All Wales Resident Doctor Contract 2025: Implications for Educational Supervisors and Named Clinical Supervisors

Purpose

In December 2025 resident doctors across Wales voted to accept a new contract. This guidance provides a practical overview of the role of the Educational Supervisor in supporting resident doctors in training under the new contract. It is intended to help supervisors understand their responsibilities in relation to resident doctor support, educational progress, personalised development planning, and the wider training environment. 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 follow link: All-Wales Medical Trainer Agreement - HEIW)

Whilst this has been written for supervisors of doctors in training posts, it outlines best practice which would be applicable when supervising locally employed doctors.

Timelines for implementation

Implementation will be staged from August 2026.

From August 2026, the new contract will apply to all Foundation doctors, new starters in Core or Specialty programmes, and residents on programmes where the rota does not attract a banding in the 2002 contract.

By August 2027, all Core residents will be employed on the new contract. Specialty residents already in programme will have the option to transfer to the new contract.

By August 2028, with the exception of those within 12 months of CCT, all remaining Specialty residents will be transferred to the new contract.

Role of an Educational Supervisor

The role of an Educational Supervisor (ES) has not changed. The GMC defines an ES as “a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a resident’s trajectory of learning and educational progress during a placement or series of placements. Every resident must have a named Educational Supervisor. The Educational Supervisor helps the resident to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements” (GMC Recognising and approving trainers: the implementation plan’ (August 2012).

The supervisor helps the doctor to make the most of the learning opportunities in the placement, provides educational oversight, and acts as a key point of contact for reviewing progress, identifying needs, and helping resolve issues that may affect training.

Key responsibilities of the Educational Supervisor

The responsibilities of the ES have not changed, however there is now a greater emphasis on the development of the Personal Development Plan (PDP) and identifying and responding to concerns affecting training. ESs have a responsibility to:

- Provide educational supervision for the resident doctor throughout the placement or training programme. In some specialities the ES is also the Named Clinical Supervisor (NCS) 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.
- Support the resident to identify learning needs, objectives, and opportunities aligned to their curriculum and stage of training.
- Meet with the resident at appropriate intervals, including within four weeks of the start of the placement and again at the end of the placement. Depending on the duration of the placement, there are likely to be regular additional meetings scheduled as needed. As more ESs and residents work shift patterns, it is beneficial to set agreed dates and timings of these meetings in advance especially around changeover in August when annual leave is more prevalent, and again well in advance of ARCPs (Annual Review of Competency Progression) to allow the necessary time required to prepare portfolios and end of placement / Educational Supervisor reports.
- Monitor progress, provide constructive feedback, and support reflective practice.
- Agree and review the PDP with the resident, ensuring it reflects realistic learning opportunities within the post.
- Help identify and respond to concerns affecting training, including missed training opportunities, workload issues, or barriers to progression.
- Work with Clinical Supervisors, Rota Coordinators, department leads, Training Programme Directors, medical education teams, and others where changes are needed to support safe and effective training.
- Ensure residents know how to raise concerns and use local processes such as exception reporting where appropriate.

Educational Supervisor involvement in personal development planning

All residents will receive a generic job plan from the employing and host organisation. This provides the starting point for a resident doctor's work and training pattern. It will include information about working hours, shift patterns, on call arrangements, Educational Development Time (EDT) entitlement and the general location and timing of duties. The ES has an important role in helping translate this into a personalised development plan (also referred to as a personalised job plan under the new contract) that reflects their individual learning needs, curriculum requirements, and the educational opportunities available within the placement. This discussion

should take place early in the placement and should normally be agreed before, or within four weeks of, the resident starting.

