

Mahajan, Vinay

From: Office, BadhriSrinivasan (Gen)
Sent: Tuesday, October 11, 2022 8:50 PM
Subject: Redesigning Clinical Operations: Update on changes to the structure, leadership team and name of GDO

Dear GDO,

Last November, we set out our plans to resource an internal team to redesign our clinical operations across Teams, Processes, and Systems/Technologies. We did this partly in response to external trends like increasing trial cost and cycle time, advancements in technology, changing regulatory requirements and global disruption. However, our ultimate goal was to address the pain points and frustrations that you, our GDO associates, have continued to raise around complex processes, role ambiguity, and unintuitive technology.

In order to get this right, we needed to involve your voices and expertise in the design. Since November, over 250 Novartis associates, supported by industry experts, have been working on the redesign activity, with major input from within GDO, across GDD, and other stakeholders.

The kind of transformational change we are aiming for cannot be achieved quickly, nor can it be achieved by setting arbitrary reduction or performance targets and trying to drive associates to work harder. Understanding our current landscape, how we can improve it and testing possible new approaches has been a massive undertaking, and it has been necessary to take as much time as we needed to ensure an optimal design.

During this time, you have continued to work with passion in the face of global disruption and uncertainty and have done so with incredible patience while we have undergone this redesign work. We know this hasn't been easy, thank you!

We are now able to communicate the key blocks of our redesign activity and will share with you as much as we can, as soon as we can, and as transparently as we can. While this will be an ongoing process, we now can share updates in the following areas:

- [New operating model and key areas of change from our redesign work](#)

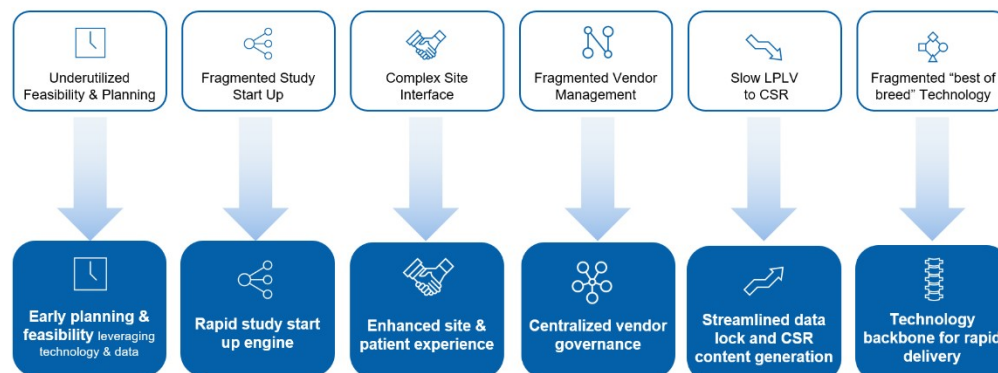
- [New structure and name of GDO, new Leadership Team & structure of the next level of organization leadership](#)
- [Streamlined execution and country delivery to strengthen our presence in key geographies](#)
- [Timelines and next steps](#)

Please click on the links above for more detailed information on our **new organizational structure, new ways of working** and **new name for GDO**.

High level changes

Operating model and structure

Our future operating model has been designed to directly address the key problem areas and pain points you shared with us:



To allow us to achieve more efficient trial delivery, key new capabilities will be built across the end-to-end trial lifecycle to support these focus areas, complemented by a new streamlined structure for our core operating functions:

- [Program Strategy & Planning \(PSP\)](#) led by Kevin Carl
- [Study & Site Operations \(SSO\)](#) led by Rosemary Rebuli
- [Clinical Data Operations \(CDO\)](#) led by Arno Tellmann
- [Vendor Partnerships & Governance \(VPG\)](#) led by Eileen Kelly
- [Process, Training & GCP Compliance \(PTC\)](#) led by Andy Cochrane
- [Strategy, Business Insights & Technology \(SIT\)](#) led by Thomas Dieffenbronn

Together with **Sadhna Joglekar**, Head GDD India, this group will be the new streamlined leadership team.

