibilities or flexible training arrangements affect access to training. ESs are not responsible for rota design, but should help identify the educational impact, support mitigation, and signpost or escalate through local routes where needed, including exception reporting or equivalent processes.

What to cover in the first ES meeting

- Confirm stage of training, curriculum requirements, key objectives and any relevant previous ARCP outcomes.
- Review the generic job plan (created by NWSSP and the host organisation) expected duties, rota and supervision arrangements.
- Agree individual learning needs, priorities, and any specific curriculum outcomes they are aiming to achieve during the placement; teaching commitments, EDT objectives, study leave plans and any professional activities such as quality improvement, teaching, leadership or portfolio work.
- Explore factors that may affect access to training, including service pressures, rota design, health or caring needs, Less Than Full Time (LTFT) / flexible training arrangements and agreed Occupational Health adjustments.
- Discuss and document any wider scope of practice roles the resident is engaged in outside of the training programme. Trainee revalidation - HEIW
- Agree how progress will be reviewed, how concerns should be raised, and what actions are needed if the agreed training plan is not being delivered.

- Confirm day-to-day clinical supervision, wider support arrangements and contact routes outside scheduled meetings.
- Document the agreed PDP clearly and share it appropriately.

Key message for ESs

Effective supervision depends on regular dialogue, clear expectations, timely review and early action when training opportunities are not being delivered. The ES should help residents access the learning they need within a safe, supportive and sustainable working environment.