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From:	John Abbott
To:	Hynes, Darrell
Date:	1/18/2007 10:47:43 AM
Subject:	[*] Fwd: Dr. Ganguly

John G. Abbott Deputy Minister of Health & Community Services (709) 729-3125

>>> "George Tilley" <George.Tilley@easternhealth.ca> 1/17/2007 5:32 PM >>> Minister;

I was speaking to John Abbott to learn that Dr. Ganguly has been in touch with you about his resignation from his administrative duties in our Cancer Care Program. During the Fall representatives from the NLMA met with Dr. Howell, et.al. to say that they were going to take on the issue of compensation for the administrative work that three (3) of our oncologists were providing to our cancer care program (Laing -Clinical Chief, Ganguly - Division Chief of Radiation Oncology and Siddiqui - Division Chief of Medical Oncology). Interesting, shortly before that I had met with Rob Ritter where he gave me an indication that they were going to use oncology as the medical field to talk about in relation to the upcoming negotiations, feeling the public support would be there.

Back in November, with issues around ER/PR about to be dealt with in the media I asked Oscar Howell to resolve the compensation issue for Kara Laing as it was different from the others (retroactivity) and we needed her full support when we moved forward on the ER/PR discussions. That left the Division Chiefs outstanding.

There have been several meetings with the individuals involved to find resolution to this and like most things in this field, things are complex. We looked through the country to see what was reasonable with regards to a time commitment from an administrative perspective and ended up saying 30% of their time would be reasonable. We then drafted up job descriptions for review with them to ensure that the expectations were clear.

The compensation we pay them for their administrative does not appear to be the issue. The physicians are paid through an Alternate Payment Plan with thresholds above which they receive additional compensation for extra new patients seen. There is some dispute over where these thresholds should be particularly when one considers their administrative responsibilities.Cathi Bradbury from your Department was involved on the compensation side and suggested it would be acceptable to the have a 30/70 (admin/clinical) split on services with a cap on extra patients seen at 70% of the level of their peers. I confess I am not fully understanding of the offer. I understand that Dr. Ganguly wants the threshold for extra billing reduced. Dr. Ganguly has indicated that he is willing to do the administrative work but under this proposal new patients will have to be redirected to his colleagues, whom he believes to be already overworked. He therefore will present the case that patients will not be seen guick enough or that overworked

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oncologists will have more stress put on them while he is willing and able to do more, but can't because of this salary restriction. Cathi can certainly give you the details.

While we have received their resignations for January 1, they did give us a two week extension to January 15th. Since meetings are still ongoing Dr. Siddiqui has indicated to us that nothing will change in terms of his work until all opportunities to find a resolution have been explored. He believes a compromise is possible. Dr. Ganguly on the other hand has been more adamant that this offer is not acceptable and says he will "go Public". A meeting is planned for this Friday with the physicians involved and our leaders. I believe from there follow up discussions with Cathi Bradbury.

History has been that Dr. Ganguly would go to a Minister to resolve his issues. My recommendation is to let the planned meeting occur and have Oscar follow up with Cathi afterwards if there if another option to consider. If Dr. Ganguly chooses to "go Public" we would say that discussions are ongoing with him, the Department and Eastern Health to find a resolution.

George

George Tilley President/Chief Executive Officer Eastern Health c/o Corporate Office Waterford Bridge Rd. St. John's, NL, Canada A1E 4J8 Tel: 709-777-1330 Fax: 709-777-1302