

Michelle Ockers:

Gill McEwen from Blackmores Institute joins us to have a conversation about impact. The Institute is the education arm of Blackmores who are a natural health company. They are responsible primarily to educate their customers and consumers about not only their products but also the natural health product category more broadly. Their customers work primarily for pharmacies.

Two aspects of this story really stand out for me. The first is how strongly grounded the team's work is in the real world of the people they support. This is in part due to the composition of the team which includes both people with a learning and development background and a number of naturopaths and practicing pharmacists. They understand the industry intimately and can speak with their customers with empathy and high credibility. Listen to the way Gill talks about the conversations they have with their customers about their needs.

The second aspect is the consistent focus on providing education solutions that create impact for their customers. This focus guides what solutions they develop, what approaches they test, how they design solutions and how they measure and evaluate outcomes. Blackmores Institute provides an excellent example of what it looks like when a learning and development team thinks 'business first.'

Welcome to Learning Uncut, Gill. It's lovely to have you here.

Gill McEwen:

Thank you so much for inviting me, Michelle.

Michelle Ockers:

I've been interested in your work for a couple of years. You've won some Excellence Awards for the Australian Institute of Training and Development, and every time I see that, I think, oh, I wonder how I can get someone from Blackmores Institute to come and talk to me. So I'm really delighted we are having this conversation today.

So tell us a little bit about the business and I know we've got Blackmores and we've got Blackmores Institute. So maybe if you kind of untangle that for us a bit. Just tell us about who Blackmores is, what they do and who they do it for, and where the institute fits in?

Gill McEwen:

Blackmores Group is made up of a house of brands, and Blackmores Institute is one of those. It was formed back in 2012, and its primary reason for being is we're a research arm, and we're an education arm. What a lot of people don't know is we do conduct our own research on different products with the aim of trying to improve opportunities for what those products can do for consumers, but also looking for new products to bring it out into the future.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

So we have a lot of contracts going on with different universities across Australia and Asia to be looking for those latest and greatest products will come out. But the other part and the reason I'm here today is we also produce all of the education for the Blackmores group. So many people in Australia know the Blackmores brand, as I said before, but also another brand called Bioceuticals. We also have a brand called Paw for our animal health division, so for our little furry friends, and we have also produced some brands within the Blackmores Institute to meet the needs of our customers.

So if any education comes for a consumer, pharmacy, assistant pharmacist, a product advisor over in Asia, or even our internal teams, that education has been produced by our small team in the Blackmores Institute.

Michelle Ockers:

Right. So are you producing education for your customers? And let's get the language right because I know when I worked at Coca-Cola Amatil I was very confused initially between the idea of a customer and a consumer when you're talking about distribution channels where you're not distributing directly to the end consumer. So maybe if you can just talk about who you regard as your customer versus consumer and who you're actually producing education for in that kind of value chain?

Gill McEwen:

When I first started, you're right, Michelle. We were primarily producing education for our customers, being our pharmacies. So the pharmacy assistants within pharmacy, the pharmacists, and we also have now extended to the consumer. So a consumer can walk into a store, zap a QR code, and get some education on that product on the spot. So we are producing to both customer and consumer. But an extension to that is to be able to really adequately educate we need to educate our internal teams. So our field teams in Australia but also our retail assistants and product advisors over in Asia.

Michelle Ockers:

So this is interesting. You've, in effect, got three groups that you need to be working with to educate.

Gill McEwen:

Yes. We also do provide education for allied health practitioners. So we have brands that are common to consumers who know Blackmores, but there's also the brands that if you go to a naturopath, you'll find they normally have their practitioner brand. So we need to provide the education for those practitioners so that they can confidently recommend that product probably within a protocol that they're recommending for their patients. So we've got lots of areas in which we need to provide education, but a very small team that does that.

