

Public Voice Forum: 16 September 2025

Summary meeting notes

Public Voice Forum (PVF) members came together for the third substantive meeting of 2025.

Main agenda items were:

1. Hello and updates from Miles Wallace, Deputy Director, Communications and Engagement.
2. The Code and revalidation reviews led by Aditi Chowdhary-Gandhi, Head of Standards and Natasha Dare, Head of Regulatory Policy.
3. Meeting Julia Corkey, Executive Director, Communications and Engagement.

1. Updates from Miles Wallace, Deputy Director, Communications and Engagement

Progress in timeliness of fitness to practise cases

Miles Wallace opened by highlighting ongoing activity and recent improvements across the NMC, noting the stabilisation of the executive team and progress in regulatory work. He shared that 71% of Fitness to Practise cases are now concluded within the 15-month target, up from 60% in mid-2023, and that the number of cases at the screening stage is at its lowest level in five years. You can read more [here](#).

He also outlined forthcoming work to review public-facing materials, including the NMC website, to ensure information is clear, accessible, and understandable, and confirmed that members of the Public Voice Forum (PVF) will be able to support this work.

Miles provided an update on the Code and revalidation reviews, emphasising that these remain key priorities and that PVF members' input will be central to the work.

Impact of current financial pressures

He acknowledged ongoing financial pressures, driven by necessary investment in improving FtP, organisational culture, and modernising systems. The NMC's income is made up by registrants' annual registrations fees and it's essential we demonstrate wise use of those funds. He explained that because of current pressures, we are reviewing all expenditure, which includes in-person events. This means that we have made the difficult but necessary decision to suspend this year's PVF in-person meeting.

Also, due to current financial pressures, the NMC has frozen all recruitment. This means we are currently not recruiting for Assistant Director, Public Engagement. But

Miles reassured members that public engagement remains a core commitment, and we will continue to engage with the Forum as normal as well as other public stakeholders.

Julia Corkey, Executive Director of Communications and Engagement, will be attending future meetings.

Miles concluded with an update on the independent investigations into our handling of whistleblowing concerns and a small number of FtP cases, stating that the reports are nearly complete and will be published shortly.

Q&A

Members were invited to comment and ask questions. There was disappointment at the pause of the in-person meeting, which several members viewed as a unique opportunity for relationship building and being able to employ creative approaches to involvement.

Suggestions were made, including exploring hybrid approaches – though this approach would add to costs, not reduce them. Members also wondered about holding special events, such as at the end of membership terms.

One member reminded the group that not everyone benefits from these special in-person events - usually about 14 members attend. For some, travel is difficult due to health conditions and disabilities, others have commitments or are not interested in meeting face-to-face. She said she understood the pragmatic approach we had to take when it came to finances.

Another two members shared the same feelings – while it is a loss, the most important is maintaining virtual events and ongoing engagement. They understood the need to balance our spending and know that virtual meetings are now most common and provide an inclusive way to engage everyone. Venue hire, food, travel and hotel bookings means costs can be very high.

Miles reassured members that no permanent decision has been made and confirmed that the value of in person engagement will be carefully considered as part of ongoing review of engagement activities. We will consider all suggestions made.

2. The Code and revalidation review

In the [2025-26 corporate plan](#), the NMC set out its commitment to modernise the Code and revalidation. Wide consultation will take place in 2026, with the modernised Code and revalidation process coming into effect in Autumn 2027.

Further information on the two reviews is available [here](#).

At today's meeting, forum members had another opportunity to input and help us shape key elements of this work. The NMC's Head of Standards and Head of Regulatory Policy provided an overview of the review and opportunities for members to shape elements of this work.

The Code breakout discussions

We asked members to consider and discuss two distinct elements of the Code: delegation and technology.

- a) What assurances would you like when someone else takes over some or all parts of the service you receive from nurses, midwives and nursing associates?
- b) As a professional regulator, in what ways can we promote safe delegation more strongly? Language and accessibility – any thoughts on these?
- c) What are the advantages and opportunities of using technology effectively in nursing and midwifery?
- d) What are some of the concerns or disadvantages of technology usage in nursing and midwifery that we need to consider?

Delegation and accountability

Members felt the Code needs to be clearer and stronger on delegation. Professionals must understand their responsibility continues after delegating, and both the delegator and delegate should be accountable. Patients need assurance that the person taking over is trained, competent, qualified, and has the empathy to provide safe care. Before delegation takes place, consideration should be given to whether the individual is sufficiently informed and supported.

Effective handover and record keeping were seen as essential. Professionals should avoid asking patients questions that are already recorded and ensure that key information is not lost between staff and wards. Members also wanted safeguards to ensure that the delegate introduces themselves and explains their role. Delegation should be guided by clear protocols, including when and how delegation can be withdrawn for safety reasons.

Public confidence in delegation

The group highlighted the importance of public trust when delegation occurs. Patients and families should know who is responsible for their care at each stage and have confidence that care will remain safe. This requires seamless communication, active listening, and follow up checks with the patient or carer. Safeguarding was highlighted as a key element of safe delegation, especially when involving vulnerable people.

Examples and practical guidelines on what can and cannot be delegated would help reassure patients and carers, and public messaging should emphasise that accountability does not stop when care is handed over.

Delegation in practice

Concerns were raised about assumptions made when delegating to students, who are sometimes asked to perform tasks without supervision. Midwives were also said to be taking on tasks delegated by medics, linked to advanced practice roles. The Code should provide clarity on these situations and make clear that delegation must always be appropriate to the person's level of training and competence.

Members also noted that delegation is increasingly linked to technology, with different

systems being used across settings. Information must be centrally recorded and easily accessible so that safe, informed decisions can be made.