The ES and resident are jointly responsible for development of the PDP in relation to learning needs and training opportunities. This must include:

- how curriculum outcomes may be achieved, when and how the resident can access appropriate educational experiences (e.g. clinics and theatre)
- any agreed professional or educational activities including attendance at departmental, local and regional teaching
- how EDT will be used with agreed objectives (guidance on use of EDT can be found by using this link: Training Policies and Guidance - HEIW)

The PDP should be kept under review, particularly if service pressures, working patterns, health needs, or caring responsibilities are affecting the resident's ability to meet objectives or repeatedly prevent attendance at training or completion of educational activities. Although ESs are not responsible for rota design or service delivery, they play an important part in identifying when the training experience described in the PDP/job plan is not being delivered in practice. In such situations, the ES should help identify the cause, consider what mitigation is needed, and support the resident to access alternative opportunities where possible. This may include discussion with Rota Coordinators, departmental leads, medical education teams, guardians for safe and flexible working or training programme leads. ESs should also understand how missed training may be raised through local exception reporting or equivalent processes.

Supporting the resident doctor through regular review and feedback

Regular meetings between the resident and ES are central to effective supervision. These discussions should be used to review progress against objectives, identify any gaps in experience, consider feedback and evidence in the training portfolio, and agree any adjustments needed to the PDP/job plan. Educational review discussions should also provide space for the resident to raise concerns about workload, supervision, access to teaching, wellbeing, or factors outside their control that may be affecting training.

The role is not only administrative. Educational Supervisors help create a supportive training environment by encouraging reflection, recognising achievements, offering honest feedback, and helping residents navigate difficulties early. ESs should respond promptly when concerns are raised, help clarify the educational impact, and contribute to solutions or escalation where appropriate. Where issues sit outside the supervisor's direct control, they should help the resident access the right support, whether through Clinical Supervisors, Training Programme Directors, Professional Support Unit, Faculty Leads, Assistant Medical Directors (AMDs) for Education and Training, Medical Education Managers, Occupational Health via Single Lead Employer, or other organisational routes.

Checklist for the Educational Supervisor meeting

This checklist can be used by the ES to structure the initial educational meeting with the resident and to make sure the PDP reflects both training needs and the realities of the placement.

- Confirm the resident's stage of training, curriculum requirements, and any key objectives for this placement including review of previous ARCP forms if relevant.
- Review the generic job plan and confirm the expected clinical duties and working pattern/rota.
- Discuss the resident's individual learning needs, priorities, and any specific curriculum outcomes they are aiming to achieve during the placement.
- Agree how the PDP should reflect the learning objectives in a realistic and deliverable way.
- Clarify access to and plans for EDT, teaching sessions both local and regional, training opportunities such as clinics and theatre lists, study leave plans and other educational activity relevant to the resident.
- Discuss any agreed professional activities that should be recognised in the PDP such as quality improvement work, teaching, management opportunities, leadership training, portfolio development, or other relevant responsibilities.
- Explore whether there are any factors that may affect the resident's ability to access training opportunities, such as service pressures, rota design, caring responsibilities, health needs, or flexible training arrangements.
- Check whether any Occupational Health recommendations, agreed adjustments, or support needs need to be considered in the resident's working pattern or training plan.
- Discuss and document any wider scope of practice roles the resident is engaged in outside of the training programme and ensure the resident is appropriately gaining evidence from these roles to inform ARCP discussions and future revalidation recommendations. Trainee revalidation - HEIW
- Confirm who will support the resident on a day-to-day basis clinically and whether the wider supervision arrangements are clear.
- Discuss how progress will be reviewed during the placement and when follow-up meetings will take place.
- Confirm contact arrangements outside of agreed meetings should the need arise.
- Explain how the resident should raise concerns if the agreed plan is not being delivered, including when local discussion, exception reporting, or other escalation routes may be needed.
- Agree any actions arising from the meeting, including changes needed to the rota, issues to raise with rota teams or programme leads, and any further information the resident or supervisor needs to provide.
- Ensure the agreed PDP is clearly documented and shared appropriately and uploaded to the portfolio.

Summary

The ES role is about ensuring that residents are well supported, are progressing appropriately, and can access the learning opportunities they need within a safe and sustainable working environment. Effective supervision depends on regular dialogue, clear expectations, timely action when concerns arise, and a strong focus on balancing service and training.

For further detail regarding the contents of the new contract please use this link: Contract reform for resident doctors in Wales