Michelle Ockers:

So tell us a little bit more about the team.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Gill McEwen:

Okay. So the team is primarily made up of naturopaths. We've got seven of those. What we do like to do with our team is make sure they've practiced, or we have a couple of people within the team who are continuing to practice whilst working for us. We really feel that's the magic that we can provide in the education because we've got people on the ground once we go out, and we validate what we produce. Having a pharmacist in the team who is still in pharmacy two days a week really makes all of the case studies that we develop real. They're happening here, and now in pharmacy or in practitioner land. We have a lady who writes for us three days a week but also practices. So she can bring that day-to-day experience into the content that we're creating.

We also have learning practitioners. We're lucky to have people in the team who've got a media background, really good at videography, and we have our own videographer, graphic design, and an operations team. We can't be here today without that operations team that really challenges what our learning management system can do and how it can deliver a best-in-class experience to the multitude of learners that we have.

Michelle Ockers:

It's a really interesting composition for your team. I mean, we often talk about being human-centred and understanding our audience. You've actually got your audience in your team.

Gill McEwen:

We have, yes, it's a really good way of looking at it, actually. And even saying that a lot of our field teams, they've been naturopaths. So they understand the industry intimately. They understand not only our brands but our competitor brands. So we've got a richness of people that we can draw from that really makes what we can produce really good. Excellence is a great word to use really good because we're always looking for ways to continuously improve what we do.

Michelle Ockers:

You can't use too many superlatives too early because you've got nowhere to go, right? So I think that conversation leads nicely into the heart of what we want to talk about today, which is all about how your learning solutions create impact for customers and consumers. So let's explore firstly what does impact mean to you? How do you view impact as a learning professional or across your learning team?

Gill McEwen:

Why do we get up in the morning, and why do we produce our content? For all of us, it's we want to make sure that not only do we give the people the knowledge they need, but they've got the opportunity to understand what to do with that knowledge. And so, when I first look back, even in my education days, it was all about almost a knowledge you dump and someone standing there and telling you everything they knew, and thinking that was a great training. We're not about that. We're about taking what's the knowledge you need to know and delivering it in the delivery mechanism that's going to make the best use of that time for our customers so that they can take those if it's three key messages or it might be a multitude of case

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

studies and understanding how products have worked through those case studies and how that might then help the patients that our customers are seeing.

So we really want to measure their confidence, what has happened in the learning journey from the beginning of that journey to the end of the journey in terms of giving them the confidence to learn. And so, a lot of the stuff that we've developed has been based on measuring that confidence level.

We also look at impact in terms of we're very heavily measured against NPS ratings in our organization. So we might not talk about how many people have completed our modules even though we track it. It's what have we achieved in terms of the NPS rating? Are our customers prepared to recommend our product as a result of the training and to recommend our training as a result of the training?

Michelle Ockers:

Can I just pause the NPS point for a moment because I think you've made a really good distinction here. You're talking about NPS in the way the business uses it. Not asking learners if I can use that term to rate a piece of your training and ask whether they recommend the training. It's really about having that pointy end business impact on is the work you're doing, making a difference whether people use the product, use it well, and then recommend it to others, right. It's business NPS you're talking about, which I think is very powerful.

Gill McEwen:

Yes. And I think that also leads into really ultimate of what we'd love to do on every piece of education we produce and say well how did that impact sales because we are here to help the sales team to achieve their goals but help the organisation as well achieve their goals. And for anyone who knows the pharmaceutical industry in Australia, it's not just a straight opportunity to say we delivered this piece of education and achieved these sales results. In the majority of instances, the education we're producing is aligned with a marketing campaign, or it might be aligned to a season, so I think winter season. So there's other things that come into play when our education is going out to our customers or the consumers are seeing the education.

So it's not a straight this has achieved that. We do find ways around how we measure that, and we're continuously looking for ways of maybe it's not always sales, but it's what's happening within the learner journey that we can tell how they've progressed in their learning that gives them the ability to be able to confidently recommend.

