BN: Lovely, thank you. If you don’t mind just starting by if you describe a bit about your organisation and your role within it.

AP6: Yeah, so I work for (name of location) Healthcare Trust. I work as a health coach with public health. They’re a bit driver of MECC in sort of having conversations but my main role is lifestyle holistic sort of treatment so MECC’s a lot of part of my day. So, through referrals or just opportunities to meeting people just to have conversations about lifestyle awareness, education, behaviour change, etcetera.

BN: Great. And what motivated you to work within our role?

AP6: I’ve always been interested in that role. I was a physio assistant pre public health and before I came down the road, I was a lifestyle advisor. Before that I was a personal trainer.

BN: Right.

AP6: And into community fitness. So, my role’s always been down the health kind of route. So, when NHS England decided that heath coaches were maybe a way forward in hospitals it was a real good job for me to focus on and it is a really good model, I have to say, and within the hospital the model is phenomenal and we’ve seen some really good results through it, so yeah, it’s good.

BN: Oh excellent. And what would you say the attitude of the NHS in your specific trust is like towards health promotion do you find?

AP6: I think the actual clinical side of it, if I was all honest, is still very direct and you should, you have to, this is how you should change. So, they’re a bit naïve in the coaching role of allowing the patient to understand and, how would I put it, become aware themselves and make their own decisions. So yeah, we’re still very, I think from the clinical side of things, the classic is you have to do whereas the health coaches are trying to introduce well why don’t you ask them why they don’t do it and then say well what if. So, it’s still I think a naïve - not a naïve – I think it’s a very young service and they’re very resilient to that type of understanding conversation, but it’s coming.

BN: Yeah. That’s good.

AP6: Yeah. I think our health professionals are very good or the physios are starting to get it and stuff like that, but I think when you’re stuck on a ward, I still think it’s very direct.

BN: Right.

AP6: You need to give up this, you need to do that. So, yeah, I think that’s where the understanding of there’s a new way of us speaking to a patient so that’s the way I feel about things.

BN: Yeah. And it is moving towards a bit better, move towards.

AP6: We’re trying to move towards it, but I still think they’re stuck. A lot of people are scared to actually listen. It’s easier just to say this is what you need to do. It’s like prescribing, isn’t it, especially the clinical side of things. They’ve prescribed for so many years now we’re not prescribing we’re suggesting and it’s a big culture change.

BN: Yeah. Definitely. So, I know I briefly asked you before I hit record about your MECC training experience, but have you had any other sort of apart from, because we’ll be talking more about the core MECC train the trainer training.

AP6: Yeah.

BN: But have you had any other MECC training?

AP6: No. I went straight into MECC. Well, I did a bit of awareness training online just to work out what MECC was, because I only heard about MECC last year when I was going for this public health job and initially didn’t get it, so I did a lot of research on how to network and MECC was the big thing that came up.

BN: Oh right.

AP6: So, I’d had a better understanding of what MECC was. Now, I kind of thought do you know what, we do it anyway, but we just didn’t realise it was called MECC. So, it was fine. So, that was the only training I had was when I went on Train the Trainer.

BN: Right. But you’ve done your own research.

AP6: Yeah, we’ve kind of done it unofficially, so I think when I do the care certificate I say to them, especially because there are a lot of health care assistants, and they do that without them realising it. So, it’s very difficult to label MECC when you just say you do it but this is what we’re trying to enforce that you’re doing it really well and this is the simple three As that will allow you to understand that you’re doing MECC if anybody asks. So yeah, I think healthcare workers do it very well. I think nurses do it but they’re just not aware that they’re doing it.

BN: Yeah. Definitely. And can you remember what your attitude towards MECC was like at that time when you first discovered it?

AP6: To be quite honest with you, I think it was like we maybe don’t understand what our staff are already doing so you’re trying to label something they’re already doing, but I liked the idea of it. I like the empowerment; I like that it gives you the confidence to have that conversation.

BN: Yeah.

AP6: But I still think we’re throwing MECC at it and not sitting back and actually saying have you listened, have you went around a hospital and listened. The volunteers are really good at MECC. At the front door they’re fantastic at it. Listening in at the nursing staff and how they interact with the patients as they’re moving along. They’re having those conversations, but we get so hung up on we’ve got to get that MECC through when actually if you stand back, if you were somebody training MECC I’d have my ears open all the time and just listen. So yeah.

BN: OK. So, do you think that they need MECC training then?

AP6: I don’t think they need training. I think what they probably need to do is an awareness of I think this training people don’t get it because they don’t understand what you’re trying to train them in. There’s no certificate at the end going you are a MECC, you can have a MECC conversation. Whereas I’ve had active conversation certificates, I’ve had coaching certificates. MECC’s one of those we want you to be having that conversation but actually it should be led from, I was having this conversation with my boss about it, should be led from the manager side of things where they can sit down with the Band 5s and say right, just make sure that we are using this this and this and just keep their awareness going. I don’t think you need to have training on it, if that makes sense.

BN: Right. Yeah. And have you always thought that, or do you think actually going to the MECC training influenced you [06.59 unclear]?

AP6: I think going to the MECC training, Train the Trainer in all honesty, and I might get in trouble for saying this but even though I know it’s anonymised.

BN: Yeah, be honest. Absolutely.

AP6: I think it’s the biggest waste of time I’ve ever been at because I didn’t actually understand what they were trying to deliver.

BN: OK. Yeah. That’s interesting.

AP6: So, train the trainer, to me, doesn’t mean anything. I’m trying to train the trainer. Who’s training what? Who’s training the trainer? I don’t understand that whole MECC train the trainer. It’s like if you’re a MECC trainer then you’re responsible so become a MECC trainer, reword it, do something but yeah and then we arrived, in all honestly, arrived at the course and everybody was in the same boat. They listened. They didn’t have a clue what they were trying to deliver and then they were told the expectation was they needed to deliver that four sessions in a year and nobody had a clue about it. So, that’s in all honestly why you lost or why our trust, lost a whole people because they weren’t prepared to do the training because they didn’t understand they had to deliver training.

BN: Right. Yeah.

AP6: Does that make sense?

BN: Yeah.

AP6: There’s not one person sat down in that first thing and went I’m here because I want to deliver the training for MECC and be an ambassador for MECC in my department. All they thought they were going to say is I’m at a course to become more aware of MECC so when I’m in my job I can be comfortable having MECC conversations.

BN: Yeah. Yeah. And were you in the same boat as that?

AP6: Absolutely a hundred per cent.

BN: Yeah.

AP6: And I was excited about being there because I was trying to network, but then when it stood and went and now you have to deliver four sessions it was like how.

BN: Right.

AP6: Especially when they’re half a day. How do I deliver that? So, yeah that’s why you’ve lost a lot or that’s why they’ve lost a lot of people and [08.49 unclear].

BN: Yeah. So, what were your, when you first signed up to MECC training, what were your expectations for the training?

