

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Abida Sophie Jamal, this is notice that the Discipline Committee ordered, under section 45(3) of the Health Professions Procedural Code (the "Code"), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended, that there shall be a ban on publication of the names and any information that could disclose the identity of the witness Ms X (whose identity is known to the parties) referred to orally or in the exhibits filed at the hearing.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

(a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or

(b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Jamal, 2020 ONCPSD 23

**DISCIPLINE COMMITTEE
COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed by the Registrar to the
Discipline Committee of the College of Physicians and Surgeons of Ontario,
pursuant to section 73 of the Health Professions Procedural Code

BETWEEN:

DR. ABIDA SOPHIE JAMAL

- and -

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

PANEL MEMBERS:

**DR. E. STANTON (CHAIR) (Dissenting)
MS M.E. MILLS
DR. R. SHEPPARD
MR. P. MALETTE, Q.C.
DR. P. POLDRE (Dissenting)**

COUNSEL FOR THE APPLICANT:

MS L. CONSTANTINE

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS E. WIDNER

INDEPENDENT LEGAL COUNSEL TO THE DISCIPLINE COMMITTEE:

MS J. MCALEER

**Hearing Dates: February 10 - 13, 2020
Decision Date: May 11, 2020
Release of Reasons Date: May 11, 2020**

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

On March 6, 2018, the Discipline Committee (“the Committee”) of the College of Physicians and Surgeons of Ontario (“the College”) revoked the Certificate of Registration of Dr. Abida Sophie Jamal (“Dr. Jamal”) after finding that Dr. Jamal engaged in disgraceful, dishonourable or unprofessional conduct, failed to maintain the standard of practice of the profession, and engaged in conduct unbecoming a physician, in her medical research related to osteoporosis.

Dr. Jamal made an application to the College for reinstatement of her Certificate of Registration. The Registrar referred Dr. Jamal’s application for reinstatement to the Committee. The Committee heard the application on February 10 – 13, 2020. At the conclusion of the reinstatement hearing, the Committee reserved its decision.

For the reasons stated below, the Committee finds that Dr. Jamal has met her onus of proving, on a balance of probabilities, that her Certificate of Registration should be reinstated. The Committee therefore orders the Registrar to reinstate Dr. Jamal’s Certificate of Registration, subject to terms, conditions and limitations.

The dissenting decisions of Dr. Poldre and Dr. Stanton are provided below.

THE NATURE OF THIS APPLICATION

Section 72(1) of the Health Professions Procedural Code (“the Code”) provides:

A person whose Certificate of Registration has been revoked or suspended as a result of disciplinary or incapacity proceedings may apply in writing to the Registrar to have a new Certificate issued or the suspension removed.

Pursuant to Section 73(1)(a), an application for reinstatement is referred to the Discipline Committee by the Registrar if the original revocation was on the grounds of professional misconduct or incompetence.

Section 73(5) of the Code provides that following a hearing, the Discipline Committee may direct the Registrar to issue a Certificate of Registration to the applicant, with or without the imposition of specified terms, conditions and limitations.

POSITION OF THE PARTIES

Counsel for Dr. Jamal submitted that Dr. Jamal has met the onus of proving, on a balance of probabilities, that her Certificate of Registration should be reinstated.

The College opposes Dr. Jamal's application for reinstatement.

TEST FOR REINSTATEMENT

On an application for reinstatement, the burden of proof is on the applicant to establish suitability for reinstatement. The standard of proof is on a balance of probabilities, based on evidence which is clear, cogent and convincing.

The Code does not provide statutory guidance with respect to the factors to be considered by the Committee in determining whether to reinstate the applicant. The parties agree that the general requirements for a Certificate of Registration set out in Ontario Regulation 865/93 under the *Medicine Act, 1991*, S.O. 1991 c. 30, are applicable on an application for reinstatement. These provide, in part:

Section 2(1) It is a non-exemptible standard and qualification for a Certificate of Registration that the applicant's past and present conduct afford reasonable grounds for belief that the applicant:

- (a) *is mentally competent to practice medicine;*
- (b) *will practice with decency, integrity and honesty and in accordance with the law;*
- (c) *has sufficient knowledge, skill and judgement to engage in the kind of medical practice authorized by the Certificate; and*
- (d) *can communicate effectively and will display an appropriately professional attitude.*

In the case of a physician whose Certificate has been revoked for professional misconduct, it is for the Committee to determine, based on the evidence at the reinstatement hearing, whether these standards are met. The Committee agrees with the approach taken in previous decisions of the Committee in prior reinstatement applications, which have identified a variety of potentially relevant factors which should be considered and weighed in light of the circumstances of the case under consideration.

