Novo Nordisk & IMD

From Project to Enterprise Leader: How Novo Nordisk Rebuilt its Development Organisation's Leadership Model

When a company's commercial success races ahead of its organisational model, the leaders who built that success can suddenly find that they are the biggest obstacle to what comes next.

For most of its history, Novo Nordisk operated with an almost unique competitive advantage. While other pharmaceutical companies developed hundreds of compounds in the hope that one might work, Novo Nordisk focused tightly on diabetes and developed winning molecules with extraordinary regularity. That strike rate shaped everything: how the company organised itself, rewarded its people, and considered risk.

At the centre of that model were the Global Project Team (GPT) Chairs – the leaders responsible for taking molecules through the entire development lifecycle, from basic research and clinical trials through regulatory approval and commercialisation. They ran complex, matrix-based teams, were evaluated on project milestones and scientific quality, and were highly regarded throughout the organisation. The implicit contract was simple: focus entirely on your project, manage its risks with discipline, and leave the portfolio-level picture to governance – the senior oversight committees responsible for allocating resources and deciding which projects to prioritise or stop.

That model worked – until it threatened not to.

The Moment the Rules Changed

In the early 2010s, clinical trials of their lead molecule showed significant weight-loss outcomes. That discovery set in motion a transformation that would reshape the company. The molecule became Ozempic, approved by the US Food and Drug Administration in 2017 for Type 2 diabetes, and then Wegovy, approved in 2020 for weight loss. Further research demonstrated cardiovascular benefits. Suddenly, Novo Nordisk was no longer a focused diabetes company – it was a multi-therapy organisation spanning obesity, cardiovascular disease, and other chronic conditions. Obesity care sales grew 84% in 2022 alone.

The complexity that came with this success was profound. Demand for Wegovy and Ozempic outstripped supply. The competitive landscape fragmented, literally disintegrating into multiple therapy areas, which required new routes to the patient and creating interdependencies between projects, functions, and regions that the old structure was never designed to manage.

The analogy that captured the required shift was 'heads-up rugby':

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rather than heads down, driving forward in a straight line, the GPT Chairs needed situational awareness across the whole field. When multiple projects approached manufacturing simultaneously – as happened when the commercial success of Ozempic created capacity constraints across the whole organisation – a leader focused on their own timeline would have limited visibility of the impending collision. In an organisation managing a multi-therapy pipeline, the unintended consequences and costs of that tunnel vision could be enormous.

The principle Novo Nordisk articulated where it needed to go – integrating drug, data, device, diagnostics, and digitalisation across the whole development process – required GPT Chairs to build additional leadership capability to augment the specialist expertise that had defined their careers and their success.

An Identity Problem, Not Just a Skills Gap

It would be easy to frame this as a capability challenge: the GPT Chairs needed new skills, so the organisation provided training. However, these were not underperforming leaders who needed to improve. They were talented high performers who had succeeded precisely because of the behaviours the organisation now needed them to change.

Asking a GPT Chair to recommend stopping investment in their own project – because resources would generate more value elsewhere in the portfolio – requires more than a new framework. It requires a willingness to act against personal self-interest as it has always been defined, in an environment where project success remains the primary basis for evaluation and reputation. The governance structures that stage-gated project progression had not changed. Yet the leaders were being asked to internalise fundamentally different priorities.

This tension between the formal incentive system and the new cultural expectation does not disappear during or after a programme. It resolves only over time, as new behaviours become embedded in everyday practice and organisations evolve their measurement systems to match their stated values.

The Problem Nobody had Named

Novo Nordisk came to IMD with a clear brief: strengthen project leadership capability and develop an enterprise mindset among its GPT Chairs. Those were the right objectives. What neither party yet knew was that they were incomplete.

Before any programme was designed, IMD conducted more than 15 in-depth interviews with GPT Chairs and key stakeholders across the organisation. What those conversations revealed was a structural problem the original brief had not captured: despite being a defined population of senior leaders with much in common, the GPT Chairs rarely interacted informally with peers. Formal exchange opportunities were oriented toward sharing successes. There was no safe space – and no established mechanism – for a GPT Chair to say, "I have tried this three times, and it has not worked."

The real-world consequence was a persistent gap in the transmission of tacit knowledge – the hard-won, often unspoken experience that actually drives complex development projects to success. New GPT Chairs repeated mistakes

84%

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their colleagues had already made. Lessons that should have travelled across the organisation stayed locked inside individual projects.

Based on those interviews, a third objective was added to the programme: the creation of an active, self-managed Community of Practice – a self-organising group of peers who would learn from each other through ongoing interaction and knowledge exchange, and sustain that community themselves. Critically, a Community of Practice is not something organisational leadership can deploy or control. It is owned and lived by its members, which, for some organisations may feel like a political risk. At Novo Nordisk, with the right sponsorship in place, it became a political and organisational asset: a community with a shared voice able to contribute bottom-up insight into how the company's development approach needed to evolve.

Building and Sustaining the Community

Because the Community of Practice was built into the programme design from the start, the entire intervention was structured to create the conditions for it. Across a year-long programme, 68 GPT Chairs were deliberately mixed into different groups for every activity, preventing settled clusters and maximising multiple connections across functional, geographic, and therapeutic area boundaries. For example, structured peer shadowing – where one GPT Chair silently observed a colleague for four hours, kept a journal, and then debriefed together – built the kind of trust that no classroom session can replicate.

By the final module, the central question was not what participants had learned but how the community would sustain itself after the programme ended. Participants self-selected into twelve working groups, each focused on a specific idea for ongoing collaboration, and each completed a Commitment Card – defining what they would do, with whom, and by when – shared across the full community to create mutual accountability without external enforcement.