Culture and support

Members wanted a stronger culture where professionals feel supported to ask questions, flag concerns, and admit if they are not competent for a delegated task. Regular checks on competency and audits of patient feedback on delegated care could help ensure safety and maintain trust.

Technology in care

Technology was seen as both an opportunity and a challenge. Members saw technology as offering benefits, including faster and more consistent care, improved access to medical records and information sharing, and automation that frees up time for patient care. Members raised concerns about risks such as inaccurate records, data breaches, unequal access, high costs and training burdens, and the potential for technology to depersonalise care.

Members reiterated that older patients, those in rural areas, and people with different accessibility needs should not be disadvantaged. Technology should always support person centred care rather than replace human connection.

Safe use of technology

Members emphasised that technology must support, not undermine, patient care. Eye contact, empathy, and human interaction remain central to safe and compassionate practice. Patients should be able to access their own records, and digital systems should connect effectively across hospitals, community services, and primary care.

While digital tools and AI can improve speed and efficiency, safeguards are essential to ensure ethical and equitable use. Robust security measures, reliable backup systems, and clear contingency plans are critical to prevent harm from system failures or breaches.

Training and guidance

Members stressed the need for delegation and technology training in pre-registration programmes. The “art of delegation” should be explicitly taught, with tools such as checklists to support safe practice. Training should also cover ethics, accountability, consent, confidentiality, and the effective use of digital tools.

Revalidation breakout discussions

We then asked members to consider and discuss revalidation, focussing on the following questions:

- a) What sort of things should registrants show or demonstrate they have done to maintain their registration?
- b) What do you think the public should know or needs to know about revalidation?

- c) Is there anything you would like the public to be able to contribute to revalidation in some way? If so, what and how?

Maintaining registration

Members wanted registrants to demonstrate patient centred practice, keep skills up to date throughout the revalidation cycle, and show openness to feedback. Patient feedback should be routine, meaningful, and not limited to selective or positive sources. The group suggested that the NMC should stipulate who provides feedback and require input from both professionals and patients. Feedback should include names (while protecting confidentiality), and registrants must communicate effectively when seeking it.

There was strong support for 360-degree feedback framed as learning rather than criticism. Concerns were raised that some members of the public do not understand what revalidation involves, so clearer communication about its purpose and how it supports public protection would be helpful.

Continued Professional Development (CPD) requirements were questioned. Five days across three years was considered insufficient, and members noted that CPD could be completed in a single year rather than spread evenly. The group recommended a requirement to space CPD activity across the full revalidation cycle to ensure continuous learning.

Questions were also raised about how breaks in practice (e.g. illness, maternity leave) are considered, and whether NHS employers could automatically share concerns with the regulator.

Public awareness of revalidation

The group stressed that messaging should prioritise strengthening public confidence. The public should know that revalidation is mandatory, designed to keep them safe, and not only triggered by negative issues. It was considered important to highlight that revalidation ensures safe, high-quality care and is a safeguard for patients.

Members wanted practical, accessible ways for the public to understand revalidation. This could include knowing when a registrant last revalidated, their years of experience, and evidence of how they keep skills current. NHS apps and practice-based forms could help, though multiple routes are needed to avoid excluding those without digital access. Posters and information in care settings were also suggested.

Public contribution to revalidation

There was strong support for meaningful public involvement. Members recommended opportunities for patients and families to provide feedback on registrants' care and experience – and this should capture positive comments and praise as well as any issues. Compassion and empathy were highlighted as core professional qualities, and patient feedback on these should form part of revalidation.

Feedback options should allow anonymity but also clarity on how feedback will be used, to avoid tokenism.

Concerns or instances of poor practice, even when below the threshold for formal regulatory action were seen as important to record in a registrant's file. Members felt the public should know if their nurse is not performing well, reinforcing trust and accountability.

Confidence, trust, and communication

Members wanted the NMC to be more visible and transparent, with stronger communication about how revalidation works and why it matters. While some felt high-level information was sufficient, others wanted more detail. All agreed that greater NMC awareness and stronger public voice in its work would improve trust.

Health and fitness to practise

Members wondered if registrants' mental as well as physical health should be assured, noting that self-declaration may not be sufficient.

3. Meeting Julia Corkey

[Julia Corkey](#), Executive Director of Communications and Engagement, introduced herself, outlining her background in senior local government communications roles, including 23 years at Westminster City Council, where she led policy, performance, communications, member support, research, and insight.

She highlighted her experience with public health and adult social care, as well as public engagement campaigns, including behaviour change initiatives. Julia emphasised her commitment to the work of the forum, recognising the value that members' insights bring the NMC's work. Hearing from diverse perspectives remains essential in shaping what we do and how we do it.

Julia noted the dual role of the NMC, setting and upholding professional standards while taking fair action in the small number of cases that require it. She highlighted the importance of building confidence among the public, including in relation to the findings of the independent culture review.

Q&A

Members had the opportunity to ask Julia questions directly.

Some members highlighted again the value of in-person meetings for relationship building and networking.

The need for increased understanding of the wider work of the NMC among nursing and midwifery professionals was raised. This comment touched on negative perceptions some registrants hold of the NMC. One member suggested we develop a targeted campaign to demonstrate the organisation's broader role and benefits to registrants. Julia agreed, emphasising the importance of engaging nurses and midwives early in their professional journey, including at student phase.

The importance of understanding and communicating with diverse communities, both among registrants and the wider public was highlighted. The role of education, training, and digital resources, such as podcasts, to raise awareness of cultural and rural community issues was suggested. Julia agreed and noted the challenge of balancing communication effectively across three key audiences: staff, professionals, and the public. She reaffirmed that this is a long-term journey but one the NMC is committed to advancing.

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