The Committee adopts the framework set out in *Manohar (Re)*, [2013] ON CPSD No. 46 which identified two broad issues for consideration on an application for reinstatement, as in the prior decision in *Gillen v. CPSO (2010)*:

1. What is the risk of further misconduct, and if there is a risk, is it manageable with terms, conditions and limitations?
2. Is the applicant suitable to practice both in terms of protection of the public and the confidence of the public in the profession's ability to govern itself?

In determining these issues, the Committee in *Manohar* outlined a list of case-specific factors that could be considered, derived from the previous decisions in *Kulkarni v. CPSO (2004)* and *Kernerman v. CPSO (2010)*:

- (a) the facts giving rise to the misconduct that led to revocation and other conduct relevant to the physician's suitability to return to practice;

- (b) changes in the physician's circumstances since the time of revocation;
- (c) the success of rehabilitation including the degree of insight into past inappropriate conduct;
- (d) the physician's current mental health and future prognosis;
- (e) the physician's attempts at restitution, if any;
- (f) the physician's current knowledge, skill and judgement;
- (g) the physician's present character – will he practice medicine with decency, integrity and honesty and in accordance with the law;
- (h) the impact of the physician's reinstatement on the reputation of the profession; and
- (i) the protection of the public.

The Committee applied these factors to the evidence at the reinstatement hearing in considering Dr. Jamal's application.

THE EVIDENCE

Documentary evidence introduced by Dr. Jamal at this hearing included:

- the Decision and Reasons for Decision of the Discipline Committee dated May 1, 2018, which ordered the revocation of Dr. Jamal's Certificate of Registration, as well as the text of the public reprimand delivered to Dr. Jamal by the Committee on March 6, 2018;
- Dr. Jamal's Curriculum Vitae;
- two expert reports authored by Dr. Jonathan Rootenberg, Forensic Psychiatrist, dated August 11, 2017 and August 23, 2019;
- a psychiatric report by Dr. Barbara Dorian, Dr. Jamal's treating psychiatrist, dated March 8, 2019;

- three reports of Dr. Dawn Martin, Professionalism Coach, dated September 18, 2017, March 5, 2018, and March 2, 2019;
- Dr. Jamal's Monitoring Contract with the Physician Health Program (PHP), dated May 1, 2019, and a report from Dr. Mara Goldstein, of the PHP, dated January 28, 2020;
- four letters of support from friends and colleagues of Dr. Jamal's;
- several documents prepared by Dr. Jamal pertaining to her personal reflections and the Continuing Medical Education ("CME") in which she has engaged since the revocation of her Certificate;
- a draft Individualized Education Plan for Dr. Jamal;
- Dr. Jamal's letters of apology to her co-investigators dated May 19, 2019;
- documents pertaining to Dr. Jamal's restitution arrangements made with the Canadian Institute of Health Research ("CIHR"); and
- multiple documents pertaining to the original detection of Dr. Jamal's research fraud, subsequent investigations into this by the University of Toronto and ("WCH"), and Dr. Jamal's written responses to the (then) allegations in 2015.

The Committee also heard the testimony of Dr. Sophie Jamal; Dr. Jonathan Rootenberg; Dr. Barbara Dorian; Dr. Dawn Martin; Ms Lisa Wilson, the Change of Scope and Practice Re-entry Coordinator at the College; Dr. Mara Goldstein of the PHP of the Ontario Medical Association; and, Dr. Nayyar Razvi of the Appletree Medical Group.

OVERVIEW OF THE EVENTS LEADING TO THE REVOCATION OF DR. JAMAL'S CERTIFICATE OF REGISTRATION

Dr. Jamal, now 53 years of age, graduated from University of Toronto ("U of T") Medical School in 1991. She completed her post-graduate training in Internal Medicine and Endocrinology at U of T and is a certified specialist with the Royal College of Physicians and Surgeons of Canada since 1996. She underwent additional training in epidemiology and biostatistics and later completed a Ph.D. in endocrinology in 2002. Her career has been mainly in academics, specifically in research in her field of endocrinology, primarily related to osteoporosis. A smaller component of her career has been the practice of clinical endocrinology primarily, also, with respect to osteoporosis. In 2005, Dr. Jamal was appointed to the Active Clinical Staff and to the Research Institute at Women's College Hospital ("WCH"), and was an Associate Professor at U of T.