Michelle Ockers:

Yes, and it can be very hard to draw that direct line between learning and actions taken on the job and performance. But I think I like the way you start by thinking about what's the business impact that we're trying to support and enable, and then you work backwards to then what's the learning experience we need to offer? What's the learning impact that will help contribute to the business impact? I think that's a really important frame of reference.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Gill McEwen:

And I always know the challenge in any big pharma company and even in this industry is everyone asks you the question when they're investing in your education, and that is "show us the impact of what your education has had so that we will continue to invest in that education." So whilst we can't always do that, we have to find other ways to measure the impact of the training and then be able to showcase back to them what we have achieved to make ourselves continuously relevant and to give them confidence in what the team is producing.

Michelle Ockers:

We are going to get into at least one example of what that looks like in a short while. What I'd really like to do is to help people to appreciate where you've come from and the work that's gone into shaping ways of working in your learning team that do focus on and deliver impact. You've been with the organization, I think, for around four years. So if we pick this up at the starting point with you joining the institute, what was the institute already doing at that point in time that set you up well to create impact and where did you see the opportunities to do even better?

Gill McEwen:

When I actually first started, they had just recently researched audiences in Australia and Asia. And the primary audience that they'd gone for first was pharmacists, and they really wanted to understand the pharmacist's level of confidence in being able to recommend complementary medicines. And what had triggered the survey is that most pharmacists, when they go through pharmacy school, it doesn't matter whether it's university in Australia or it's somewhere else, they don't get much education on complementary medicines. Yet, when they walk into a store as an intern or an early career pharmacist, and if you all think about how large those vitamin oils are when you walk into a pharmacy, they've got no knowledge to draw from.

So there was a significant need we knew for education not just on a vitamin C or vitamin D, but training on the entire category. So the research told us quite clearly that their confidence levels were around 40% or 50%, depending on which country it was. But when we went out then and interviewed pharmacists, then you'd ask them a similar question how confident are you to recommend the products in this aisle or in many instances? They've got practitioner brands behind the counter, they go oh yes, I'm five out of ten, six out of ten, and I then say to them, is that every product in this category or is this some of the products and they look at you and go you're right. I'm actually about a two out of ten. Now, you've reframed that question.

So the problem really to be solved was how do you give them a program that they can complete whilst they're working, and most pharmacists work about a 12-hour day that is relevant for them that they can take away the learnings and start to embed those learnings, talk to their customers and confidently recommend products? So that the research had been done, did some validation, and then we built probably the most successful program that we've had today with Blackmores Institute, which is called CMEd, meaning complementary medicines education, and that's one we rolled out in Asia and Australia. So I'd say research was already there.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

The other thing that really helped inform what we do today is we have an advisory group. So back then, we had one for pharmacists, and late last year, we introduced one for naturopaths. And we really do draw on the wealth of experience or the brains trust if that's the right terminology to use today where we're meeting with them quarterly or once or twice a year; COVID has put a little bit of a dent in that opportunity. But it's finding out from them and hearing from them what are the latest trends? What's working for them? What isn't working for them? Where do they go to get their education? What are we missing that we could be doing more of? What are we doing that they're not actually seeing? Sometimes, that can be a little bit of an eye-opener as well.

So we really rely on them not just for that feedback, but then we'll work with the individual members on some of the initiatives that we create out from those meetings so that they work with us to bring those programs to fruition. So it started when I was there, but we've really ramped both of those areas up since I've been there, and I think that's been critical to the success of what we've done.

Michelle Ockers:

That kind of deep customer listening is super valuable. It's a great initiative. I love what you've done there.

So you talked about CMEd. Now, I don't know whether you want to use that to bring this whole approach to life or if there's another example. But it'd be really great to explore an example that provides a really good case study of how your team works to create impact. So maybe just pick one. Walk us through what the business need was, what solution you provided, how you did it, and what impact it had.