AP6: I think it was to become like an ambassador not to deliver training but to be, have a conversation and you and your team say MECC’s great, making sure that our patients have that conversation. Almost like a health champion. That kind of thing, and if anybody asks what you’re doing you could sit them down and then you could guide them to that kind of training course where they would go and become more aware of it. So, I always thought that all you’re doing is kind of encourage more people to go to these training courses.

BN: Got you, rather than deliver it yourself.

AP6: Yeah.

BN: OK. So, if we kind of zoom back a bit, how did you access that training initially, the Train the Trainer?

AP6: Well, because I had a look at MECC and I found a MECC portal which I’d never seen before in my entire life, there was sign up for this Train the Trainer and the person I was trying to network with had given me a wee hint that that would be a really good way of going forward.

BN: Right.

AP6: So, that’s how I kind of accessed it.

BN: OK. So, when you said it was kind of a good way to network, was that part of your motivations for going and what was the networking for, I guess?

AP6: So, the networking was for me to try and secure a position in public health.

BN: Right.

AP6: Because I hadn’t managed to get the job when I was interviewed, I thought well I’ll just try and work with them, I’ll try and shadow them, I’ll see what they do. So, it was just a good way of networking through that. The amount of public health, because the public health team drive this MECC in (name of location) Healthcare Trust, they drive it so, but MECC wasn’t my…MECC was just a symptom, a side effect of me networking.

BN: Yeah.

AP6: It wasn’t I’m going to go and find MECC and that will give me a good place. It was just I found that as I was trying to network with these people.

BN: Right. Yeah. And the Train the Trainer was the only MECC course offered.

AP6: So, yeah. If you ever put something forward, can we just rename it?

BN: OK yeah. What’s the suggestion?

AP6: Train the Trainer, as I say, is probably one of the worst names I’ve ever heard in a training course. I just don’t get it, train the trainer. So, it’s just Become a MECC Trainer.

BN: Right. Yeah.

AP6: That’s in-house MECC trainer, department, a MECC trainer, whatever want to call it, but train the trainer is just a terrible name for whatever. Whoever came up with it I apologise, but it’s terrible.

BN: Oh no, don’t worry, it wasn’t me or anything like that. No.

AP6: No, I know. But if it comes back as far as I’m concerned it doesn’t give you an idea of what you’re actually trying to do.

BN: Yeah. And so, you just didn’t really think about that part of the name for the training, you just kind of thought I’ll go along.

AP6: No. I don’t know what I was thinking, but I do like the idea of MECC. I like the idea of MECC, and I like it having if you go back and your conversations are you’re not sure what you’re doing, you can reflect back and say well I did my As and I did help the person and I did signpost them or I did have that conversation. I left them thinking about health options and it allows you to reflect back and say well actually even in your notes it was saying have MECC conversations, so you know you’re identifying that’s the type of conversation to have, so that’s why I like MECC.

BN: Yeah.

AP6: Does that make sense?

BN: It’s more the train the trainer.

AP6: Ah.

BN: Yeah. So, what would you say before you went to that train the trainer course, what were your motivations like for delivering MECC training?

AP6: I think like where I deliver it now I think is the right place, so even though I didn’t have motivation to deliver it as such, I’m now really motivated to deliver it at a certain level.

BN: Right. OK.

AP6: I had conversations with some of my colleagues when I was looking into MECC and they went what is it. I don’t understand what you’re trying to say, is it important in life. Said well it’s not that important in life no, it’s not going to kind of, well I might save somebody’s life, you don’t know. It’s not like I was working in pulmonary rehab at the time, it was like it’s interesting because I was saying well you’re not having that conversation about that direct conversation about lungs, but we’re having that MECC conversation so it’s just if anybody asks within the department saying are you MECC trained or are you aware of MECC. We are doing it in some sort of form, it’s just to have that formal format of we’re doing it, but they didn’t get it. They didn’t see the importance of MECC at all.

BN: Right.

AP6: It’s not important in a clinical environment. It really isn’t important. But if you can say to somebody, what kind of conversation did you have with that patient, and they can identify it’s a MECC one, then that’s really good for the service to say we’ve done it.

BN: Right.

AP6: So, as an individual they’re going why is that important in my life. But actually, as a service to say that we do MECC style training to help our patients, that’s where it’s important.

BN: Yeah. And when you found that resistance, had that been when you’ve been delivering training or was that just more just through talking about it.

AP6: That was before I kind of got into it. Before, well my colleagues are already established. The colleagues are already established. I had an interesting conversation with one of my seniors. We were doing active conversation at the time, it’s like this is the biggest waste of time ever. The only thing you think it’s a biggest waste of time is because you’re doing it so well you don’t realise you’re doing it. So, it’s just formalising it, isn’t it? But if I go back to when now that I’m delivery it to the care certificate people who haven’t had that experience, who aren’t embedded in the service, who are not confident speaking to patients, that’s a really good way of getting them motivated and understanding and confident and also giving them permission to have that conversation.

BN: Yeah. So, for the less experienced people in the trust.

AP6: Yeah. For me it’s a really good, if you can hit them at the foundation levels, whatever level they come in as a Band 5 clinical level or they come in as a level 2 healthcare, porters. If they’re starting the job, the induction part, MECC should be your induction part.

BN: Right.

AP6: It shouldn’t be you’re trying to change a well-run physiotherapy department by going in and saying MECC. They’re going to look at you and go what are you talking about.

BN: Right.

AP6: But actually, the new starts who are very nervous, well this is the way to have a conversation but—

BN: Yeah.

AP6: Does that make sense?

BN: Yeah. So, how would you feel now you’re a trainer, I suppose, going into those more established departments and offering MECC training?

AP6: I think it’s they’re not calling it MECC training, it would be calling it MECC awareness.

BN: Right.

AP6: So, just having that open conversation and making sure that they understand that when they’re having a conversation these As come in there, it’s not a tick box but if you reflect back and you say well did I help that patient, as I say, or writing the notes, yeah I asked, I assisted, I gave advice, then you’re hitting that kind of side of things. So, it’s more of a MECC awareness. I think as soon as you put training in they’re expecting more.

BN: Right.

AP6: I’m coming to train you in MECC. I’ll be expecting a lot.

BN: Yeah.

AP6: If I was talking about a simple conversation about health and lifestyle, I’d be a wee bit disappointed.

BN: Right.

AP6: So, I think you’ve got two levels. I think you’ve got the MECC training from a very foundation level of new starts and then you’ve got an awareness, MECC awareness, for more established clinical sides.

BN: Right.

AP6: Band 6s, Band 7s, senior management, your porters that have been there for years, it’s just that awareness. So, maybe MECC needs doing more of awareness campaign.

BN: OK. That’s interesting.

AP6: Which they say they do, but I actually walk through my hospital and ask half the people what MECC is, there’s no banners up in the hospitals.

BN: No.

AP6: No, we don’t have, so we’re really good, and actually this is human nature, just if you work in an environment where you’re trying to market something, like gyms, tourists boards are really good, they’ll keep it within the area that they’re trying to promote. But they won’t put it out with. So MECC is really good where MECC is comfortable. But actually, if you don’t put it through the wards, and actually why don’t we have posters up about MECC in every staff room, today have you had a MECC contact.