In creating these new key functions, we will also:

- Integrate the **Regulatory Writing and Submissions** organization within **Program Strategy and Planning** with RWS providing program level support and involved in protocol writing with Clinical Development to influence how and where we capture information and ensure highly impactful and successful submissions.
- Integrate the **Clinical Technology and Innovation (CT&I)** organization, the **GDO Risk Management Office (RMO)** and the **GDO Strategy and Operations** team within the new **Strategy, Business Insights & Technology (SIT)** organization.

Ensuring that the voice of our regions is clearly and consistently heard, the new leadership team will also be joined by [Ashwini Mathur](#), **Head GDD Ireland and UK**, as well as other functional and hub representatives within the new SSO group.

The team will continue to be supported by Claudia Dornhoefer and Patrick Boeuf as P&O and Finance strategic business partners respectively.



[Dan Dietrich](#), [Stephen Eason](#), and [Guylaine Vachon](#) have all been key members of the GDO Leadership Team since its inception. They have been instrumental in the progress and success of GDO as an organization, as well as invaluable colleagues and advisors.

As we streamline our core operating functions, their talent and expertise will further our transformation in key dedicated areas:

- Our ability to navigate disruption and ambiguity in COVID-19 and global conflicts was only possible because of our strategic strength in risk and disruption management. [Dan Dietrich](#) was instrumental to our success in this area, and will join SIT as **Global**

Head Risk, Resilience, and Insights, continuing to build on and enhance our key capabilities in this area for our future organization.

- Regulatory Writing and Submissions (RWS) is a key cornerstone of our trial process, bringing our trial data and results to life. In our new organization we want to leverage this expertise earlier in the trial process, with RWS providing program level support, and involved in protocol writing with Clinical Development. [Stephen Eason](#) will continue to lead the RWS group as **Global Head Regulatory Writing and Submissions**, now as part of the new **PSP** function, to influence how and where we capture information and ensure highly impactful and successful submissions.
- Strategy & Operations has been a core part of GDO and a driver of GDO strategy since its inception. As our new SIT function will now be accountable for defining our overarching strategic direction, delivering major initiatives, and monitoring/overseeing the achievement of cross-organization results. [Guylaine Vachon](#) will join SIT as **Global Head Strategy & Operations** to strengthen the function with her extensive expertise and knowledge of the organization and how we operate.

The new roles for Dan, Stephen and Guylaine will be effective January 1, 2023.

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[Streamlined execution and country delivery to strengthen our presence in key geographies](#)

Our country teams are a core part of our organization and a key differentiator for us as a company, driven by incredibly focused, hardworking, and capable professionals. Within our current setup, 80% of our patients are recruited from just 22 of our countries. Meanwhile, over a third of our countries (36%) account for less than 5% of our patients.

To address this, we intend to prioritize allocation to key geographies, focusing on areas with active, recruiting sites and necessary patient populations. This means evolving from our current model, with six hubs and 60 countries, to a future model supported by three geographic hubs, **EMEA**, **Americas** and **Asia**, covering ~40 countries.

This approach will allow us to speed up trial execution with greater consistency and coordination across geographies, focusing our efforts and harnessing the expertise of our country teams in the right places at the right time.

It's important to note that we are not stopping our trial monitoring activities and responsibilities and they remain a key part of our Study and Site Operations (SSO) organization. We are also not stopping any ongoing trials as a result of this redesign activity; all ongoing trials continue

as planned until completion and must still meet our Novartis Commitments to Patients and D&I in Clinical Trials.

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Global Clinical Operations (GCO)

As we have gone through this redesign activity it has become obvious that it is much more than just incremental changes and improvements to existing processes, technology, and structure. It is a true transformation!

For this transformation to be successful we all have to think and behave in new and different ways to support our future model, and it is the right time to change our behaviors, our symbols and our name to reflect this.