Gill McEwen:

Yes. So CMEd is a good one to use, and I'll use an Australian example. We'd done the survey, and we knew that we needed to create this course. We knew that we didn't want a CPD accredited course only. And for those of you who don't know what CPD is, it's continuing professional development that pharmacists need to earn X amount of points per year to keep their registration, and it's different in some of the countries in which we operate. But everyone will come to CPD accredited training, but this wasn't about training on one element or two elements. It was training on a category.

So we created that program that took all of the key ingredients that appear in products in Australia. So not just Blackmores products, but their key complementary medicines in products. Then we took the top ten conditions that are prevalent in Australia, and we created an online suite of modules, but within those modules, we had points where you attended a masterclass. Now back in the day, they were face to face. They have now obviously all gone to virtual, and that's actually been a good thing for the program. And we knew that we wanted to be able to get some case studies under our belt, so 'test and learns' as we call them, to then be able to take those results and help us get some traction with some other customers.

So one of the first groups that we actually selected had a group of 30 pharmacists that the head of that small banner wanted to put through this program. And we worked just with those pharmacists. I think they were across about 28 stores in total.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

They completed the online modules, came to the face-to-face training, and then we tracked the sales because we could with that small banner group to see what impact it had on the categories. This wasn't necessarily just Blackmores products. It was the category products. The result that they got was an increase in sales of \$800 per day for every one of those pharmacists who gone through the program. So that wasn't on average. Some were more. Some were less. Now, that is massive when you think about what a positive impact it had.

We also did with—another way of measuring the impact of that program was we asked the pharmacist to complete a pre-survey. Now, there was a whole lot of questions around confidence and capability in that survey, but we also planted in there some questions around the ingredients and the conditions. So they had to try and answer those at the beginning, as we all know pre-assessment, but then we had the questions at the end of in a post survey at the end of their training. And the lift in terms of their knowledge went up threefold. So we knew then that not only did we see it in sales, but we also saw it in terms of how they were able to respond to those questions before and after.

Michelle Ockers:

It strikes me that the way you approached evaluation and measurement was really clear, like it's simple, straightforward, but you went for things that mattered and were going to tell you whether you were hitting the nail on the head or not.

Gill McEwen:

Yes. And look, that was important to the banner group leader as well, for he had to mandate to those pharmacists that they attended the training he had to pay for them to attend the training. And as I said, it was face to face. He was taking them out of store. Also meaning that he had to pay for someone to replace them because they were off training. So those sort of measures are not only important to us, but they're important to the customer.

Michelle Ockers:

Right. And you used a phrase that I love – ‘tests and learns.’ Sometimes we use the phrase pilots, but by the time something gets to a pilot we're so deeply invested in it that there's not much opportunity to change things. Whereas ‘test and learn’ says, “well, this is more an experiment. We're going to do something and see if it works or not.” So I really like that term, Gill.

Gill McEwen:

Do you know what? It was a pilot back then. That one. They're all tests and learns now, so it's probably more a sign of the times. Isn't it?

Michelle Ockers:

Yes, it could be. It could be, but I think that part of the difference and I don't know if this is something you bake into your philosophy or not is “can you afford to fail?” If you can't afford to fail, then it's not an experiment; it's not a test and learn anymore.

Gill McEwen:

No.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Michelle Ockers:

So I see something genuinely that if we've got a hypothesis, we think this—and you went in with a hypothesis right about what might help build the confidence of pharmacists with recommending things from the whole category, not just your products. It's like how can we test that hypothesis?

Gill McEwen:

Yes, and that's actually bad as well, too because yes, we had learnings from how we executed that, tested and learned, that we've simplified and built into other case studies that we've worked with, other banner groups, and I can think of Malaysia as an example. I fast forward now a couple of years, and Malaysia has rolled this program out with five different banner groups, and their last result was they were 223% ahead in their sales. So it really shows us that we've evolved what we've done, and our customers are really getting the benefit of the time that they've invested.