The professional misconduct committed by Dr. Jamal consisted of the intentional fabrication of research data in several instances and over a prolonged period of time, and her various attempts to cover up her actions and avoid responsibility including by misleading and lying to investigators when doubts began to be raised regarding the integrity of her data, altering patient charts, tampering with supplies of blood and urine in order to try to cover up her deceptions, and attempting to blame her research colleagues and her Research Assistant at WCH in order to protect herself. Several publications based on falsified data were eventually retracted. Patients were exposed to the risk of harm and, indeed, some sustained distressing adverse effects after enrolling in clinical trials undertaken in response to falsified data. Considerable funds were unnecessarily wasted in pursuing these fraudulent activities. The reputations of Dr. Jamal's research colleagues, including her Research Assistant, the organizations unknowingly involved in the research fraud, and the medical profession at large suffered considerable damage as a result of Dr. Jamal's deceitful, manipulative and devious behaviours.

Dr. Jamal's research misconduct was finally exposed with a report from a WCH Investigative Committee in October 2015. Dr. Jamal resigned from her positions at WCH and U of T. She was declared permanently ineligible to hold, participate in, or apply for funding from the CIHR, which had funded her fraudulent activities, and from two other federal research agencies, in May 2016. For approximately two years, until her Certificate of Registration was revoked in March 2018, Dr. Jamal practiced clinical endocrinology with the Appletree Medical Group in Toronto.

The Discipline Committee hearing which resulted in the revocation of Dr. Jamal's Certificate proceeded by way of an Agreed Statement of Facts, and a joint submission on penalty and costs, on March 6, 2018. The Committee observed:

"In the Committee's view, Dr. Jamal's admission to the facts after completion of the full investigation report of Women's College Hospital, her subsequent resignation from Women's College Hospital, her acceptance of the Agreed Statement of Facts before the College Discipline hearing, and the fact that she has no prior discipline history with the College and no concerns about clinical competence are not sufficiently mitigating to warrant anything less than full revocation of Dr. Jamal's Certificate of Registration for her serious professional misconduct."

THE EVIDENCE OF DR. JAMAL

Dr. Jamal's testimony included a recounting of her early life and upbringing, her first marriage which ended in divorce, her career in medicine and the various pressures she has faced in this regard, and her long-term struggles with mental health issues including clinical depression.

Dr. Jamal was the oldest of four children in her family. She came to Canada with her family at the age of 3, then was sent back to India for about two years to live with her grandmother, before returning. She was raised in a strict Muslim family. She described her relationships with both parents as having been conflicted; her father, a successful physician, was demanding and

emotionally distant, and her mother was described as an unhappy and resentful woman. Dr. Jamal matured with a disturbed sense of identity, feeling driven to meet the expectations of her parents to be the perfect child, terrified of disapproval or rejection. She felt pressured to embark on a career in academic medicine, both by her parents and her first husband, although she now recognizes that she never much enjoyed research and that the particular stressors and demands of the academic environment felt overwhelming.

Dr. Jamal has been prone to depressive symptoms for many years. She was first diagnosed and treated for depression in 1994; later, in approximately 2008 and in the context of significant marital difficulties which led to a separation from her husband, her mood again worsened and she was again prescribed antidepressant medication. Since 2015, she has been under the care of Dr. Barbara Dorian, a psychiatrist to whom she was referred by the PHP. With Dr. Dorian, whom she continues to see on a weekly or biweekly basis, Dr. Jamal has engaged in long-term and relatively intensive psychotherapy. Dr. Jamal continues to take the antidepressant paroxetine (Paxil) prescribed by Dr. Dorian.

In Dr. Jamal's testimony, she described her views with respect to how her mental health issues were related to the professional misconduct which she committed. Essentially, she stated that she felt driven to succeed academically in order to maintain the façade of high achievement which had been instilled in her since childhood. She had a strong need for the approval of others, most notably one of her senior collaborators, Dr. Steve Cummings of the California Pacific Medical Centre Research Institute, who had been her colleague, mentor, and friend for many years.