Therefore, as of January 1, 2023, we are changing the name of Global Development Operations (GDO) to **Global Clinical Operations (GCO)** - a name that clearly describes our area of responsibility, is instantly identifiable by internal and external stakeholders and acts as a clear symbol of change.

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Timelines and next steps

The future GCO LT appointments for Kevin, Rosemary, Arno, Eileen, Andy, and Thomas are effective immediately. In the coming weeks, they will open a transparent and fair hiring process to select and appoint their future leadership teams. We plan to announce the future GCO LT-1 (function leadership teams) during the next transformation update, planned in November.

All current reporting lines, structure, and activities below this GCO LT level remain unchanged until January 1, 2023, when our new operating model will be progressively implemented.

In the meantime, function-specific listening sessions are taking place to hear your thoughts and answer your questions about the new operating model, capabilities, and structure.

In the coming months, every associate can expect an individual conversation with their manager to understand what the different changes mean to them.



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We acknowledge that we are sharing a lot of information and that it will raise questions and concerns for many of you. We are offering multiple forums across GDO for you to find out more about the new line functions, to raise questions, provide input and share reflections to help navigate these changes.

We are committed to updating you on a regular basis, as much as we can, as soon as we can, and as transparently as we can. We will soon share details to our online platform containing resources, FAQs, and links to submit your questions.

As we progress with our transformation, I ask that you continue to ask questions and engage with us, continue to be understanding towards one another and continue to deliver on your existing commitments.

Kind regards,

Badhri Srinivasan

Head Global Development Operations

[Detailed information and further resources](#)

New operating model and key areas of change from our redesign work

The future operating model for clinical operations will deliver more efficient, faster trial delivery and has been designed to directly address the key problem areas and pain points you shared with us. There are six core areas where we have focused in the end-to-end clinical trial process:

A: Early Planning & Feasibility

- We will have **one consistent voice of GCO** across the program and trial life cycle.
- A team of **dedicated experts** will leverage data insights, to shape the “blueprint of GCO delivery” in the Operational Excellence Plan.
- The **blueprint for GCO Delivery will be initiated earlier** (frontloaded) to ensure we have a **clear path for our critical tasks, downstream**.
- **Regulatory writing will support centralized protocol authoring and writing** and prepare the Clinical Study Report Shell.

B: Rapid Study Start Up engine

- A community of **specialized roles** with new ways of working will be dedicated to study-start-up deliverables.
- **Centralized and simplified study start-up processes and support** will accelerate critical start-up activities (budget, contract, ICF etc.)
- Our early vendor engagement and management will lead to **fewer vendor interfaces for an improved Site Experience**.
- We will move away from **manual tracking and use technology for faster** country submission, vendor readiness and site activation.

C: Enhanced site & patient experience

- We will create **simplified and specialized roles** supporting improved **partnerships with institutions and sites**.
- **We will perform targeted monitoring of sites** based on predictive analytics & risk-based source verification.
- We will increase our **speed and efficiency** in clinical trial delivery by **prioritizing our country footprint presence in geographies where recruitment is faster**.