BN: Right. Yeah. Like prompts and reminders.

AP6: Yeah.

BN: Yeah, that’s interesting. So—

AP6: Because we have washing your hands, don’t we? We always have them in your face, you’re washing your hands and hygiene, but if we want to make MECC a really impacted thing it needs to be in your face the whole time, it needs to be almost subliminally put in every day, so you have your awareness and then it’s there, it’s there, it’s there, it’s there, it’s there.

BN: Yeah. That makes sense. And so, before you went to the MECC train the trainer, what was your confidence like around had you ever delivered training before, how did you feel about the whole training delivery thing?

AP6: That didn’t faze me, I’m a…well, I’m a personal trainer, I’m also a group exercise instructor. I’ve done a lot of training delivery.

BN: Oh OK.

AP6: In the hospital I’ve done a lot of education groups with patients so that didn’t faze me about delivering something when I understood what I was trying to deliver.

BN: Right. Yeah.

AP6: Roll on MECC training and train the trainer as I didn’t know what I was trying to deliver.

BN: Yeah. OK so yeah, now I suppose of we sort of deep dive into the training itself a bit more now.

AP6: Yeah.

BN: Yeah, what was your kind of overall thoughts on the training?

AP6: Well, honestly, it was terrible. But I think…so, I did the second ever one that was delivered by North, the trust.

BN: Right.

AP6: And I think they weren’t delivering it very well or it wasn’t quite coming over what they were trying deliver, so it might have been tweaked a wee bit but what I’ve seen the slides they deliver at the moment, to me it gives you too much information about public health and we know it impacts but it goes through figures about death rates, etc. etc. etc. then it goes into what you’re trying to deliver through core MECC and even with core MECC I’m like what are you trying to actually get us to deliver. It’s almost too advanced at that training service. It’s almost like we’re going to train you in public health but that last moment I’m going to tell you how to have a MECC conversation. So, we now do the care certificate. We do smoking, alcohol and exercise. We go over the negatives of smoking, why you want to give it up. It’s basic stats that we have a bit of fun with, then we talk about how you would have that conversation and why you would want to have that conversation. Then you go into alcohol then you go into exercise. You do the same format, exercise is reversed isn’t it, because it’s positive. The Train the Trainer is here’s a load of stats, if you’re not quite switched on in public health, you’re going to switch off in about five minutes because here’s a couple of quotes that nobody really gets. Have a wee go at this but I don’t really understand what I’m trying to get out of it. And I got…you’d follow the room and you’d just like they’re lost already. And the other thing was, it was delivered to any level whereas I think the people who designed it, it should have been delivered at a kind of managerial level.

BN: OK.

AP6: Because the people you were saying trying to train, so a Band 3 was then going back to the thing and going Band 7s down, Band 8s down, I’m going to train you in this. And it’s actually quite a full on training. Understanding of public health.

BN: Yeah.

AP6: And I’ve been honest with my boss, it’s like one of the reasons I don’t do the new slides is it’s way beyond my pay grade.

BN: Right.

AP6: It does feel like it’s way beyond my pay grade.

BN: Right.

AP6: Because we’re talking about health detriments, we’re talking about areas that have got real poverty, etcetera. I work for public health but I’m going that’s out with either two things, my pay grade and my remit because this is proper public health. Public health information, I’m a health coach with public health. I don’t, you know, if anybody asked me a question like so I think it was it’s too heavy on the stats.

BN: Yeah.

AP6: Does that make sense?

BN: Yeah. I know what you mean, those inequality stats and things at the start.

AP6: Yeah. But you know you come up with inequality wheel. And you’re looking at it and going well this is how somebody may get into that kind of area of deprivation or health inequalities. You’ve got Band 2 porters sitting there going I just came to Train the Trainer, I don’t actually understand it, or I’m not interested. I was wanting to have a conversation with somebody because they want to give up smoking.

BN: Yeah. So, what would a better format be, do you think, in approach?

AP6: If I was to go in, I’d be really kind of sitting down and explain what MECC is, it’s an open conversation with people to help support them in lifestyle change in a simple form through signposting, better education, behaviour within a certain amount of time. We’re going to work on this today and we’re going to really just understand the five core MECCs and have a conversation around those five core MECCs. Why should we do that? Well, if we look at your area, we’ve got a bit of deprivation but it’s a really interesting. A hospital you can’t highlight that deprivation because everybody’s equal in the NHS. You’re doing a community setting, say the area you’re working in is highly…they’ve got high deprivation, health inequalities, and the main issue is smoking. So, we’re going to train you in MECC smoking but we’re still not going to get into the depths of this. That’s the deaths and we just know there’s a problem there, but in a hospital, I would have this is how I would cover the finance, this is how we would cover social inequalities, this is how we would cover smoking, this is how we would cover physical activity. And just go through the basics but get people comfortable with that and then if they’re comfortable with it then they go to the service and they go well this is what we’re going to train it on, the five core MECCs which they’re trying to do, but these are the basic conversations we can have but we will do some exercises around it, get everybody to have conversations, boom, Bob’s your uncle, it’s done.

BN: Right. Yeah.

AP6: But you’re not being hung up with the first hour and a half on health inequalities and because we know, it can just be a quick brief overview, this is why we’re doing it to improve health in the area.

BN: Yeah.

AP6: You know, public health we just got a wee bit, in my eyes, because I’ve come from clinical to public health, they just get caught up in stats.

BN: Yeah.

AP6: You know, and unfortunately for me as an individual they’ll probably never see those stats improve, but if I now have a couple of conversations a day where I’m having MECC conversations I know I’m having an impact on one person to two people.

BN: Yeah. So, it’s almost like the stats zoom things out a bit too much.

AP6: Yeah.

BN: Compared to what MECC is.

AP6: Yeah. MECC’s very personal, isn’t it? It’s very personal. It’s not going to change, well it will change the world say if everybody had an influence there’s a positive outcome. But it’s having that ability to have that conversation where you might make a difference.

BN: And then so obviously you mentioned maybe having a different approach to the training when delivered within the NHS versus to the community.

AP6: Yeah.

BN: Can you describe a bit more about what you mean by that?

AP6: So, I think like my boss tries to do it, and I think they do do it, they kind of earmark what is the speciality and there’s sometimes requests, and can you do, so that’s an interesting thing isn’t it? Can you do MECC on this. Or again that’s again [26.17 unclear] specialise, isn’t it? You’ve got to change your tune. No. We’re going to do just a general MECC over the core MECCs wherever you are, but you might highlight that in a community setting in Blyth smoking and social inequalities are the high ones. How do we kind of address that. So, somebody comes in isolated, doesn’t like to do anything, how do we have that conversation. So, you may earmark it knowing that that might be more of a kind of highlight or more of a kind of a sense of topic in that area, or hot topic in that area, but actually if you get everybody just comfortable having conversations of MECC it doesn’t matter what you’re…what area you’re in, you’re still being able to have that comfortable conversation.