What the Data Revealed

Social Network Analysis, which maps actual relationships and knowledge flows rather than relying on self-reported attitudes, was used throughout the programme to measure whether behaviour had genuinely changed.

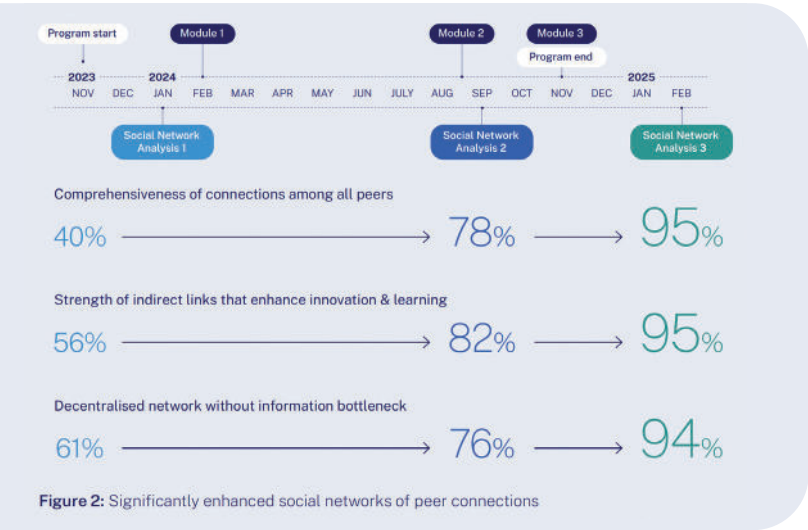


Figure 2: Significantly enhanced social networks of peer connections

Pre-programme, the GPT Chair network was fragmented and centralised around a handful of individuals acting as information bottlenecks. Peer connectivity stood at 40%. By the end of the formal programme, it had reached 78%. Three months later, driven entirely by the participants themselves following through on the programme-instigated activities, it reached 95%. More than half the total improvement occurred after the formal programme had ended – a sign not of a

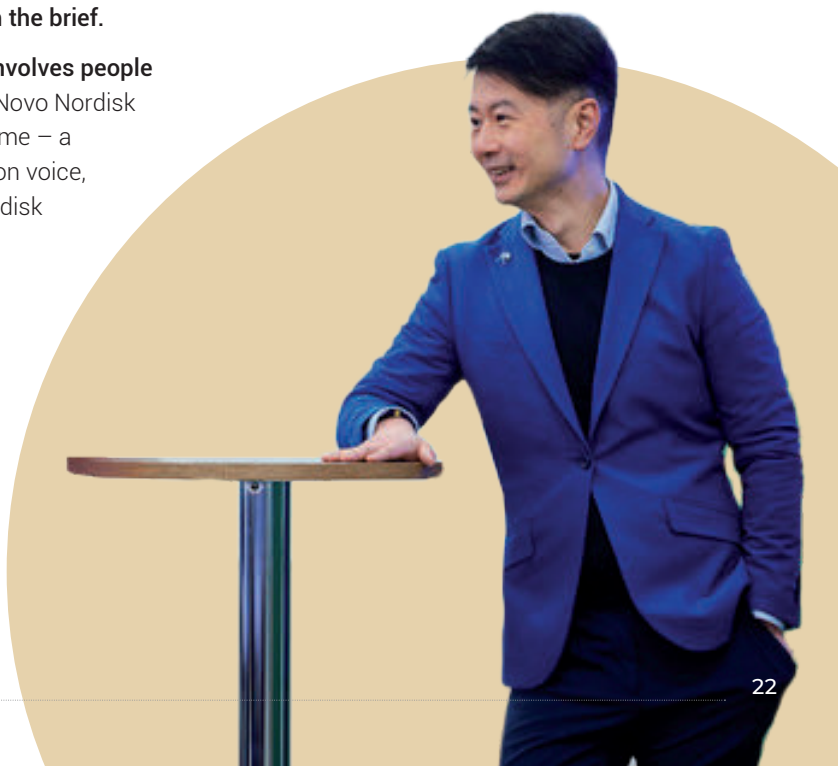
programme effect that fades when structure is removed, but of a genuine community that had found its own energy and direction.

Lessons for Other Organisations

The trigger for transformation does not have to be a crisis. Novo Nordisk acted because success had outpaced its operating model – not because failure had forced change. Organisations that wait for a burning platform may find that by the time the pressure is undeniable, the habits they need to change are even more deeply entrenched.

The hardest part of transformation is changing how leaders see their role and their identity – not what they know. That shift requires sustained peer engagement, psychological safety, and shared purpose. Periodic reality checks – where an organisation honestly assesses whether its leadership capabilities still match its strategic ambitions – are valuable, but only alongside the ongoing, living work of development that happens in between.

Leadership development programmes disconnected from a strategic context waste most of their potential. Commissioning directly from the part of the business carrying the challenge made a significant difference to the relevance and quality of what was built and to the quality of sponsorship that gave the programme room to evolve beyond its original scope.

That evolution points to perhaps the most undervalued lesson of all. When Novo Nordisk commissioned the programme, its brief was clear and reasonable – but incomplete. It took a partner willing to look beyond what had been asked, and to conduct genuine diagnostic work before designing anything, to surface the hidden structural problem: the absence of peer learning among the GPT Chairs. **The most valuable thing a development partner can offer is often not the programme they were hired to deliver, but the diagnostic honesty to identify what was missing from the brief.**

The most durable organisational change involves people who own the outcome. The GPT Chairs at Novo Nordisk built something that outlasted the programme – a community with a shared identity, a common voice, and the confidence to shape how Novo Nordisk develops its products for the future. That community's success led Novo Nordisk to commission a comparable programme for its US R&D organisation in 2025. That is what transformation looks like when it works.