D: Streamlined data lock and CSR content generation

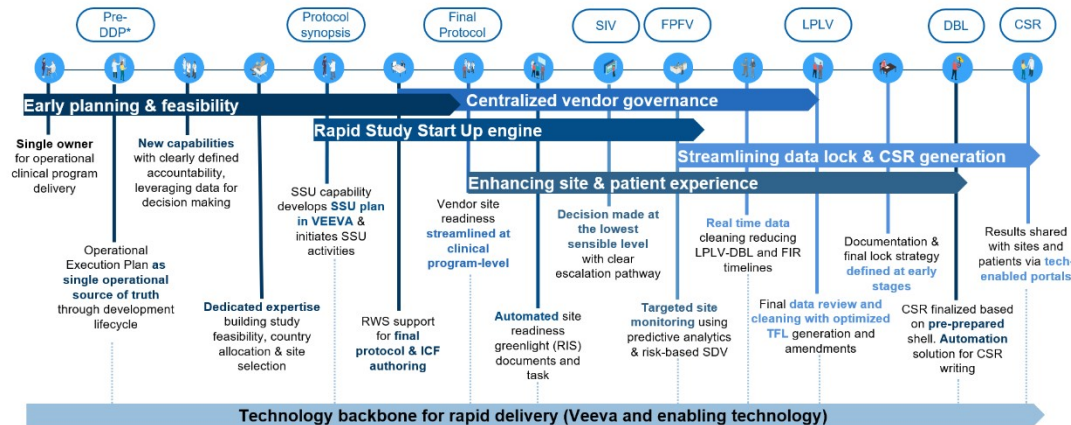
- We will accelerate and improve data review and cleaning **by optimizing our processes** and work on the right things, at the right time, in the right way.
- **New data roles** will minimize handoffs, maximize efficiency, avoid duplication and appropriately reflect the unique skillsets required.
- **Automation powered by technology will** enable additional acceleration and productivity gains.
- RWS will finalize the Clinical Study Report (CSR) based on the **CSR shell prepared** during protocol finalization and an automation solution for CSR writing.

E: Technology backbone for rapid delivery

- We will co-create and modernize our clinical trial technology with industry-leading partner Veeva, facilitated by a united Business Support Framework (Leaders, Voice of Technology, Super-Users, Change Advocates).
- In our future technology landscape, **technology assets will better talk to each other** and thus improve the user experience.
- The technology transformation will support the **collaborative mindset and knowledge exchange** across teams by **reducing manual/time-consuming activities**.

F: Product-oriented ways of working

- We will become a decentralized, lean, and simplified organization where **decisions are made at the lowest sensible level** and where associates will keep the generation of reliable scientific evidence at heart.
- We will reimagine the Clinical Trial Team of the future by applying agile methodologies, including an outcome-focused approach, to enable speed and performance at the right time.



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New structure and name of GDO, new Leadership Team of the next level of the organization leadership

To enable the successful delivery of the new approach, we need an organization set up in a way that reduces complex processes, enhances collaboration, capitalizes on our scale and scope, clarifies accountabilities and encourages empowerment.

Therefore, we are reshaping the organization into a leaner structure covering the End-2-End Clinical Trial Process – through six functions:

- [Program Strategy & Planning \(PSP\)](#) led by **Kevin Carl**
- [Study & Site Operations \(SSO\)](#) led by **Rosemary Rebuli**
- [Clinical Data Operations \(CDO\)](#) led by **Arno Tellmann**
- [Vendor Partnerships & Governance \(VPG\)](#) led by **Eileen Kelly**
- [Process, Training & GCP Compliance \(PTC\)](#) led by **Andy Cochrane**
- [Strategy, Business Insights & Technology \(SIT\)](#) led by **Thomas Dieffenbronn**

The future GCO LT appointments for Kevin, Rosemary, Arno, Eileen, Andy, and Thomas are effective immediately. In the coming weeks, they will open a transparent and fair hiring process to select and appoint their future leadership teams. We intend to announce the future GCO LT-1 (function leadership teams) during the next transformation update, planned in November.

All current reporting lines, structure, and activities below this GCO LT level remain unchanged until January 1, 2023, when our new operating model will be progressively implemented.

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Creation of Program Strategy & Planning (PSP)

We are now creating a single owner for feasibility, planning, and site selection activities called **Program Strategy & Planning (PSP)**.

Kevin Carl, currently Global Head GDO Portfolio Strategy & Planning, will lead this organization, as **Global Head Program Strategy & Planning**, effective immediately.

New roles, capabilities and structure will enable PSP to be the single, end-to-end, point of contact for our programs, hand-in-hand with the Clinical & Global Program teams. PSP will drive standardized, data-driven, local feasibility and strengthened site selection together with Clinical Development and Clinical Research Medical Associates. Additionally, PSP will play a key role in ensuring the smooth progression of molecules and treatments through the R&D continuum.

