

Public Voice Forum: 10 June 2026

Summary meeting notes

Public Voice Forum (PVF) members came together for the second substantive meeting of 2026.

Main agenda items were:

- 1. Professional Standards Authority (PSA) review 2024/25 - *including assessment of health and character concerns***
- 2. NMC's new anti-racism principles for nursing and midwifery**

Overview

This meeting focused on the NMC's recent performance, particularly the findings from the Professional Standards Authority (PSA) review and a significant historic registration issue. The session provided an open and transparent discussion of organisational challenges, alongside planned improvements and the future strategic direction. Members contributed actively, raising important questions around safeguarding, assurance, system accountability, and public confidence.

1. PSA review 2024/25 and assessment of health and character concerns

Julia Corkey, Executive Director Communications and Engagement, outlined the outcomes of the PSA review for 2024/25.

The PSA, which oversees health and care regulators in the UK, assesses performance against 18 standards of good regulation. The NMC met 9 of these 18 standards in the period, representing a decline from 11 the previous year. While the PSA acknowledged the challenges faced by the organisation and recognised the new leadership team's commitment to improvements, it concluded that sufficient evidence of overall progress had not yet been demonstrated.

Strengths identified in the review included stakeholder engagement, including the contribution of the Public Voice Forum, as well as the provision of public-facing information and prioritisation of high-risk patient safety concerns. However, significant areas for improvement remain, notably in equality, diversity and inclusion (EDI), education quality assurance, registration processes, and fitness to practise, particularly in relation to timeliness and decision-making quality.

A major focus of the discussion was the historic registration issue, which involved a failure over a 12-year period to properly review high-risk declarations made by registrants during the registration process. The NMC undertook a rapid review to establish the scope and scale of the issue, and begin implementing critical mitigations in partnership with key stakeholders, before making the issue public. Around 18,000 cases were retrospectively reviewed, with 421 requiring further action and an estimated 15 cases likely to result in removal from the register—representing a very small proportion of the overall workforce. Julia emphasised that registrants had acted correctly by declaring information, and that the failure lay with the organisation’s processes not being followed.

Affected registrants were contacted directly through personalised communication, and a range of support measures were put in place, including a dedicated call centre and safeguarding support systems. Employers and system partners were also informed, and steps were taken to ensure minimal disruption or harm.

Julia Corkey outlined a series of improvement measures designed to address both the PSA findings and the historic issue. These include:

- organisation-wide “health checks” of regulatory processes to ensure policies are consistently followed
- the establishment of a transformation and technology directorate
- and the introduction of a new quality management system to strengthen ongoing oversight and identify risks earlier.

These changes sit alongside a broader programme of cultural transformation and improvements to regulatory performance.

The discussion then moved on to the development of the 2027/30 strategy, introduced by Dan Racher, Strategy Manager. The new strategy will be one of continuation of the NMC’s improvement journey commitments. It will be focused on two core priorities:

- improving regulatory performance
- embedding culture change across the organisation.

These priorities will be supported by investment in technology and data, more consistent processes, and stronger collaboration across the wider health and care system.

Discussion and comments

Forum members raised thoughtful and constructive questions. They welcomed the NMC’s honesty and commended the transparent approach taken, both in wider communications and with the forum directly.

There was emphasis from PVF members on it is not being enough for systems to exist; the public must also understand the systems and feel confident that they are working.

Some concerns were raised about safeguarding mechanisms, particularly around the reliance on self-declaration of criminal convictions and the role of Disclosure and Barring Service (DBS) checks. Members questioned whether the system is sufficiently robust, especially in more complex employment arrangements such as for agency workers. It was clarified that while the NMC relies on self-declaration as part of registration, employers are responsible for undertaking DBS checks as an additional safeguard.

Questions were also asked about how affected registrants are being supported following the historic issue. The NMC outlined the steps taken, including direct communication, dedicated support channels, and engagement with employers and system leaders to ensure that individuals are treated fairly and appropriately.

Finally, the session included reflections on risk management. Members asked about acceptable levels of risk and how these are monitored. The NMC regularly reviews risk and the new quality management system will support earlier identification and mitigation of issues.

2. NMC's new anti-racism principles for nursing and midwifery

James Harris, Senior Midwifery Policy Advisor, introduced the NMC's new anti-racism principles for nursing and midwifery. These are a significant part of a wider commitment to addressing inequalities in healthcare and improving experience and outcomes for patients and registrants.

The discussion was framed by the recognition of significant disparities in care, particularly in maternity services, where evidence shows that Black women experience significantly poorer outcomes. The new principles are intended to respond to these inequalities by embedding anti-racism more explicitly into professional standards, education, and regulatory expectations. The work has been co-developed with over 100 stakeholders, including individuals with lived experience, to ensure it reflects real-world issues and perspectives.

The principles are structured around key themes, including promoting cultural equity and inclusion, strengthening education and workforce development, ensuring person-centred care, and improving accountability across the system. A key component of their implementation is a gap analysis tool, which education providers are expected to complete annually to assess how well they are meeting these principles.

Discussion from forum members highlighted both support for the initiative and some underlying challenges. Participants acknowledged the importance of addressing systemic racism and the need for meaningful cultural change, but also emphasised that guidance alone would not be enough without consistent implementation and accountability at an organisational level. There were also reflections on how behaviour

change requires not just training (capability), but also motivation and opportunity within the system.

Overall, the conversation reflected a shared understanding that while the anti-racism principles represent a positive and necessary step, their impact will depend on sustained effort, strong accountability mechanisms, and continued engagement with both professionals and service users.

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