Dr. Jamal was the Principal Investigator in a study to evaluate the possible beneficial effects of nitroglycerin on bone density and strength in post-menopausal women; Dr. Cummings was a collaborator on this study, eventually published in the Journal of the American Medical Association (JAMA), subsequently retracted. When the initial data analyzed by Dr. Jamal showed no benefit to the use of nitroglycerin, she was afraid to report this to Dr. Cummings, knowing that he would be disappointed and fearing his disapproval. She falsified the data to

achieve an ostensibly positive result. Two further studies, the Sclerostin study and the NABT study, now seen to have been unnecessary, costly, and to have exposed patients to adverse effects, were undertaken by Dr. Jamal based on this falsified data. When her results were later questioned by her colleagues, Dr. Jamal was unable to admit to her wrongdoing, fearing shame and humiliation. She instead spun a web of deceit and deception in increasingly frantic efforts to avoid exposure. She stated that she started telling "lie upon lie", and was in a "deeper and deeper hole", feeling trapped with no way out. As these events were unfolding, Dr. Jamal stated that she tried to avoid thinking about what she was doing and about the consequences, although she acknowledges that, at the time, she clearly knew that her actions were wrong.

Dr. Jamal contacted the PHP in 2015, and was referred to Dr. Barbara Dorian, a psychiatrist.

Dr. Jamal acknowledged that, initially, she had not confided in Dr. Dorian the true extent of the fraud which she had committed, and the multiple lies and manipulations by which she had tried to cover this up and protect herself. She stated that, in therapy, the truth emerged gradually over time. One focus of her therapy was to try to help her understand the internal motivations behind her behaviour, and the external triggers associated with it. She stated that her insight into these issues developed slowly over time.

Dr. Jamal testified about the multiple changes which have occurred since she finally confronted the extent of her misconduct. She now accepts full responsibility for her behaviour. She has developed insight into the origins of her misconduct through her therapy. She pays more attention to personal self-care, which she had previously neglected, now engaging in meditation, exercise, and prayer. If reinstated, she proposes to find an optimal work-life balance for herself, planning to practice four days per week and not maintain an excessive caseload, leaving time for herself. Since the revocation of her Certificate, she has started doing volunteer work with the Regent Park Community Food Centre. She finds this gratifying and plans to continue.

Dr. Jamal has engaged with the PHP and signed a Monitoring Contract, which she believes will be an additional safeguard in keeping her accountable; she stated that, to date, her meetings with the PHP Monitor have been helpful by, amongst other things, reducing her professional isolation which was a problem in the past. She has been working also with Dr. Dawn Martin, Professionalism Coach, since 2017, in order to further help her to understand the multiple breaches in professionalism which she committed, and how to prevent a recurrence of these behaviours in the future.

Dr. Jamal stated that she has come to understand that she is not suited to doing academic research. She believes that the academic environment promoted competitiveness and achievement, and as she was temperamentally driven to fulfill the expectations of others to achieve, she succumbed to these pressures. She has always preferred clinical medicine and patient care, and would not consider getting involved in research activities again, even if she were permitted to do so.

Dr. Jamal testified with respect to the CME activities in which she has engaged over the past two years, which are extensive and outlined in the documents in evidence. She has exceeded the Royal College requirements for a 5 year cycle, within the past 18 months. She has reviewed College policies, and articles in *Dialogue*, and completed an online ethics course.

Dr. Jamal testified that she understands the impact which her misconduct had on her research colleagues, on WCH and U of T, on the medical profession, and on her family. She stated that she feels terrible about having lied to and deceived people, having violated their trust, and having tarnished the reputation of others and of the profession. She regrets having exposed patients to the risk of harm by enrolling them in studies which had no value.

Dr. Jamal acknowledged that she has had difficulty reaching out to former colleagues whom she had wronged, and formally apologizing. She stated that her shame and embarrassment over her actions made this difficult for her to do. She has not, for example, apologized to the Research Assistant whom she had initially tried to blame for her fraud, or to many of her

collaborators on the fraudulent studies. She has offered brief written apologies to two of her former collaborators, including Dr. Cummings.

Dr. Jamal acknowledged that she is required to repay CIHR in the amount of \$253,000, the amount of funding she had obtained for the NABT study, which was based on fraudulent data derived from the JAMA study. She has started to pay this back, but restitution is not yet complete.

On cross-examination, it was brought to Dr. Jamal's attention that there were two additional articles which she had authored which were also retracted, following investigations which revealed that these articles, also, had been based on fraudulent data. These were an article published in the *American Journal of Kidney Diseases*, February 2010, "Kidney Function and Rate of Bone Loss at the Hip and Spine: The Canadian Multicentre Osteoporosis Study"; and, an article published in *Osteoporosis International*, September 2008, "Nitrate Use and Changes in Bone Mineral Density: The Canadian Multicentre Osteoporosis Study."