Integration of RWS in GCO PSP

To achieve this, as of January 1, 2023, we will also:

- Integrate the **Regulatory Writing and Submissions (RWS)** organization within PSP, leveraging RWS medical writing expertise in Protocol Authoring support with Clinical Development, as a key change to influence trial design and operational decision-making. The structure and remit of the current RWS teams will not change when they join their new organization on January 1, 2023.

Stephen Eason currently Global Head Regulatory Writing and Submissions (RWS) will report to Kevin Carl, effective January 1, 2023.

Next Steps

To be successful in this new mission, during the coming weeks, Kevin will identify a leadership team focused on the following capability areas:

- PSP, Development Units
- PSP, Feasibility
- PSP, Health Data Insights & Design
- PSP, Innovation
- PSP, Budget & Resource Management
- PSP, Strategy & Operations

Along with RWS capabilities, led by Stephen Eason, already appointed PSP, Global Head RWS.

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Creation of Study & Site Operations (SSO)

In January 2022, the TMO Leadership Team and TM Leadership Team were brought together to create the GDO Portfolio Execution Leadership Team reporting to Rosemary Rebuli as Global Head GDO Portfolio Execution.

We are now creating a function dedicated to global and local study management called **Study & Site Operations (SSO)**.

SSO is the evolution of PEO towards a streamlined function with simplified, specialized, and prioritized roles and a focus on site and program-level coordination. SSO will integrate a technology-supported, centralized study start up process with dedicated expertise for faster start-up, decreased cycle time and higher quality deliverables.

Rosemary Rebuli, currently Global Head GDO Portfolio Execution Organization, will lead this organization, as **Global Head Study & Site Operations**, effective immediately.

Next Steps

To be successful in this new mission, during the coming weeks, Rosemary will identify a streamlined leadership team focused on the following capability areas:

- SSO, Study Leadership
- SSO, Study Start Up
- SSO, EMEA, Asia and Americas Hubs
- SSO, Strategy & Operations

- SSO, Clinical Document Governance Management (CDGM)

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Streamlined execution and country delivery to strengthen our presence in key geographies

Our country teams are a core part of our organization and a key differentiator for us as a company, driven by incredibly focused, hardworking, and capable professionals. However, our ability to recruit and conduct trials efficiently is often hampered by an imbalance and lack of focus in our footprint. Within our current setup, 80% of our patients are recruited from just 22 of our countries. Meanwhile, over a third of our countries (36%) account for less than 5% of our patients.

To address this, we intend to prioritize allocation to key geographies, focusing on areas with active, recruiting sites and necessary patient populations. This means evolving from our current model, with six hubs and 60 countries, to a future model supported by three geographic hubs, **EMEA, Americas and Asia**, covering ~40 countries.



This approach will enable us to speed up trial execution with greater consistency and coordination across geographies, focusing our efforts and harnessing the expertise of our country teams in the right places at the right time.

It's important to note that we are not stopping our trial monitoring activities and responsibilities and they remain a key part of our Study and Site Operations (SSO) organization. We are also not stopping any ongoing trials as a result of this redesign activity; all ongoing trials continue as planned until completion and must still meet our Novartis Commitments to Patients and D&I in Clinical Trials.

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Creation of Clinical Data Operations (CDO)

Created in 2017, Data Operations strives to build a best-in-class Data Operations organization that is well positioned to meet all evolving requirements of Novartis.

Data Operations will become **Clinical Data Operations** to reflect its ownership and expertise in the clinical data landscape. They will pursue their mission to deliver evidence for clinical interpretation and submission, supported by new roles and capabilities strengthening partnerships with GDD Partners. They will support the acceleration of clinical trial cycle time by enhancing productivity and planning and increasingly leveraging technology and automation.