BN: Yeah. Yeah.

AP6: And that’s the key one. It’s having that, when you come to training and you leave, you should be comfortable about having that conversation, not panicking that you’re going to go and have a conversation with your peers about training them in MECC if you don’t understand what MECC is.

BN: Yeah. Yeah. So, when you walked away from that training session, that MECC Train the Trainer, did you feel that you’d gained anything, did you feel any different in any way? Or how did you feel after that?

AP6: Yeah, the first week I think I felt, walked away thinking right, I understand what they’re trying to do in a sense. I’d like to deliver it, but I don’t know how. Haven’t got a clue how I’m going to do it. But then when I spoke to my peers about it from management down, they didn’t show any kind of interest, they weren’t really that…I mean first what does it mean, that’s what am I going to get out of it.

BN: Right.

AP6: I was trying to say because we were going down audits and we were going down accreditations and I said it could go towards our accreditation. Understand that we’re MECC trained, you know, that’s a big deal. So, then you lose your motivation and then you get the email through saying can you let us know when you’re planning to do your four delivery sessions. You go…

BN: Right. Yeah.

AP6: So, if I was so to a training matrix with what I went through, I would have had MECC awareness, or if you were a new start, you’d be MECC trained. So, you could have two types. And then you’d become a MECC, you’d almost do a couple of months of noting your MECC conversations so within that you almost need a wee portfolio just to say a wee case study, that kind of thing. And I think then when you realise that you’re embedded then you’re ready for the Train the Trainer or whatever we’re going to rename it because Train the Trainer is terrible. But you’re becoming that – I like MECC ambassador. We’ve got health ambassadors. I like MECC ambassadors so then you can walk in anywhere and you say I’m a MECC ambassador. As I said, the MECC ambassador then can have the MECC stuff, and they can put it up in the office. They can have MECC weeks. They can have MECC in the newsletter. They can have…so they can have that impact. And that, if you get somebody to be a MECC ambassador you’re also getting them to be very motivated to lead from the front.

BN: Yeah.

AP6: You know. They’ve picked up the chalice and went I’m going to be the champion, or MECC champion, I’m going to be the champion of that. If you’ve got their MECC champions and you want some, then some more in-depth training, you can then invite them to come and do the training.

BN: Right. Yeah. So—

AP6: Within their area.

BN: Right. So, kind of that you go and do just MECC training.

AP6: Yeah.

BN: And then what you going on another occasion to become a trainer? Or—

AP6: Yeah.

BN: Yeah. Is that what you mean?

AP6: You’re not…you’re not…I don’t think the expectation…I think the problem is there’s an expectation. I think it was an unrealistic expectation because you looked at the stats and went, we want to train, I think it was they wanted to train fifty per cent of the staff so that fifty per cent of the staff would impact the rest of the staff. So, everybody within say two to three years, say ten thousand staff, were able to have a MECC conversation. It’s like whoa. You’ve also got to think, that’s not the same ten thousand people that will start from today, because tomorrow you will have lost a hundred people because of turn around. That in a year’s time you’ve lost a thousand people. You’ve probably lost half the people in there that you’re training. Because I’m leaving the service, so you’ve lost that, so you have to start again. So, you have to embed your awareness training first. It has to be there. Then those people that love MECC and then become champions will want to go to Train the Trainer.

BN: Yeah.

AP6: To then be able to influence or support their clinical support, and when they leave, hopefully they’ve done enough to embed for somebody else. But if you get your new starts always flooding through, you’ll never have a shortage of champions.

BN: Yeah. No, that makes sense.

AP6: Yeah.

BN: So that the buy in.

AP6: I might be [31.34 unclear] but I do get a bit passionate about it because it’s not MECC I’m getting passionate about, it’s the understanding that it’s like all training, it comes in at a certain level but if you lose the people you’ve kind of trained in then you have to restart.

BN: Yeah.

AP6: You know, start with the ripple effect and let it build that way rather than splashing it in the middle of the pond and just see where the ripples are going, see which way it’s the strongest ripple.

BN: Yeah. Yeah, that makes sense. And so, obviously mentioned the attitude in your organisation weren’t so favourable around MECC, was that…did that apply to sort of leadership and management as well, or what was their attitude like towards MECC?

AP6: Oh, hundred per cent. Hundred per cent down to management. Management don’t have time, especially in a clinical setting, for you to go and say can I have four hours of your team, or three hours of your team, or even an hour of your team to talk about MECC. They do not have time. They do not like it. The only way you can really impact it is if they have a team meeting and you’re invited along to.

BN: Right.

AP6: Because they’ve already booked that time out for you to go and say. Like so my boss was respiratory, and she’s like I don’t have time to give you, who do you want. I was like chance to speak to all your team. No.

BN: Right. Yeah.

AP6: We don’t have time for that. It’s hard enough for them to get the mandatory training done, you know, ESR. If you’re in an office job or, you know, luckily with public care if they’ll give that time, but actually if you got ward staff, they don’t even have time to do ESR. They’re miles behind [33.15 journalling] ESR. So, how are you going to have that impact and say can you just stop for a minute and come along [33.21 unclear].

BN: Yeah. And so—

AP6: It’s only three hours or two hours.

BN: Yeah. What about your own time and your boss giving you time to go and deliver MECC training?

AP6: Oh, again, in this role absolutely because it’s part of my role.

BN: Right.

AP6: Public health, but my old role not a hope, you know.

BN: Right.

AP6: Why, what’s that going to help. What’s that going to do for my service? So yeah. I think this is your problem is you’re expecting that these people to be able to book out a lot of time and it’s not just going to deliver it, it’s the preparation time sorting out. It’s a big sort of ask for the general person in a working environment.

BN: Yeah.

AP6: For no extra money, so with all due respect as well, to go and deliver that again, say a Band 2 to go and deliver some sort of training, it’s a higher remit. It’s a higher pay grade. It is all of a sudden more of a bigger responsibility.

BN: Yeah.

AP6: And they get nothing for it.

BN: Yeah, so it’s those incentives to deliver training as well.

AP6: Yeah. I’ll give you an example. I’ll give you a perfect example and this might sound like a wee chip on my shoulder, OK. I’m a Band 4 without a degree, so I can’t go any further in the NHS no matter what I do. They will say you need a degree to step up to the next level, which is a load of rubbish but that’s the nature of the beast. And then you ask me to go and do some extra training to go and deliver to Band 5s, Band 6s, Band 7s so they can make a difference in a clinical environment. So, I’m teaching people that are higher paid than me, I’m delivering an impacted thing so they can become better so they possibly can climb the ladder more because they’re MECC trained, and they’ve become more aware. So, actually that’s probably quite a big thing in their career pathway, but I get nothing for it.

BN: Yeah. It feels quite unbalanced.

AP6: Tell me where that expectation is fair.

BN: Yeah.

AP6: And that is where you’ll find people that are passionate about delivering and not really care about the money. But it’s also people will say well why should I do it.

