Nursing & Midwifery Council

Embedding public health across regulation and practice

Insights from the NMC Professional Strategic Advisory Group (PSAG)

June 2026

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Background

The NMC Professional Strategic Advisory Group (PSAG) was established as a forum for expert professionals to provide the Nursing and Midwifery Council (NMC) with constructive challenge on strategic issues. It offers a regular opportunity for senior registrants to steer the NMC's initiatives, through insights and reflections from contemporary practice, education and training. The group also considers emerging themes in nursing and midwifery, helping the NMC to anticipate and prepare for innovations and risks which could impact its regulatory role.

This paper summarises insights from PSAG members at their June 2026 meeting, which had contributions from Jamie Watterall, Deputy Chief Nurse for Public Health (England) at the Department of Health and Social Care, Claire Birchall, Executive Director of Nursing at Public Health Wales and Jennifer Winslade, Executive Director of Nursing/Deputy Chief Executive at Aneurin Bevan University Health Board.

Across the UK, health and care systems are facing rising demand, worsening population health, and widening inequalities. There is a clear and accelerating shift in policy and practice toward prevention, population health, and reducing avoidable illness, rather than primarily responding to acute need.

Nurses, midwives and nursing associates – as the largest regulated workforce and one of the most trusted professions – are central to delivering this shift. However, achieving meaningful change will require public health to be embedded as a core responsibility across all roles and settings, not confined to specialist functions.

The Professional Strategic Advisory Group (PSAG) discussed what this shift means in practice and, critically, what the NMC can do through its regulatory levers to support and enable it. The insights below focus on how the NMC can use the Code, revalidation, and education standards to drive a sustained move toward prevention.

PSAG insights on the role of the NMC in prevention and public health

1. Strengthening the Code to embed prevention as a core expectation

Members highlighted the Code as a foundational lever for change, but noted that public health and prevention are not currently as explicit or prominent as they could be.

Members suggested the NMC should:

- Introduce a stronger and more explicit emphasis on prevention and public health, making clear that this is expected in *all* areas of practice.
- Ensure public health is not seen as optional or specialist, but as integral to safe and effective care.
- Consider whether a more visible articulation (e.g. a distinct domain or strengthened framing) is needed to signal its importance.

Members emphasised that the Code should support registrants to:

- Identify and respond to wider determinants of health, including family context, socio-economic factors, and environment.
- Take preventative opportunities in every interaction, regardless of setting.
- Think beyond immediate clinical tasks to longer-term health outcomes for individuals and communities.

There was also a strong link to health inequalities, with clearer expectations in the Code seen as a way to drive more consistent action to address disparities.

Members further highlighted the need for the Code to:

- Reinforce professional advocacy, including speaking up about system factors affecting health.
- Recognise registrants' own health and wellbeing as part of professional responsibility, both for workforce sustainability and as a foundation for prevention-focused care.

2. Using revalidation to reinforce and normalise preventative practice

Revalidation was identified as a critical mechanism for influencing behaviour and reinforcing expectations.

Members suggested the NMC should:

- Introduce clearer prompts or expectations within revalidation that require registrants to reflect on their contribution to prevention and population health.
- Ensure that prevention is consistently considered, rather than dependent on individual interpretation.

There was also strong support for revalidation to:

- Reinforce that every registrant has a role in prevention, regardless of role or setting.
- Build confidence and accountability, ensuring registrants see prevention as core practice rather than an "add-on".
- Remain meaningful and grounded in real practice, rather than becoming a compliance exercise.
- Include reflection on personal health and wellbeing, recognising both the pressures on the workforce and the importance of role-modelling healthy behaviours.

3. Embedding public health across education and practice learning

Members agreed that long-term change depends on embedding prevention from the start of professional training.

They suggested the NMC should:

- Ensure public health is fully integrated into education standards, not treated as a standalone or theoretical component.

Members emphasised that students should:

- Understand their role in population health and prevention at the point of qualification.
- Be equipped to consider the whole person, family and community context in care delivery.
- Be able to identify and act on preventative opportunities in any setting.
- Understand population health thinking and variation in outcomes
- Have opportunities to see care as a continuum, including following patient journeys across services

They suggested the NMC could play a stronger role in setting expectations that encourage integration across health, social care and community sectors.

4. A coordinated regulatory approach to driving cultural change

Across discussions, members stressed the importance of ensuring:

- Public health becomes everyone's responsibility, embedded in everyday practice.
- There is alignment between regulatory expectations and frontline reality, working with system partners to enable implementation.

For more information, please contact PSAG@nmc-uk.org.