

Public Voice Forum: 18 March 2026

Summary meeting notes

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

Main agenda items were:

1. **Practice learning review**
2. ***Right referral, right place* – supporting members of the public raise concerns**
3. **Paul Rees, Chief Executive and Registrar – progress on the NMC’s culture transformation and improvement plans**

1. Practice learning review

Following a short update on this project, members were asked their views, thoughts and feelings on:

- A. the proposal to reduce the minimum number of practice learning hours in **nursing programmes**
- B. the proposal to extend **midwifery programmes** from three to four years (with no change to the standards of proficiency)

Key themes identified in breakout discussions

- A. **Proposal to reduce the minimum number of practice learning hours in nursing programmes**

Quality over quantity

Participants consistently argued that *reducing hours should not compromise the quality of learning*.

- People emphasised that the **number of hours completed is less important than competency**.
“The hours are irrelevant at the point of service – is this nurse competent?”
- There was concern that reducing hours could unintentionally lead to **more “empty hours”**—time spent in placement without meaningful learning.

Variability in placement quality

Members highlighted **large variations across placement experiences**, making it

difficult to judge the impact of any hour reduction.

- Some students receive rich supervision and learning; others do not.
- As a result, the group felt that reducing hours *without first addressing quality assurance* could widen these inconsistencies.

Student workload and wellbeing

Participants raised concerns that students are **already struggling** under current expectations.

- Some raised questions about the effect on students if their course was shorter, raising questions about fatigue, safety, and learning value.
- Any change that increases pressure—or is perceived to—could have negative effects on wellbeing and retention.

Need for clear rationale and evidence

Members questioned **why** the reduction was being proposed and what evidence supports it.

- They asked for greater transparency around the **evidence base**, the intended educational outcomes, and any workforce or political drivers.
“Is it based on evidence?”

B. Feedback on the proposed extension of midwifery programmes (from 3 to 4 years)

Support for extended training – with caveats

Some members felt that the **complexity and responsibility of midwifery practice** justify a longer programme.

- Midwifery was described as an area requiring deep, varied skills.
“Midwifery is complex – give them more time to do the work.”

Concerns about deterrence and accessibility

However, participants also raised concerns that a longer programme may:

- **Deter applicants** (especially mature students and those with caring responsibilities)
- Increase **financial strain** due to an extra year of study
- Widen inequalities if not paired with **adequate financial and wellbeing support**

Need for justification and evidence base

Similar to the nursing-hours discussion, participants wanted clarity on:

- Whether there is **evidence** that the extra year improves proficiency
- Why the change is being proposed **without altering the standards of proficiency**
- Whether external or political pressures influenced the proposal

Risk of widening workforce pressures

Some participants worried that extending the programme without changing proficiencies could:

- Delay **entry into the workforce** at a time of existing shortages
- Place additional strain on students, universities, and placement settings

Next steps

The feedback gathered here will feed into the consultation launching in late Spring.

2. Right referral, right place – supporting public referrals

Members were updated on this project, which aims to support people raise a concern.

The majority of referrals from members of the public are closed at screening – generally because of a lack of evidence, an inability to identify the registrant(s) in question, and/or the concern not being serious enough for regulatory action. Most concerns can be dealt with at a local level, directly with the registrants' employers, for example.

This project aims to support people understand the role of the NMC and the best route to use for their particular concern.

During this breakout discussion session, the group's understanding of the NMC's current messaging on raising concerns was tested, and we explored how language, accessibility and signposting can be improved for people.

Key themes identified in breakout discussions

Language and clarity

- Many found key words and information unclear or too technical.
- *“Minor clinical errors – what does that even mean?”*
- Participants asked for plain-English, public-friendly definitions and examples. For example, providing clarity on what we mean by misconduct, discrimination and abuse.

A confusing and intimidating complaints system

- Some described the wider system as intimidating or retraumatising.
- *“There is no single right place – the system feels toxic and blame-focused.”*
- It's essential that the NMC does not add confusion or seem overly eager to turn people away. Messaging must avoid *gatekeeping*, dismissal, or directing people around in circles.
- *“Responses sometimes feel like unreasonable pushback.”*

Fear of raising concerns

- Participants worried that in some cases care could be affected when/if they raised a concern. For example, if someone complained about care on a particular hospital ward and had to return there for further care later on.

Accessibility and digital exclusion

- Many stressed that digital-only solutions exclude people who are not online or unable to use web-based information and services.
- Members recommended posters, public champions and sign-posting where people are likely to see it offline.

Keep it human: desire for a warm and supportive tone

- Participants welcomed the proposed wording and wanted greater consistency in the NMC’s communication style.

Next steps

This work is currently in the *discovery phase* – the NMC is researching, identifying the issues and considering options. From July 2026, work begins on developing new content and making changes to the website. The PVF has an important role to play throughout this project and will continue to provide feedback and input.

3. Transforming the NMC – update from Paul Rees, Chief Executive and Registrar

The Chief Executive and Registrar provided an overview of progress made to date against the NMC’s culture transformation and improvement plans. Highlights include:

- A new leadership team now in place
- A 2025-2027 strategy which commits the NMC to:
 - Working to ensure trust in professionals
 - Improving fitness to practise
 - Transforming our culture
 - Strengthening leadership
 - Modernising the NMC
- A culture transformation plan to support:
 - Strong and effective leadership
 - Values-based decision-making
 - Embedding equality, diversity and inclusion
 - Ensuring psychological safety
 - Regulatory fairness

Paul Rees also provided updates in relation to Fitness to Practise improvements, including:

- In December 2025, the rolling average of FtP cases being resolved end-to-end within 15 months reached 73.3% – which is the highest since February 2021.
- That represents a rise from 72.3% in November 2025 and a marked increase from 65.5% in December 2024.

- The NMC ended 2025 with a strong performance at Screening – the initial assessment stage of FtP – reducing the caseload by 19.5% from 2,416 cases in March 2025 to 1,944 cases in December 2025.
- The NMC has invested in a new team function: Sensitive and Complex Casework Team is a new specialist team. Working within Fitness to Practise (FtP), the team aims to ensure more timely resolution of sensitive cases, including those connected to major public inquiries into health and care failings.

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