BN: Yeah. So, what are you motivation levels like towards delivering MECC training now?

AP6: The problem is I love it.

BN: Right.

BN: Actually, I love seeing that impact like as the care certificate. I love seeing that impact where they come in and you have that conversation, the feedback you have on the forum saying I know I must have conversation, I know we must do that, and actually them discussing changing their lives because they’ve kind of been aware of what we’re doing as well as being confident to go and have conversations with people. I usually fly out the room. I’m buzzing of lights.

BN: Oh right. Yeah.

AP6: So, I don’t, I’d love it to take me somewhere, you know, in a career pathway. I’d love it to happen, but in a hospital it’s not going to happen. But that’s my own passion of always being passionate about delivering that type of thing.

BN: Right.

AP6: So, it doesn’t bother me. But it does bother me that it’s not recognises as something that you should maybe get a wee bit more money for.

BN: Yeah.

AP6: You know, if I was to go and deliver, which I still do, if I was to go and deliver a boot camp at a local gym, because it’s a standard boot camp freelance thing it’s giving me say £15 an hour. But if I was a Pilates instructor that went in, the same hour I’d get £25 an hour because now it’s a specialised delivery of a structured programme. If I was a sport massage in that same hour, I’d probably get £30 to £35 an hour. Can you see where I’m going? I’m delivering a same kind of remit, I’m just delivering an exercise, I’m delivering health, but because it then becomes more of a specialised sort of topic or type you get a wee bit more of a reward.

BN: Yeah.

AP6: So, maybe to help with the MECC training, a MECC kind of payment should be given as well. It’s not to say we’re going to pay you to reward you just for delivering it. We wanted to say it’s worth doing it both motivationally wise, but actually financially. If you’re going away and you’re booking out time and you’ve got to do a bit of travel, we’ll give you £50 for every service, every one you deliver.

BN: Yeah. So, at the minute—

AP6: Does that—

BN: Yeah. Yeah. You’re just kind of relying on your own passion for MECC which you do have but it’s just not quite enough to sustain that role.

AP6: Yeah. It’s not enough and I think it’s because everybody can deliver it but my whole thing is if a Band 5 delivers it or a Band 6, they will climb up the career ladder quite quickly.

BN: Yeah.

AP6: Because it’s a massive thing. You know, put that on your CV oh you’re going to get the next job. You aren’t going to get, you know, if you’re a Band 5 and go I deliver MECC and I do it really well and I delivered four sessions, and you’re in an interview panel and go well they’ve delivered MECC, so that they were all good but actually you’re in Band 6. And then that Band 6 gets the job. You deliver MECC, can we do it at a bigger [38.49 unclear]. Yeah, I can do it. Next thing you go they’re delivering MECC within the hospital, fantastic, wow, these are really good for managerial side of things. You’re ready for a Band 7. Oh, Band 7. OK we’ve got a Band 3, you’ve delivered MECC to duh, duh, duh, duh. You could do a Band 4. Yeah, Band 4. Band 4, you deliver MECC? Yeah. Enjoy it? Yeah. You passionate about it? Yeah. OK. Unfortunately, we can’t give you a job because you don’t hit the criteria for anything else.

BN: Yeah.

AP6: So, it’s just that reward side of things. It’s just, you know, and people unfortunately are financially driven.

BN: And—

AP6: Imagine saying sorry, for an extra fifty quid, four sessions, that’s £200 in a year you could make extra. We’ll give you a £50 bonus every time you deliver it. People would be delivering it.

BN: Yeah. Yeah. And it sounds a bit like it’s sort of the injustice of it all as well rather than just—

AP6: Sightly. Yeah.

BN: Yeah.

AP6: And it’s not me being a bitter pill, it’s me coming from a sort of lower side and looking up rather.

BN: Yeah.

AP6: You know, because you’ll speak to a whole lot of Band and you’ll speak to probably senior, you’ll speak to all the different people. But this is me, kind of here looking up and saying I don’t mind speaking to people about it, but it’s doing me, where am I going with it.

BN: Yeah. You’re relying on your own passion and motivation to drive you through, yeah.

AP6: Yeah.

BN: And so obviously you mentioned that the training itself didn’t really communicate very well what MECC was.

AP6: Yeah.

BN: How do you feel now and sort of your confidence and your knowledge of MECC now you’re delivering MECC training?

AP6: So, I think, as I said before, it was over complexed and when I sat, I think, when everybody sat down, they didn’t really understand what MECC was going to be. And as I said, the introduction was just like stats.

BN: Yeah.

AP6: And at the end it was like is everybody happy to deliver that. What are we actually trying to deliver? And he went don’t worry, you’ll get the slides. But what did you want us to deliver? Whereas now I understand what I’m trying to deliver.

BN: Right.

AP6: And yeah, you want to highlight to the people all the health, why we’re going to talk about this conversation, so take smoking, you want to obviously highlight, and everybody knows it, but it’s just reinforcing this this and this. This is why we’re going to have this conversation, here is how we do it. Is everybody happy about it? Shall we have a go at it. So, that’s the way I work now.

BN: Yeah.

AP6: It’s very basic because in a sense from my clinical understanding knowledge, it’s that’s where I’m at. I’m not understanding the next level public health, or the next level which they’re trying to deliver. So, to me it’s like have an open conversation about why we’re having it. That’s what I do. So, smoking, we know it’s this, we know it impacts this, we know it does this, shall we have a conversation about how we’re going to help people give up, if they have that conversation with you.

BN: Yeah.

AP6: It’s not rocket science.

BN: That makes sense. Yeah.

AP6: But when I sat down at that it felt like rocket science I needed before I could actually [42.09 unclear].

BN: Yeah. And so, was there anything you liked about the MECC Train the Trainer, can you remember?

AP6: Nah. I actually hated every bit of it, to be quite honest with you. I walked away and I had honest conversations with people because I knew a few people who were in there and they didn’t have a clue about what we’re trying to do. And I hated it because there was no structure to it. There was no, and it’s October last year that I did it, but on reflection and thinking about it, there was no structure to where I was wanting to go with that training. So, if I was to start off a session and go with the first slide, I would go I don’t know where this is going.

BN: Yeah. Yeah.

AP6: You know. And this may be just the way my brain works. It’s quite interesting being part of public health and being a health coach, I’ve become really aware of how many people actually their brain operates in a slight platform that make sense. So, your PowerPoint to the person that designed it made sense. The person next to him [ppshh] doesn’t make sense.

BN: Yeah. Yeah.

AP6: So, I think the PowerPoint needs to be less in your face with stats. You need to have conversations with people and allow them to have the conversation, so it probably needs to be more of an interactive kind of side of things.

BN: Yeah.

AP6: So yeah. I was really disappointed in the training type. But I know it was only the second time they’re tried it.

BN: Right.

AP6: And I know they’re trying to improve on it, but I have seen the slides and I still think they’re top heavy with stats to start off with. To the point where I think it would bore people to death before they actually even got going unless you’re into that type of thing.