Arno Tellmann, currently Global Head Data Operations, will lead this organization, as **Global Head Clinical Data Operations**, effective immediately.

Next Steps

To be successful in this new mission, during the coming weeks, Arno will identify a leadership team focused on the following capability areas:

- CDO, Clinical Data Standards
- CDO, Clinical Data Strategy
- CDO, Clinical Data Acquisition & Management
- CDO, Statistical Programming
- CDO, Clinical Science
- CDO, Clinical Data Operations China
- CDO, Clinical Data Operations Japan
- CDO, Strategy & Operations

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Creation of Vendor Partnerships & Governance (VPG)

Since its creation in 2017, External Development Operations (EDO) has operationalized supplier strategies and executed supplier Governance and Oversight to ensure the highest quality and performance of our External Service Providers.

EDO will become **Vendor Partnerships & Governance (VPG)** and act as the single point of contact for all vendors with overall accountability for category and vendor performance and compliance. Dedicated roles at program level for early selection and engagement will help improve standardization and site experience. Dedicated roles in the CTT and at Study Start Up (SSU) for trial-focused vendor management will support the acceleration of start-up activities and improve vendor performance. VPG will also benefit from an optimized technology landscape to improve vendor oversight and performance, risk management and advantageous contracting.

Eileen Kelly, currently Global Head GDO External Development Operations, will lead this organization, as **Global Head Vendor Partnerships & Governance**, effective immediately.

Next Steps

To be successful in this new mission, during the coming weeks, Eileen will identify a leadership team focused on the following capability areas:

- VPG, Alliance Leadership (organized around defined categories)
- VPG, Vendor Programs
- VPG, Vendor Studies
- VPG, Strategy & Operations

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Creation of GCO Process, Training & GCP Compliance (PTC)

With ongoing pressure from the rapidly evolving needs of health authorities and regulators and our responsibilities in the quality, inspection and Good Clinical Practice (GCP) compliance arena, as well as our responsibility to deliver across diverse and specialized therapeutic platforms, it is imperative that we have key specialist leadership to ensure that we deliver our portfolio with speed and quality.

Therefore, we are creating a **Process, Training & GCP Compliance (PTC)** organization. PTC will be the Center of Excellence overseeing Quality, GCP Compliance, Audit, Inspections, and Training. This will enhance integrity and strengthen protection with an

integrated framework. PTC will define, how we choose to work through our processes and how we increase competency via Learning Programs while ensuring adherence to the principles behind GCP and our Compliance Strategy.

Andy Cochrane, currently GDO, Head Clinical Risk and Compliance, will lead this organization, as **Global Head Process, Training & GCP Compliance (PTC)**, effective immediately.

Next Steps

To be successful in this new mission, during the coming weeks, Andy will identify a leadership team focused on the following capability areas:

- PTC, Process Excellence
- PTC, GCP Compliance
- PTC, Clinical Operations Learning
- PTC, Strategy and Operations

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Creation of GCO Strategy, Business Insights & Technology (SIT)

We are creating a new organization **Strategy, Business Insights & Technology (SIT)**. SIT will be accountable for defining our overarching strategic direction, delivering major initiatives like our ongoing transformation, and monitoring/overseeing the achievement of cross-organization results. Additionally, the technology capabilities currently within the CT&I organization will be integrated within SIT.

A part of the SIT mission is to build new foundational technology capabilities, integrate and harmonize our technology approach with the GDD Data layer, enhance and develop new modern applications, tools, and platforms that the business requires and ensure a strong link between the technologies we use and the strategic objectives of our organization.

Thomas Dieffenbronn, currently GDO, Global Head Transformation Office & US First, will lead this organization, as **Global Head Strategy, Business Insights & Technology (SIT)**, effective immediately.