Michelle Ockers:

So tell me, if this was a test and learn, what did you learn from that first foray with that one banner group with the 28 stores?

Gill McEwen:

Don't make the pre and post-survey so long was definitely a learning because I think we might have almost worn a few out before they got to the first learning module. So we certainly simplified that whole pre-assessment piece. I think we got a little bit carried away with what we could do, and we had a lot of people suggesting to us that they could do the modules after they came to the first masterclass. Yet really, the beauty of the design of the program was almost like a flipped classroom.

You learn this about all of these ingredients, and then you come to the masterclass whilst we've given you some case studies for application throughout the online. The real richness of that face-to-face two-hour session that was with a pharmacist was to help you embed that learning through layered case studies and really the discussions that were formed with the people who are in that masterclass. And you couldn't get that if they'd bypassed the first 10 modules. And I think in some of the ones in Malaysia, we were letting them bypass, but we quickly learned not to do that because we weren't doing them a favor. If they really wanted to get something out of the masterclass, they had to do those ten, so we locked everything down in the LMS so that they went from one to two, two to three, etc, on to the masterclass.

Michelle Ockers:

Right. And that just made for a better experience once they got to the masterclass.

Gill McEwen:

They understood it too. So some of them who might have got through the first phase of it and didn't do the modules, when we locked down this—like they did ingredients in the first phase of conditions, they then would turn up to the masterclass, and they actually understood why they were turning up to the masterclass. It was about that embedding the learning, not about learning. So not going back through what those modules were because you can already read that information. It's what do you do with that information, how do you layer it into a conversation. As a pharmacist, when

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

someone walks in, and they're on these prescription products, what are the interactions and really understanding the cautions and warnings and stuff like that.

Michelle Ockers:

And so, what do you think it was about the solution or the way that you worked that helped create impact, and how you then used that understanding as you've continued to develop more solutions in the past few years?

Gill McEwen:

If I think back to how we used it from a customer to customer perspective as one example, we really continued to refine how we packaged up our solutions and how we then had the discussions with our customers moving forward, and it wasn't about what we had, but it was about seeking to understand what they needed and then using the case study and the content to be able to help them understand that the problems that they have, we have the solutions. And not only here is our product and how it's made up, but this is how that solution has bode well when we've done it with customer A or B. Now, we never mention the different customer names, but we were able to use the achievements that we had in those further discussions to help people understand, well, if I do partake in this or I mandate this within my group of pharmacies, this is what we're likely to achieve.

It also helped to set metrics. Like there's nothing better than having a conversation with a banner group customer where they want education, but you've really got to turn that into well, what do you want to achieve out of this opportunity? Is it a 5% lift a 10% lift in sales as an example? Do you want to measure the confidence? Is it NPS? What have they learnt throughout the journey? So what can we tell from what's built in the modules as to how that learners really progressed? Where's the strengths and weaknesses of your pharmacy group in terms of their knowledge and their execution, and what might we learn from those strengths and weaknesses that could provide further education opportunities down the track?

Michelle Ockers:

It's kind of a classic performance consulting conversation, right, which you're having with your customer to help understand how you can address a business need or improve their business. Who has those conversations? Is it your team having those conversations? And if so, like where do they occur? What's the context of this?

Gill McEwen:

Okay. So one of the learnings you could actually say was when I went back four years ago in the organization, our national account managers would have those conversations, or they'd be having the conversations about education, but they probably didn't have the knowledge and the intimate understanding to dig deeper. So then we started to— Bobby is the pharmacist in our team and myself, so we started to have the conversations with the banner groups. And that's where things started to change.

Now, in the beginning, we're probably a little bit too focused on what we had to offer, and so we started to change the way we were having the conversations to really go back to the sales framework seek to understand and then provide those solutions. And we also found that not everybody wants what we've got, but how can we take

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

what we've got and provide a bespoke experience. It's going to meet either the way they learn and whether it's on our learning management system or it needs to be positioned on their learning management system.