Dr. Jamal admitted that she was aware of these retractions and admitted that she had falsified the study data. Dr. Steve Cummings had not collaborated on this research, which had been undertaken by Dr. Jamal in her role as an Investigator with the Canadian Osteoporosis Study. The data manipulation appears to date to approximately 2008, if not earlier. Dr. Jamal's explanation was that her fraudulent activities in this regard were the product of her inability to cope with the pressures of the academic environment at that time. She stated that she now takes full responsibility for her actions. The fraudulent research activities of Dr. Jamal in relation to these two additional articles did not form part of the professional misconduct which resulted in the revocation of Dr. Jamal's Certificate in 2018.

The Committee carefully considered Dr. Jamal's credibility.

With a history of extensive dishonesty, her credibility will inevitably be open to question. The College submitted, essentially, that she is not credible, that her apparent acceptance of

responsibility for her misconduct is insincere, and that she is trying to portray herself in a favourable light before the Committee for manipulative reasons.

The Committee does not accept this submission, as it is not supported by the totality of the evidence.

In assessing her credibility, Dr. Jamal's demeanour in giving her evidence is of limited utility. Acknowledging this limitation, the Committee found that her testimony was clear, coherent, organized, and understandable. With the exception of her responses to cross-examination in the area of the two additional retracted studies, which the Committee found unconvincing and possibly disingenuous, she was not vague, evasive, or inclined to rationalizations or excuses. She admitted that there could be a concern about dishonesty in the future, even if her practice was confined to clinical endocrinology.

Of more significance, in terms of her credibility, is that Dr. Jamal's evidence was consistent with and supported by the evidence of Drs. Dorian, Rootenberg, and Martin. The totality of the evidence before the Committee establishes a consistent and understandable narrative with respect to the origins of Dr. Jamal's misconduct and the steps she has subsequently taken, over several years, to better understand these herself and reduce the risk of a recurrence. Dr. Jamal was able to communicate her understanding in this regard to the Committee, through her testimony, and this overall consistency in the evidence enhances her credibility.

The Committee considered, further, that the psychological testing completed by Dr. Arrowood, contained in Dr. Rootenberg's evidence, confirmed that Dr. Jamal had responded in an open and honest fashion during the testing. Of more significance to the Committee was that the professionals who have been working closely with Dr. Jamal over the years, notably Drs. Dorian and Martin, were of the view that she was highly credible in her commitment to therapy and remediation. A facade of credibility, simply trying to say the right things and go through the motions, absolutely cannot be sustained over 4½ years of intensive psychotherapy. These

observations of Dr. Jamal from highly qualified professionals who know her well were given considerable weight by the Committee.

For these reasons, the Committee found Dr. Jamal to be a credible witness.

THE EVIDENCE OF DR. JONATHAN ROOTENBERG

Dr. Jonathan Rootenberg is a forensic psychiatrist. He has been qualified by the courts and by a variety of tribunals including previously by this Committee, on many occasions as an expert in his field. His expertise includes the area of risk assessment with respect to the risk of future misconduct. His Curriculum Vitae was entered as an exhibit, and Dr. Rootenberg signed an Acknowledgement of Expert's Duty, which was also made an exhibit. The College did not object to Dr. Rootenberg's qualification as an expert in forensic psychiatry.

Dr. Rootenberg prepared two expert reports, dated August 11, 2017 and August 23, 2019, and he also testified before the Committee. His initial assessment of Dr. Jamal, conducted at the request of her counsel, consisted of three interviews in March and May 2016, supplemented by information contained in a Psychological Consultation Report from Dr. John Arrowood, dated July 19, 2016, and information from collateral sources including Dr. Jamal's sister, Dr. Laila Jamal, her current partner and second husband Mr. Steve Langdon, and her treating psychiatrist Dr. Barbara Dorian. Information regarding the (at that time) allegations of professional misconduct which were before the College was provided to Dr. Rootenberg by Dr. Jamal's counsel.

Dr. Rootenberg prepared a second report dated August 23, 2019. This was based on a reassessment of Dr. Jamal requested by her counsel in anticipation of her application for reinstatement. In the course of the reassessment, Dr. Rootenberg interviewed Dr. Jamal again on June 3, 2019, and he had available to him at that time a variety of collateral information from recent sources, including the Decision of the Discipline Committee dated May 1, 2018, updated information from Dr. Jamal's treating psychiatrist Dr. Barbara Dorian, a transcription of

Dr. Dorian's records in this regard, information from Dr. Dawn Martin, Dr. Jamal's Professionalism Coach, a transcription of Dr. Martin's records, and information from Tanya Campbell, Clinical Coordinator at the PHP.