To achieve this, as of January 1, 2023, we will integrate the following existing teams and organizations in SIT:

- GDO Clinical Technology & Innovation (CT&I) currently led by Ashwini Mathur
- GDO Strategy & Operations (S&O) led by Guylaine Vachon
- GDO Risk Management Office led by Dan Dietrich
- GDO Transformation Office led by Thomas Dieffenbronn

Integration of Clinical Technology & Innovation (CT&I) in SIT

CT&I was created in November 2019, as a new organization bringing together GDO Innovation and the STRIDE team. Since last year, under Ashwini Mathur's leadership, and throughout our redesign process, CT&I has continued to develop, prototype, deploy and provide ongoing technology solutions to support efficient clinical trial delivery and make the life and work of our users smarter, simpler, and more effective.

Due to the integration of the CT&I organization in SIT, the role of Global Head of CT&I will cease to exist in the new structure.

This will free up Ashwini Mathur to focus exclusively on the increasing demands of his current responsibilities as **Head GDD Ireland and UK, effective January 1, 2023**. Ashwini will represent GDD in the review of NGSC Dublin Operations services and activities and, as part of the voice of the regions section with GCO LT, will continue to report to Badhri Srinivasan.

Integration of GDO Strategy & Operations (S&O) in SIT

S&O has been a core part of GDO and a driver of GDO strategy since its inception. While partnering with GDO leadership to prioritize and manage daily GDO operations (including Business Performance, Resourcing, Process Optimization) it also integrated our Business Analytics capabilities at the end of last year.

Due to the integration of the GDO S&O Team in SIT, the role of Global Head of GDO S&O will cease to exist in the new structure. **Consequently, Guylaine Vachon, who holds this role, will report to Thomas Dieffenbronn, as Global Head Strategy & Operations, effective January 1, 2023.** Guylaine will continue to strengthen the function with her extensive expertise and knowledge of the organization and how we operate.

Current S&O reporting lines and activities remain unchanged.

Integration of Transformation Office in SIT

The GDO Transformation Office has been responsible for ensuring the full delivery of the GDO Transformation journey from design to implementation; setting strategic direction, coordinating all efforts from GDO associates involved in the transformation, engaging, and aligning with stakeholders and ensuring the roll-out and adoption of new ways of working.

The GDO Transformation Office will be integrated in SIT, effective January 1, 2023, and the Transformation Office reporting lines and activities remain unchanged.

Integration and refocus of the Risk Management Office

Over the past years, our risk management capabilities have been a strategic differentiator for us and have enabled us to navigate the pressures and complexities of COVID and global conflicts, while protecting our ability to deliver on our commitments to patients.

Proactive identification and strategic management of future risk remains a high priority for us. Therefore, we will continue to have dedicated capabilities to oversee GCO and portfolio risk activities, and embed the right risk management principles, governance, intelligence, and mindset for our future organization.

This capability will sit within SIT, and will be led by **Dan Dietrich, as Global Head Risk, Resilience and Insights, reporting to Thomas Dieffenbronn, effective January 1, 2023.** Current RMO reporting lines and activities remain unchanged.

This is distinct from the management of GCP and clinical risk specifically, which will be covered by the new **Process, Training & GCP Compliance (PTC) function** under **Andy Cochrane**, as indicated above.

Next Steps

To be successful in this new mission, during the coming weeks, Thomas will identify a leadership team focused on the following capability areas:

- SIT, Technology Integration and Standards
- SIT, Technology Platforms (across the key areas of our GCO organization)
- SIT, Non-Drug Project Delivery
- SIT, Transformation
- SIT, Business Analytics

Alongside capabilities in:

- Strategy & Operations, led by **Guyline Vachon** as **Global Head Strategy & Operations**
- Risk, Resilience and Insights, led by **Dan Dietrich, Global Head Risk, Resilience and Insights**