Michelle Ockers:

So some really high-quality listening to understand the need, but then look for where's the opportunity where we can present them what we've got to offer and how can we shoehorn it in stepping back and understanding the need.

Gill McEwen:

And look also to having a pharmacist talking to pharmacists. You can't get any better than that. As I was saying earlier, we have people in the team who are still practicing. Bobby is still a practicing pharmacist. He knows what's going on day to day. The lens in which he's having the conversations is resonating beautifully with the customers that we're speaking to.

Michelle Ockers:

High empathy conversation.

Gill McEwen:

Correct, yes.

Michelle Ockers:

I really like that. So do you have to/ is it your own data, Blackmores data, that's being used to do the measurement of impact, or are you needing to access customer data? What does that look like, and what challenges do you have with accessing good quality data?

Gill McEwen:

Yes, and that to me is the ongoing big opportunity, I think, for all of us. We use Power BI, which for those people who are Microsoft would know what Power BI is, and we're very lucky internally to have our learning management system connected straight through to Power BI as one of the first departments. So if I want the NPS scores, or I want the feedback, or I want the leaderboards, and what's happening in the 14 countries in which we operate, I've got it all at my fingertips. But it only gets as to how many people have completed it or how many people have done this piece, and we need to get this one to this one and etc.

So with pharmacy, we learned it's not about how do you get the data out of an individual pharmacist because that's actually quite time consuming and it would take ages to draw all the strings together to get it. That was where the beauty of connecting with the banner groups was. But in fairness, it's probably only the last year or so that the pharmacy banner groups are getting more sophisticated in the way that they can pull up the data from their individual stores. So that's what's starting to give us a lot more opportunities to set up case studies with them so that we can work together on the education piece that we're delivering. So those shared KPIs and measures and really understanding from the get-go what is it that we're setting out to achieve, what are we actually going to set as those KPIs, and what's that going to mean for us at the beginning in the middle and at the end. So it's got to be across both.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Michelle Ockers:

Yes, you've used the term banner group a couple of times. I have a sense in my head of what a banner group is. I really think you just make sure that we're really clear on what that term means.

Gill McEwen:

So in Australia, think of a banner group as someone like a Priceline, Terry White, so there's a chain of pharmacies. Some may be owned by the banner. Some may be owned independently. If it was over in America, it'd be someone like a Walmart. In Asia, it might be Guardian Pharmacies quite well known over there. Boots Pharmacy for the other side of the world.

Michelle Ockers:

I loved Boots when I lived in the UK. It's great.

Gill McEwen:

Yes, I do remember going in there, okay when we were allowed to travel.

Michelle Ockers:

Yes, that was a while ago. So you get data from the banner group then rather than from individuals.

Gill McEwen:

And that to me is the beauty where you're talking to the right people in the banner, and you're making those decisions from the outset. So they may not give you the names of the pharmacies and the people like if it's coming from them, you've got to live within the privacy laws. But you get the data that you've agreed on that they can give to you to measure the success of that program. And likewise, we've got to be careful what data we give back.

Michelle Ockers:

Yes. And so you get this data back, you do your measurement. What do you do with that? You do your measurement, and then what? What actions does that drive, or what communications does that drive? How do you use it?

Gill McEwen:

In a multitude of ways. So it would depend on each scenario. If I'm looking at say we've worked with banner group A, we set out to achieve these goals, and let's say we were lucky and we achieved the majority of the goals, we would be going back and having further conversations around well, we may have run that activity with a third of their stores. So then it's how can we work with you to roll that program out to either the rest of the stores or continue to roll it out to another percentage of their stores. But we always go back to what could we do differently and what could we do better. And every single time, those conversations will lead to tweaks in how we've set things up or who we've communicated with, or how we might have communicated the program in the beginning.

