

**From:** Cathi Bradbury  
**To:** Abbott, John  
**Date:** 1/18/2007 9:34:19 AM  
**Subject:** Re: Dr. Ganguly

John,

I was somewhat surprised to see who the author of the e-mail was, as well as who it was addressed to. I've been having active discussions with Oscar Howell on this issue for the last several weeks - I must apologise for not bringing the issue to your attention sooner.

To summarize:

Firstly, let me start off by saying that Eastern Health does not pay any of its program Directors for their administrative duties - only Clinical Chiefs, and typically at a rate of \$40 - \$45 K per annum.

In December I talked with Oscar, Kara Laing and Pat Pilgrim about the administrative needs for the two Oncology programs. They had reviewed "like" programs in NS, NB and Saskatchewan and proposed to the Department that they did indeed need 0.3 FTE of administrative time to run both of the programs. Kara talked about meeting with admin, having meetings, dealing with phone calls around the province, etc. The clear message was that the majority of this work would have to happen in the daytime and therefore, the work would have to be recognized.

My response was we would consider their position, based on documentation (which I subsequently received) and we've moved on from this point. I did respond and indicate that if we were now carving off 1.5 days of their work for administration, that this would have to impact on the number of patients they could see (again in the daytime) and their claims to us would reflect that. I proposed that the claims for the two Directors would be capped at 70% of their peers for the extra patients seen. The concept here is that if we reduce their threshold for administration, they can't be seeing as many patients - it's one or the other. I should point out that 0.3 of their salary equates to \$73K a year, which is getting close to double what the Clinical Chiefs receive.

Everyone thought this approach was perfectly reasonable, including Kara Laing - everyone that is except Dr. Ganguly. He has come back with the argument that if we cap his extra patients seen, then the patients won't be seen and will have to go out of province. The conflict for Eastern Health is requiring a time commitment for administration versus time to see the patients. What Ganguly wants is the current method of payment under the APP, but his threshold reduced to 70%, so in essence he gets \$73K in new money.

I've since gone back to Oscar with a second option. Essentially we would guarantee the Director's income to be equal to the average of their peers, regardless of the number of patients they would see. This would reduce the time conflict between administration and seeing patients, without sacrifice of the physician's income. It does create some risk for us, as they could see few patients and we would still be committed to paying them. What it doesn't do, however, is give the Directors an extra \$73K, which is consistent with the Eastern Health policy.

Oscar did indicate that there may be someone else interested in the Director position but didn't know under what circumstances this could/should/might occur. Oscar was meeting with them some time this week to explore the two options. I have told him that I would meet with them as well if he wanted me to.

As before, the issue comes down to one of reasonableness. If you recall, in the early Fall we had proposed reducing the threshold for Radiation Oncology by 10% less than the national average, with all other issues being taken off the table, after Rob Ritter told us he could sell the deal. No doubt this issue will resurface as well.

Bottom line - I continue to work with Oscar to find a "reasonable" solution to their need for administrative

support. You can assure the Minister that if and when this becomes a public issue, and if it creates political tension, that I am preemptively offering my resignation - the concept being that if I'm not part of the solution, then I must be part of the problem.

I'll keep you posted.

Cathi

>>> John Abbott 1/17/2007 5:46 PM >>>  
Thanks for this.

Sent via Blackberry  
Government of Newfoundland and Labrador

-----Original Message-----

From: "George Tilley" <George.Tilley@easternhealth.ca>  
To: Tom Osborne <T.Osborne@gov.nl.ca>  
CC: Oscar Howell <OSCAR.HOWELL@easternhealth.ca>  
John Abbott <JohnAbbott@gov.nl.ca>  
Creation Date: 1/17 5:32 pm  
Subject: Dr. Ganguly

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 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 quick enough or that overworked 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 is 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

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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

CC: Hunt, Ed