Dr. Rootenberg found, both in relation to his initial assessment and his subsequent reassessment, that Dr. Jamal does not have a major mental illness. She does however have a history of Major Depressive Disorder, with two previous episodes of depression, firstly in 1994 or 1995 while she was a resident in endocrinology, secondly during her endocrinology fellowship a couple of years later. Between episodes, there is evidence of some persisting depressive symptoms; in 2016 she rated her mood as "3-4 out of 10". She has generally taken the antidepressant medication paroxetine (Paxil), at variable doses, for the past several years.

Dr. Rootenberg found that Dr. Jamal does not meet diagnostic criteria for a Personality Disorder diagnosis. Personality disorders are characterized by relatively fixed patterns of response to one's environment, encompassing domains of affectivity, cognitive style, impulse control, and interpersonal relations, which are present by late adolescence or early adulthood, and which result in subjective distress or impairment in social or occupational functioning. In particular, Dr. Rootenberg noted the absence of antisocial personality traits in Dr. Jamal. As part of his assessment, he administered to her the Hare Psychopathy Checklist Screening Version (PCL-SV), a psychological inventory designed to assess for psychopathic traits. She generated a low score on this instrument, confirming the absence of psychopathy.

The report of Dr. John Arrowood, Clinical Psychologist, was incorporated into Dr. Rootenberg's report of August 11, 2017. Dr. Arrowood had interviewed Dr. Jamal, and also administered to her three psychological tests. The tests administered were the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), the Personality Assessment Inventory (PAI), and the Trauma Symptom Inventory-2 (TSI-2).

The results of Dr. Arrowood's psychological testing are consistent with the clinical issues identified earlier, notably the presence of feelings of inferiority, insecurity and self-

disparagement, interpersonal passivity, lack of assertion, lack of positive emotional responses, and a vulnerability to clinically significant symptoms of depression. Notably, all three psychological tests include validity scales, designed to gauge the extent to which the subject responded openly and honestly, or attempted to minimize or exaggerate symptoms or problems. Dr. Jamal's test results indicated that, in all three tests, she generated a valid profile, and did not respond dishonestly or deceptively.

Dr. Rootenberg noted that Dr. Jamal now has a supportive network in the community, no history of prior charges, of violence, or of a substance abuse disorder. It was his opinion that these things were favourable prognostic indicators.

Dr. Rootenberg's opinion was that Dr. Jamal was at low risk for committing professional misconduct in the future. Despite the fact that she had engaged in extensive research fraud over a number of years, and in strenuous attempts to cover this up and evade detection, it was his opinion that she is fundamentally a law abiding and prosocial individual whose fraudulent activities were the result of psychological factors including unresolved childhood issues, mood symptoms, and the particular pressures of her academic career. He stated that her misconduct, in his opinion, was "out of character". He noted that Dr. Jamal's mood had improved at the time that he reassessed her in 2019, as compared to his initial assessment two years earlier, and he attributed this to the gains she had made, in terms of insight and self-awareness, in the intervening time.

Dr. Rootenberg acknowledged that in completing his assessments of Dr. Jamal, he did not have access to the full range of documentary evidence available to the Committee. He had not seen, for example, Dr. Jamal's initial written response to the U of T investigation into the allegations of research misconduct, and he had not seen the report of the WCH Investigative Committee in October 2015. He acknowledge that it would have been helpful to him to have had this information. Dr. Rootenberg testified, however, that despite these gaps in his sources of information, his opinion that Dr. Jamal was at low risk of re-offending was unchanged. Dr. Rootenberg was also unaware of the two additional publication retractions for data

manipulation, referred to earlier, as these were not part of the facts which led to the revocation of Dr. Jamal's Certificate.

The Committee found Dr. Rootenberg to be a credible witness. He is a qualified and experienced forensic psychiatrist. He has conducted many previous risk assessments, not only in relation to the risk of violent or sexual recidivism in mentally disordered criminal offenders, but also in regulatory proceedings at the College, the Law Society and other tribunals. His evidence was clear and concise, and his findings and opinions were consistent with the psychological testing completed by Dr. Arrowood, the clinical opinions of Dr. Dorian, and Dr. Jamal's own testimony before the Committee.

Dr. Rootenberg's conclusions with respect to Dr. Jamal's risk of re-offending were uncontradicted. The College called no expert evidence. The Committee attached considerable weight to his opinions.