I'm thinking of one banner group, the decision was made where their business development managers would talk to the stores and try and encourage the stores to

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

participate in the program. But we soon learned that actually, it's probably better if we do the communication because we understand the program intimately and how might we do that, and we set up a whole comms program around that. And that had a better traction for us because we know the program better. So it's kind of just a simple example of just showing how we continue to look through the lens of what we're achieving, making sure that we can continue on and develop our partnership with the program but continue the way we run the program and look for those opportunities to improve.

Michelle Ockers:

I like the continuous improvement mindset and practices that you built it into the way you work.

Gill McEwen:

I don't think we've ever picked, lifted and shifted, as I call it. We've always done that debrief at the end and then said to ourselves if we did three or four things differently next time, what would they be? And then checking in with the customer to make sure that we're aligned on those as well because they will see things differently to us as well.

Michelle Ockers:

True. So we've talked a bit about the impact for the banner groups, the impact for your customers. What about the impact that this focus has had on Blackmores itself?

Gill McEwen:

I would have to say three or four years ago, if you mentioned education whilst it's very important to the organization, it certainly elevated the importance of education where we'd always be at the bottom of an agenda. Now, we're quite often at the top of the agenda, and there's nothing better than that, can I say. And that's not just internally, but that's also externally when we were having meetings like maybe top to top meetings with our key banner groups that people are seeing that education is critical to the success of the partnerships that we have, and there's just nothing better than that.

The one of the other impacts is there's a survey that's conducted every year by an organisation that they go out and they survey a whole lot of pharmacies and pharmacists, and there'll be some in banners and some in independents, so those who haven't attached themselves to a banner. And they go through a multitude of different areas to understand what are pharma organizations doing well in category management, just as an example in education in the way the reps handle the customers. I mean, there's probably 15 or 16 areas that they review. And for the first time in 2021, Blackmores got to number one in training and education. And not only did they get to number one, we actually achieved the highest score that that organization has seen across any of those categories across the 40 countries in which they perform that survey.

So for us and for Blackmores, if I didn't need something to say, hey, education is actually elevated from bottom to top, but that just cemented it. It was just like, oh wow, you really are making a difference with the customers, and the customers are really valuing what we have built and achieved over the last couple of years, and

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

they're voting with their hands and saying yes, these guys are at the top of the tree. So that's had an enormous impact for Blackmores.

We also have complementary medicine awards for the CMA, which is in February every year. And for the first time in 2021, Blackmores won the education award. They only have about four or five awards in that ceremony. So that was wonderful for us to be recognized there kind of at the same time we were being recognized by the pharmaceutical industry, we were being recognized by the Complementary Medicines Association as well.

And really finally, I think the fact that over the last three and a half years we've won 21 awards in education. Prior to that, we hadn't won anything, is really showing the organization that our education programs are world-class or best in class, whatever you want to say, but they're being recognized by our customers but also by organizations outside of our group. So Brandon Hall Awards, AITD, etc.

Michelle Ockers:

And I'm sure that there are many things you've done beyond just focusing on impact. And I mustn't be just focusing on—I mean it's such a critical driver to focus on impact or business value, whatever that looks like for your organization and industry, and I know there would have been other things you have done, but I imagine that it's been kind of one of the critical drivers of making that shift to being recognized as an essential business function and adding value to your business, Gill.

Gill McEwen:

Yes, definitely.

Michelle Ockers:

So by way of summary, because we're coming to the end of our conversation together, how would you summarize the really the key lessons you've learned over the past four years about creating impact?

Gill McEwen:

I think, first of all, remain customer-centric. So you can be in an organization, and you can attend meetings, and people want it to be all about you. But if you don't think of your individual customers or consumers and how you need to connect with them, you're not going to get to the end game that you need. I think going back to that whole conversation around seeking to understand, if we'd done more of that four years ago, we may be in a different place today, and maybe that's a better place. But really listening to their needs, taking what you've got, making it a bespoke program, or being a little bit more flexible with how you can offer that to them to be able to meet their needs as well and then partner with them in that outcome, that's really bode us well.