BN: Yeah. Yeah, that makes sense. And can you remember what you thought of the approach in terms of kind of your style of learning of what the MECC Train the Trainer was like?

AP6: The guy that delivered it, he did try and keep everybody kind of engaged. But yeah, I just got lost in the whole thing. So, the delivery from a verbal side of things, he was quite good. He was confident because he’d done it in the past, but if you could keep going back to what they were trying to teach, I think he lost a lot of people, if that makes sense.

BN: Yeah. Yeah. And is there any, so obviously the removal of a lot of stats, but is there any other ways that would have fit better with your style of learning in helping you become a trainer?

AP6: I think just doing more of the open conversation. I think doing the basic living MECC conversation and trying to, for me, understanding what message I’m trying to get over and what I’m trying to impact on the MECC conversation. We didn’t really do a lot of that.

BN: Yeah.

AP6: You know, we wrote down things. We circled and kind of did all the things but if you think about all MECC is, all you’re trying to train somebody in and get them aware for your learner type is having that conversation. So, I think they were a bit removed from that.

BN: Right. Yeah.

AP6: Because it was train the trainer, they were wanting that, there were stats is that impact why are we doing it, rather than how are we going to do it.

BN: Yeah.

AP6: If that makes sense.

BN: Yeah.

AP6: I think I’ve put it the right way. It’s been a while since the training.

BN: No, that definitely makes sense. And so, how has your experience been of cascading the training after you went to that MECC Train the Trainer?

AP6: How do you mean cascading it?

BN: So, delivering MECC training.

AP6: Right. So, I’ve avoided it like the plague until…I didn’t avoid it deliberately, I did try and push it to start off with, then obviously when I was still in my old position it was just it wasn’t happening. It wasn’t happening. It was there was too much resistance so you just kind of hide away from it, and that would be, probably I would have said the majority of people that have tried to do the Train the Trainer. Then coming into public health, there was an expectation that you delivered some type, so once I saw it delivered at care certificate level and what we’re delivering, I embraced that. I’ve offered to be the main care certificate deliverer because there’s a lot of people that don’t like to have that conversation with people.

BN: Right.

AP6: They don’t like that type of job. So, I love that level, but then my boss did ask me to deliver one to HR and the proper MECC, core MECC. I froze because I looked at the slides and went, I don’t understand them. I don’t get them.

BN: Right.

AP6: And when I looked and I had that conversation with my boss and I said look, I don’t get it and I’m struggling with it and it’s causing me stress.

BN: Right.

AP6: And she, because she’s from a higher level, she was like I don’t understand why, this is what you work with all the time. I says yeah, but these are heavy stats. These are Band 6. There’s this more experience talking about the stats, so if there’s any questions you can answer them comfortably. So, I avoided doing that. I don’t think I was very popular. But it was causing me stress. It was causing me a bit of wellbeing, mental wellbeing issues.

BN: Right. Yeah.

AP6: So, I know where I would want to be to deliver MECC and it’s a very basic level of delivery but actually a very positive impact in a way. I don’t want to be that person that has to read off these stats because that stresses me to the limit.

BN: Yeah. Yeah. That makes sense. Can I just check, have you got to be away at ten, just so I know to prioritise questions if you’ve got to [48.14 unclear].

AP6: No. My calendar is pretty free, but round it up in ten minutes. I can talk for Britain, that’s the problem.

BN: On no, that’s perfect. Yeah, I just wanted to make sure in case you had a meeting or something at ten. Yeah, so what did you think of the available resources and support after to help you deliver training?

AP6: I never got it. Like I never got what they were trying to support you with. So, they’ve got the portal and you got invited. But I almost felt very busy. It was almost like what I was probably expecting is you would get, I think we did get, slides sent to us but almost like a MECC pack. You know, something that you picked up, was like this is your MECC pack. This is like what you can work with, there’s your slides. I never felt you got that, and it seemed to change all the time. The portal was very busy. All of a sudden, we’re introducing this, all of a sudden we’re introducing that, all of a sudden this is a new part of MECC, and I was like whoa this is getting a bit kind of all of a sudden you’re kind of there. And I was never sure whether you could just pop into the forums, you could not pop into the forums.

BN: Yeah.

AP6: But because it’s obviously across (name of location) and (name of location), it wasn’t then I felt there needed to be a trust MECC where we just felt quite safe and you could just go in and which there will be, but at that time I didn’t know about it, and it didn’t feel we did. But a MECC pack would have been really good.

BN: Yeah.

AP6: If you go train the trainer, you should have picked up a bag with a whole load of stuff. You could go home, and you could read through and almost refresh yourself, not go on a computer screen and try and find stuff.

BN: OK.

AP6: Just the basic, the basic MECC pack.

BN: Yeah.

AP6: With stuff that you could then go to your first training session and feel quite comfortable in it. So, prompt cards. If you didn’t have a projector with the slides, it was all like there. You could just have that conversation with them. So, I would have said the resources for me weren’t great.

BN: Yeah.

AP6: And I know the guy that manages the resources for the whole area, and I don’t want to upset him again, but I think they get lost in the portal, the computer portals. And again, some person that looks and going the computer portals are great and his team’s…from another person I don’t have time to look at the computer because I’m on the clinical side of things. I don’t have time to attend that Teams meeting that’s really nice to discuss these things because I just don’t have time to book my time out.

BN: Right. Yeah.

AP6: So, it’s all I was very heavily laden in that kind of forum side of things.

BN: So, it would mean it will be important for you that that pack would be a physical kind of starter pack rather than an online starter pack.

AP6: Yeah. Yeah, because what you’re taking away from your training was there’s nothing you took away and gone right, I remember that. I can’t remember that, so I need to go and access this. Yeah, there is the MECC portal, and you can log in and have a look. I got lost in it. I was just like [51.25 unclear]. But if you had that nice physical pack with like even a SOP and basics you could refer back to and go right, I know where I need to be in there, go on a computer, log it in, right I’m there, that’s fine. I understand it.

BN: Yeah. Yeah.

AP6: So yeah, that’s kind of where I’ve struggled with a bit.

BN: Yeah. To be honest that is actually something someone suggested before, that kind of physical starter pack, so that makes sense.

AP6: Yeah.

BN: And obviously you said you haven’t really had time to go onto the Teams strategy, you know, the support groups. Is there any support you’ve accessed or the support groups before and what did you think of the available support?

AP6: I think I’m lucky enough at the moment I’ve got like my support for MECC is very verbal because it’s part of my team. Like as I’ve said, I work with most of them that are trying to deliver it in this area. So, the support is there but I haven’t been on the portal for months because I just got…I just looked at it and went this is way too confusing for me, so I just left.

BN: Yeah.

AP6: So, it’s something I maybe should revisit after this conversation and just see if we can, now I’m a bit more switched on with MECC, it might make more sense. But at the time just too much.

BN: Yeah. Too much. So, it’s not a lack of resources. There’s no kind of extra resources you’d want to see.