THE EVIDENCE OF DR. BARBARA DORIAN

Dr. Barbara Dorian is Dr. Jamal's treating psychiatrist. Dr. Dorian is a graduate of the University of Western Ontario Medical School and completed her psychiatric residency at U of T. She has practiced in Toronto for many years, was Chief of Psychiatry at WCH from 1995 to 2001, worked at the Centre for Addiction and Mental Health ("CAMH") Mood and Anxiety Program from 2004 – 2010, and was involved in the development of programs including the Women's Recovery from Trauma Program at WCH, the WSIB Psychological Program at CAMH, and the Women's Inpatient Program also at CAMH. Since 2012 she has done mainly private practice in the community, working largely with physicians, including those referred to her by the PHP.

Dr. Dorian prepared a written report with respect to Dr. Jamal, dated March 8, 2019. She also testified before the Committee.

Dr. Jamal was referred to Dr. Dorian in July 2015, by the PHP. Initially Dr. Dorian performed a detailed clinical psychiatric evaluation of Dr. Jamal, and subsequently has continued to see her regularly, with sessions generally either weekly or biweekly. Dr. Dorian's treatment of Dr. Jamal consists of the prescription of antidepressant medication, and a form of therapy she described as expressive-supportive psychotherapy. She has seen Dr. Jamal on 91 occasions for a total of approximately 95 hours, over the course of the past 4½ years.

Dr. Dorian's evidence was that diagnostic assessment is a fluid and evolving process, through the course of psychotherapy. With respect to Dr. Jamal, she diagnosed her with Major Depressive Disorder, with several past depressive episodes, and with inter-episode dysthymia, that is, the long-term persistence of milder depressive symptoms. She found no evidence that Dr. Jamal had a personality disorder, nor any evidence of psychopathic tendencies.

Dr. Dorian's evidence was that Dr. Jamal had made significant progress during the course of the 4½ years which she had been seeing her in therapy. Initially, when first seen, Dr. Jamal was in "a catastrophic state...the edifice of her life was crumbling...". This was at the time when Dr. Jamal's research fraud was coming to light, and she was struggling to understand what she had done, how she could have acted this way, and the negative impact her actions had had on others. She was perplexed on several levels.

Dr. Jamal has been very engaged in the therapeutic process from the start. Dr. Dorian described her as thoughtful, introspective, and self-reflective. She noted that therapy is not a linear process, with insight characteristically developing slowly and inconsistently, and setbacks along the way. Over the course of Dr. Jamal's therapy, there has been a gradual uncovering of the relevant developmental and relational issues, accompanied by a slow re-appraisal of the internal beliefs which had been driving Dr. Jamal's behaviour and causing her distress. One of her most entrenched beliefs was that her only worth and value as a person was to be of service to others. Currently, after 4½ years of therapy Dr. Dorian described Dr. Jamal as "a different person". She has developed insight and self-awareness, takes responsibility for her actions, has learned self-reflection and acquired the ability to monitor her

internal states, regulate her moods, and act with intent. She described Dr. Jamal's progress as reflective of "a very determined and tenacious attempt to do academic and psychological rehabilitation".

As Dr. Jamal's treating psychiatrist, Dr. Dorian expressed the opinion that Dr. Jamal's egregious dishonesty, as reflected in the professional misconduct which resulted in the revocation of her Certificate, was the product of "a perfect storm" of having to act out the desire of others for her to succeed, in an academic environment which valued achievement, and in which Dr. Jamal felt driven to excel. She had a tremendous psychological need to maintain her relationship with her collaborator and mentor Dr. Cummings, and couldn't "disappoint" him. On another level, the fraud which she committed represented the self-destructive acting out of her anger and aggression, "striking back at the edifice of her life". It was Dr. Dorian's opinion that she committed professional misconduct as a result of a very particular set of circumstances which will not recur and that, moreover, Dr. Jamal through her therapy is "cognizant of the psychological precipitants, and her growth and maturity with respect to these will ensure that she will not repeat anything like this in the future".

The Committee found Dr. Dorian to be highly credible. Her understanding of the psychodynamic issues and interpersonal conflicts driving Dr. Jamal's behaviour was well-articulated in her evidence, grounded in her extensive experience, and derived from her intensive therapeutic work with her over several years, and was consistent with other evidence before the Committee including that of Dr. Rootenberg and Dr. Martin, and of Dr. Jamal herself. The Committee placed great weight on Dr. Dorian's evidence.