And as we've talked about all the way through, it's the continuous improvement. Just don't keep pumping out what you've been pumping out. Make sure that you're taking your lessons learned as well as what really worked and combining those two together and continuing to develop from there.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Michelle Ockers:

That's a really great summary, Gill. Thank you so much. I've got deep respect for the work you've done with the team over the past four years, even more so than previously having had this conversation. So are there any other final tips you'd have for L&D professionals who'd like to improve the impact of their work?

Gill McEwen:

Look, we've all heard this term start with the end in mind. And when I started with Blackmores, the end in mind to me was what are the reports, what's the data, what's the analysis that you need? And sometimes, that capability wasn't there or hadn't evolved at that stage. But as I've learned through the last four years, you can make the best program ever, but if you don't set up your KPIs and your metrics to be able to tell the story or to share the story, then you've got nothing to tell. You can just say, hey, this is big, beautiful, and shiny, and look at it.

And so we are very much about designing for data, designing to get the analytics out of the data, looking for new ways, and partnering with people that are going to help us be able to drill into that data and tell more about our learners, but also share the success around what we've created for the learners, and what they can do, be they a customer or a consumer.

Michelle Ockers:

So you've just raised a really important point around designing for data and for Learning Uncut listeners, Josh Humphreys on Learning Uncut Elevate 15, which is out one week prior to the conversation Gill and I are having today, he suggests one really little tweak to which I think is so powerful. In your upfront design break, normally as part of process, most L&D teams have some sort of design brief that they do upfront, and they layout kind of the strategy that they're going to use to solve whatever the design needs. He suggests adding data in there.

Gill McEwen:

Oh, definitely.

Michelle Ockers:

Yes, he'd like to get people thinking about data. His context is a little different. I'm not - no spoilers. Everyone has to go and listen to his episode. He's got a slightly different take on how he encourages data to be used, but that's one little tweak that he suggests. He said it will get you thinking right up front about data.

Gill McEwen:

Look, we do work with Josh, and Josh and I probably have different language, but at the end of the day, we do things together around that way, and data is our best friend. And you're right. Josh is right. If you don't think about it at the beginning, like I said, if you don't start with the end in mind, you don't get to the end in the way you need it to be.

Michelle Ockers:

Absolutely right. Thank you for a really powerful conversation, Gill. I really appreciate you sharing your stories with everybody, and I know people will have some things they can go and do straight away as a result of our conversation.

Learning Uncut Episode 90 Creating Customer Impact – Gill McEwen

Gill McEwen:

I hope so.

Michelle Ockers:

I think they will. And we will include a link to your LinkedIn profile if anyone would like to get in touch with you to find out more. Thank you so much.

Gill McEwen:

Thank you.



About Learning Uncut

Learning Uncut are learning and development consultants that work with learning teams and/or business leaders to accelerate learning transformation. We specialise in supporting organisations to create or update their learning strategy, enhance their learning team's capabilities, align learning to business value, and implement modern learning approaches.

We are highly collaborative and pragmatic. We partner with organisations to align learning to their business needs, unleash continuous learning, and build capability to help them thrive.

Learn more about us [at our website](#).

About your host, Michelle Ockers



Michelle is the founder of Learning Uncut. She is an experienced, pragmatic organisational learning strategist, L&D capability builder and modern workplace learning practitioner. She also delivers keynotes, workshops and webinars for learning and broader professional or workforce groups at both public and in-house events.

Michelle received the following prestigious industry awards in 2019:

- Australian Institute of Training and Development Dr Alastair Rylatt Award for L&D *Professional of the Year – for outstanding contribution to the practice of learning and development*
- Internet Time Alliance Jay Cross Memorial Award – *for outstanding contribution to the field of informal learning*



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