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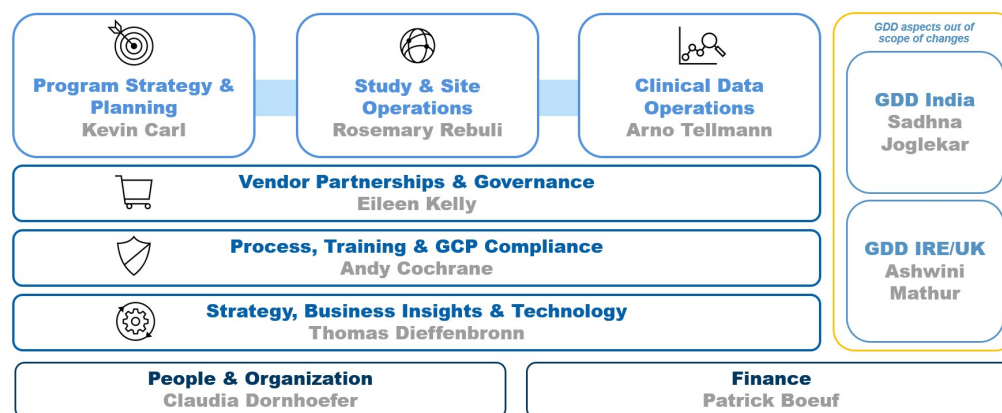
GCO Leadership Team

As a reminder, we are reshaping the organization into a leaner structure covering the End-to-End Clinical Trial Process – through six functions:

- **Program Strategy & Planning (PSP)** led by **Kevin Carl**
- **Study & Site Operations (SSO)** led by **Rosemary Rebuli**
- **Clinical Data Operations (CDO)** led by **Arno Tellmann**
- **Vendor Partnerships & Governance (VPG)** led by **Eileen Kelly**
- **Process, Training & GCP Compliance (PTC)** led by **Andy Cochrane**
- **Strategy, Business Insights & Technology (SIT)** led by **Thomas Dieffenbronn**

Together this group will be the new **Global Clinical Operations Leadership Team**. (GCO-LT). They will be joined by **Sadhna Joglekar**, Head GDD India, **Ashwini Mathur**, Head GDD Ireland and UK, as well as other functional and hub representatives within the new SSO group.

The team will continue to be supported by Claudia Dornhoefer and Patrick Boeuf as P&O and Finance strategic business partners.



[Dan Dietrich](#), [Stephen Eason](#), and [Guylaine Vachon](#) have all been key members of the GDO Leadership Team since its inception. They have been instrumental in the progress and success of GDO as an organization, as well as invaluable colleagues and advisors.

As we streamline our core operating functions, their talent and expertise will further our transformation in the key dedicated areas described above, bringing their incredible talents to bear to support the new Global Clinical Operations Organization.

The future GCO LT appointments for Kevin, Rosemary, Arno, Eileen, Andy, and Thomas are effective immediately. In the coming weeks, they will open a transparent and fair hiring process to select and appoint their future leadership teams. We intend to announce as much of the the next levels of these leadership teams as possible during the next update, in November 2022.

All current reporting lines, structure, and activities below this GCO LT level remain unchanged until January 1, 2023, when our new operating model will be progressively implemented. As we progress with the transformation, the next level of reporting lines will take effect as leaders transition into their newly appointed roles. This will be done in line with local legal requirements, including consultation as required.

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Global Clinical Operations (GCO)

As we have gone through this redesign activity it has become obvious that it is more than just incremental changes and improvements to existing processes, technology, and structure. It is a true transformation!

For this transformation to be successful we all have to think and behave in new and different ways to support our future model, and it is the right time to change our behaviors, our symbols and our name to reflect this.

Therefore, from January 1, 2023, we are changing the name of Global Development Operations (GDO) to **Global Clinical Operations (GCO)**.

This is a name with rich heritage and tradition within Novartis and the whole industry as well as being a name that clearly describes our area of responsibility, is instantly identifiable by internal and external stakeholders and acts as a clear symbol of change.

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Sent to: All GDO

Any potential people impact is subject to information and consultation with the Novartis Euroforum (NEF) and local works councils, as and when required.