AP6: No. I think it’s not a lack of resources. I think in all honesty it’s evolving all the time that you almost feel you could get overwhelmed by how much information is going in there. As I said, and that’s because they don’t have a starting level with MECC, if you take it right back and we’re to have that conversation again, even with the resources if I started with my induction and I had a basic resource whatever, I had that MECC, like everything else, like your health and safety, you have a MECC hour. Somebody comes in, they talk about MECC, and they open up the portal and say this is the resource, this is how we play around with it. You’ll have more people interacting with that MECC saying because they feel comfortable at that level, they’re able to do it. And then as they go up the tree, as they go into the portal and say well there’s a Train the Trainer, I really wanted to be a train the trainer. I don’t know who wants to be a train the trainer. I don’t understand training. Never mind. But I want to be a TT. I’ll be a TT, a MECC TT trainer. You can then access it because that’s the pathway you’re looking for. So, you could say well I’m just a MECC awareness person, that’s the only portal I need to do, and I’ll just keep dipping in and out for the information and understanding. Or I want to be a MECC champion. Actually, that’s the portal I need to go in and it’s a lot bit more information. Or I want to be a MECC trainer now, there’s a big portal. There’s like this is all the stuff I need. Does that make sense?

BN: Yeah, definitely.

AP6: So, just streamline it and just having bits where this is all you need to know about MECC. And if you’ve got more responsibility then you can access this and that will help you with your promotional side of things.

BN: Yeah.

AP6: And if you want to be a trainer you can access this to really help with your training delivery of it. Not everybody accesses the same thing because it’s too much information at different kind of points of people’s journeys.

BN: Yeah. Definitely. And so, did you feel like you needed any of more the social support side?

AP6: Yeah. Yeah. And I didn’t know who to ask as well. I got a bit confused because you’ve got your trainer that was training but he wasn’t really in the go-to then you had somebody else that was the kind of go-to, but he was regional and not really realising who to go to in the hospital, but that wasn’t really highlighted on that training side of things.

BN: Right. So, how could that be improved, I suppose.

AP6: Again, if you’re trying to deliver it within your area, if you’re, I know aware of a MECC champion, that can be your immediate go to if you’ve got any conversation. If the MECC champion doesn’t know it, then they could either go and ask the person or just say this is the person because they’re the ones that train you. So, it’s just kind of having I would say a middle person, isn’t I t? It’s just like somebody that…I don’t want to over confuse the model, but I still think there’s levels. I don’t think we’ve got a MECC, not got MECC awareness yet, but these people that are here that you want to have, if they have any questions, they need to go to the local advocate rather than one person who is covering a massive area.

BN: Yeah.

AP6: Who might not get back to you or if they get back to you, they might not get quick at the question, or you might not feel comfortable speaking to them so you avoid them.

BN: Yeah. That makes sense.

AP6: Does that make sense?

BN: Yeah. And then what has the support been like on the side of your organisation, so do they have an implementation plan for MECC. Obviously, you said they don’t really give you time to [56.42 unclear].

AP6: Yeah, it’s really interesting. It’s like public health have got a massive implementation plan. That’s what they want to do, they want to see MECC and obviously they’ve come up with the figures, how much they want to impact it. So, from that side of things it’s massively supported. So, I’m lucky enough to have said it’s massively supported. But internally, in there, it is going through, don’t get us wrong, I think there’s more people talking about it now, but again it’s that senior management don’t really get it so from other people being supported I think or have an implementation plan within their service, I don’t think that’s…and I don’t actually, I’d maybe ask the question, I don’t know how that’s measured, and that again, it can only be measured if you have things like we are now a MECC service.

BN: Yeah.

AP6: And then your employees or your clinicians underneath you, we’re a MECC service, what does that mean. Well, it means that we will have a brief conversation with anybody and use the three As to hopefully assist them in any conversation around about health or social inequalities that would improve, blah, blah, blah, blah. And it's the same as saying what are your five core key strategies. You know, NHS, every, well I can’t sort of list them, but we should know them.

BN: Yeah.

AP6: So, if you were to measure implementation, that’s how I would have to have it implemented. I’d say public health, go into say physios. We’ll give you the training so you’re all MECC aware. OK. You’re now MECC aware. That’s your status. If you have a MECC champion now, you will become a MECC service and that’s the way I would implement it.

BN: Right. Yeah.

AP6: But how much support they get, and it’s easily supported then because it’s just that subtlety, if that makes sense.

BN: Yeah. Yeah, so you do need support on, more support on both sides I suppose, yeah.

AP6: Yeah. I mean public health, because I work for public health, MECC is kind of talked about every day of the week. So, we’re supported massively. That’s part of our expectation and part of our strategy is to make sure that we come into the hospital, and we try and support them and that’s more relevant. But if I was to look at from another side of things, that’s the only way I could see it getting implemented and make a difference as to say if you become this, this is a big deal.

BN: Yeah. Yes, that’s a useful suggestion. So, and what do you think of the Train the Trainer, well I know you don’t like the phrasing, but I suppose that model as a whole and whether that is the best model to facilitate ultimately delivering MECC conversations at scale.

AP6: I think it’s over ambitious.

BN: Right.

AP6: I think you’re pulling people in, from my experience, we pull people in with no expectation or understanding what the expectation is, and even my colleagues who went through the last sort of Train the Trainer they didn’t understand their expectations. So, I think the model needs to have when you go into that initially you need to explain what is, and they say it is but it’s not. I mean, you sign up, there’s no you need to deliver four in a year, you know, this is your expectations. So, but the problem is you won’t get that footfall through. So, I think the Train the Trainer model is the last bit of training that somebody should do on MECC. It’s not the first bit that should be done, and I know they’re reversing it slight so I’m privy to a lot of stuff that maybe people aren’t aware of because of my role as like public health, they are trying to hit in preceptorship, so we are hitting the newbies, you know. But I still don’t think they’re aware that they’re now MECC aware.

BN: Yeah.

AP6: And then, you know, so Train the Trainer model should only be delivered to people that are really ambitious and aware and want to deliver MECC to other people to sing from the rooftop saying this is MECC and we can come to your service, and we can make a difference.

BN: Yeah.

AP6: And I honestly think if you had MECC and you want to deliver it massively, like a massive impact on a big scale, you almost have to make MECC trainers a different job role.

BN: OK. So, sort of a job role that’s added on to someone else’s job role or that someone does that full time or—

AP6: No. I just think you should have a MECC department.

BN: Yeah.

AP6: Because MECC is massive. Like they are massive, and I know it’s two people that run sort of MECC in this area, and then their expectation’s other people will help them deliver it. To be quite honest, if you want to make a big and massive impact it’s almost like your vaccine vaccinators.

BN: Yeah.

AP6: Short term contract for a year. You have twenty train the trainers and they go and deliver MECC right through the area. Unfortunately, it’s a short-term contract so unless you can see the next of all being why we do it, you’ve done a year of Train the Trainer. Or training. I don’t know how to rephrase that. It’s really doing my head in.

BN: Because of MECC trainer.

AP6: Has anybody ever said that, that it doesn’t make sense?

BN: No, but I think there’s been other sort of comments about the sort of jargon used, I suppose. So, that kind of fits in with that. But not specifically about that, but that’s interesting that just it isn’t very intuitive.

AP6: It’s…I’ll go back to it one more time, train the trainer.

BN: Yeah.

AP6: Become a MECC trainer. Boom. Understand it.

BN: Yeah.

AP6: [01.03.04 unclear].

BN: You know what you’re signing up for. Yeah.

AP6: Yeah. So, whoever came up with the Train the Trainer liked to tease.

BN: So, is there any strategies you would recommend to someone who wants to cascade training or go on to deliver training after the Train the Trainer? Any strategies you think would be helpful?

AP6: I think initially they need to be pre aware of what expectations there are so when they come out of Train the Trainer, they have a plan. If they don’t have a plan on how they’re going to train it and they step it, now one of the classics is if you have a Band 5 most Band 5s, but you see your physios, your allied health professions, they rotate, OK. They rotate through services. So, if they come out and go, I’ve been to Train the Trainer, what’s your plan. I don’t have a plan whereas actually if you come and go well actually my plan is because I’ve had this conversation, within the next three months within my rotation I’m going to deliver MECC to my colleagues and my peers. So, they need to have a plan of what they want to take out of that pre-Train the Trainer, not post Train the Trainer.

BN: Yeah.

AP6: Because as soon as you leave that, you’re going to go right, how do I do that. And then you get caught up in a lot of things.

BN: Right. Yeah.

AP6: Now, one of the things that we were aware of when I went on that is the managers didn’t know what it was. It might be different now a year down the line, so they were putting people forward just because they thought they were going to become aware of MECC.

BN: Yeah.

AP6: And you know that argument, everybody new, but they weren’t, they were just like you go along to that training, it will be great, feedback in the group meeting what it was about and see if it’s helpful. But actually, if you have somebody with a plan coming out and saying it’s already been discussed, this is where we’re going to go with it, and I want to deliver this, this and this and I’ve actually already emailed people. That’s what I would have said is the best way.

BN: Yeah. So.

AP6: So, the strategy afterward, they have to be prepared to be ready to go.

BN: Yeah.

AP6: And within the first three months they need to be looking at already thinking about how, which where I’m going to deliver it but that’s already probably been discussed with the manager.

BN: And that should be before rather than even during the training.

AP6: Yeah. So, if you were having a conversation – I’m going to have to plug my laptop in shortly.

BN: Oh no worries, I’m almost done.

AP6: All right. I’m sure I’ll not die yet. So yeah, if whoever goes on the training needs to have had a discussion with the manager on how they’re going to deliver it before they go on the training.

BN: Yeah. Yeah.

AP6: And that maybe has to be checked on the day since everybody got their first MECC plan.

BN: Yeah. Like a kind of arrangement with your management before you even go in. Yeah.

AP6: Yeah. Yeah. And you only get on if you’re management understand that that is what an expectation is for your first delivery.

BN: Yeah.

AP6: After that you can free reign, you can, you know, and I think if it doesn’t work you should have that permission to have that discussion saying I did Train the Trainer, I tried to deliver it, it’s not for me, I want to step out. It was almost like you weren’t allowed to even allow yourself to step out. The expectation, this is what we want from you because we paid for this training. Whoa, where’s the contract? Did I sign that? No.

BN: Yeah.

AP6: So, I think it’s that, if you want to do that you need to have pre-permission from your manager to deliver it to a certain level and this will be done within the three months.

BN: Yeah. That completely makes sense. Yeah. And so, we kind of had just the last couple of questions, a couple of strategies that have come up in sort of previous literature that I just kind of wanted to run them by you, see what you thought of them.

AP6: Yeah.

BN: So, what about if there was sort of refresher Train the Trainer sessions?

AP6: I think hundred per cent maybe once a year you get everybody in a year down the line, how’s things going and then just go through what’s new in MECC, what the stats are, how we’re doing with it and just have that support structure. Absolutely hundred per cent.

BN: Yeah. OK great. And what about kind of we talked a bit about the peer support network, so to have a support network where you can share resources, experiences, knowledge.

AP6: Yeah. I think you need to have, which there might be, I think you need to have an internal resource support mechanism so again if you have your champions they can all share within a portal but then obviously your nationwide or your national side, you know, people are aware of that and I think that can only come from your champions and not your awareness once. People that are MECC aware don’t need to really go do much more. They don’t need to do much more and allow these people to be MECC aware. MECC champions need that kind of internal support and that kind of resource side of things, and obviously then if you move up to being a trainer you’ve got your resources there.

BN: Yeah.

AP6: So yeah, I don’t think every— I don’t think it’s one size fits all for the resources. As I said before, I think the three different levels in my eyes is if you’re MECC aware you don’t really need the resources because you’re just quite happy. You’re champion or you’re train the trainer, whatever you…no, your champion first would be somebody that needs resources and then if you want to train it’s a different kettle of fish.

BN: Yeah. No, that makes sense. That’s a clear sort of structure that does make sense. Yeah, tag those three tiers I suppose, yeah.

AP6: Yeah. I honestly think they’ve come in from MECC and went oh we want so many thousand people as trainers. How many people, think at university, how many people trained, how many people are the university’s trainers? How many lecturers are in a university?

BN: Yeah. Yeah. Hundreds.

AP6: And how many students do they see?

BN: Yeah.

AP6: So, the ration is one trainer to five or six hundred, but that trainer is so switched on, on how to deliver that training. You have everybody coming in and going you’ve got four hours, now you’re ready to do the training. How diluted and how messy is that training going to be?

BN: Yeah, definitely. Yeah, that makes sense. So, that was everything I had to ask you. Is there anything you want to add, you kind of feel like we haven’t gone over enough?

AP6: No. I think it’s just quite interesting this has been addressed and where your report will obviously be back or so what you’re doing, the study on this will be based on what people’s feedback is, but why are you doing it? Is it apparent that it’s not been a successful programme?

BN: Yeah, like I say it’s just kind of come out in previous MECC projects that a big barrier is the training delivery is stopping at the Train the Trainer. So, it’s kind of not fit for purpose in that way.

AP6: Yeah.

BN: And that’s why we want to look into it.

AP6: If I was to say on an honest note, it was one of the worst training programmes I have ever been at because you didn’t, you came away bewildered.

BN: Yeah.

AP6: Unless you were really switched on with MECC.

BN: Yeah. That makes…yeah, no it’s really useful to get your feedback and to hear those reasons why, yeah.

AP6: And it’s nothing to do with the guy that was delivering it. It was delivered really good, but actually the matter that was trying to be delivered, or the subject matter that was trying to be delivered, I don’t think I could actually tell you what was actually being delivered that day. Now, I’m privy to the slides, if you ask me what was on them I haven’t a clue.

BN: Yeah. That’s really interesting though and to hear your thoughts. So, yeah, thank you so much (AP6). I really appreciate it.

AP6: No worries.

BN: I’ll stop recording.

[End of recording]