THE EVIDENCE OF DR. DAWN MARTIN

Dr. Dawn Martin is a Professionalism Coach. She works primarily with practicing physicians and post-graduate medical trainees who need assistance in the areas of professionalism, communication, and collaboration in the workplace. She has been the primary Communications Consultant to the College for many years. She receives referrals from the

College, CMPA, and hospitals involving physicians who have demonstrated unprofessional behaviour. A copy of Dr. Martin's Curriculum Vitae was entered into evidence.

Dr. Martin had produced three reports dated September 18, 2017, March 5, 2018, and March 2, 2019, and these were entered into evidence. Dr. Martin also testified before the Committee.

Dr. Martin's evidence was that Dr. Jamal had voluntarily reached out to her through her counsel, asking for her assistance in demonstrating to the College that she recognized the significance of her past conduct and that she was committed to ensuring that it wouldn't happen again. Since that time, over the course of approximately three years, Dr. Martin has continued to see Dr. Jamal regularly. As of the date of Dr. Martin's most recent report, March 2, 2019, they had met a total of 16 times for approximately 19 hours. They continue to meet to date.

The focus of Dr. Martin's work with Dr. Jamal was initially the development of an Educational Plan to identify an attempt to remediate the multiple failures in professionalism which Dr. Jamal had demonstrated through the professional misconduct she committed. The RCPS(C) CanMEDS 2015 framework was utilized, to assist Dr. Jamal in understanding the relevant roles, and the key and enabling competencies required of a medical professional. Dr. Martin's coaching with Dr. Jamal included a detailed deconstruction of past events, reflective conversations, skill building in self, relational, situational and organizational awareness and management, and a review of relevant professional guidelines and policies to ensure that Dr. Jamal is aware of her responsibilities as a member of the College. Dr. Jamal was also provided with a list of books, articles, and websites as homework, which she was asked to review, reflect on, and discuss with Dr. Martin.

Dr. Martin's evidence was that, from the outset, Dr. Jamal was open, honest, candid, and engaged in the process. She took full responsibility for her actions and did not try to rationalize or justify her behaviour. She seemed genuinely remorseful and embarrassed about what she had done, was able to articulate the impact of her actions on the patients involved, on society, on the research community and on the medical profession. She did the required homework,

reviewing the assigned material and reflecting on it in light of her own experiences. It was Dr. Martin's opinion that Dr. Jamal demonstrated the ability to deeply reflect and apply insights in a meaningful way.

Dr. Martin indicated that, over the course of the approximately three years that she had been seeing Dr. Jamal, the insights that she has gained have been sustained. Dr. Jamal has continued to make constructive use of their time together, coming to sessions prepared and organized, and it was Dr. Martin's opinion that she is keeping up with the challenges of her day-to-day life. Dr. Martin acknowledged that Dr. Jamal had said that it was hard to come to the sessions, which is to be expected, in Dr. Martin's opinion, as the process typically generates anxiety. Dr. Martin indicated that she would like to continue to see Dr. Jamal going forward, including if her Certificate is reinstated and she re-enters practice, in order to assist in providing continuity, support, and assistance through this transition.

Counsel for the College noted that Dr. Jamal had made some negative comments about Dr. Martin to Dr. Dorian, documented in Dr. Dorian's records, suggesting that the credibility of Dr. Martin's evidence might be diminished as a result. The Committee does not accept this suggestion. Dr. Martin is very experienced in her role. She is in the best position to evaluate the level of engagement, and the sincerity of the motivation, of Dr. Jamal. A few negative comments by Dr. Jamal made confidentially to her treating psychiatrist, do not seriously undermine Dr. Martin's evidence.

The Committee found Dr. Martin to be a credible witness. She has many years of experience in assisting physicians who have behaved in an unprofessional manner. In light of her experience, and her work with Dr. Jamal over approximately three years, she is in a good position to identify the failures in professionalism demonstrated by Dr. Jamal, and the steps required to reduce the risk of these recurring, as outlined for the Committee in both her written reports and her oral testimony. The Committee found her evidence to be clear and cogent, and accorded this significant weight.

THE EVIDENCE OF DR. MARA GOLDSTEIN

Dr. Mara Goldstein is the Associate Medical Director of the PHP of the Ontario Medical Association. She testified before the Committee and submitted a written report to the Committee dated January 28, 2020, which was entered into evidence.

Dr. Goldstein testified with respect to the role of the PHP. In general, this is to assist physicians who suffer from mental health issues and/or substance abuse disorders, including through the development of a mandatory monitoring program tailored to the specific circumstances of the physician. A Monitoring Contract is then prepared which outlines the requirements regarding monitoring, and other expectations on the physician. Monitoring Contracts typically identify a PHP Clinical Coordinator, a Primary PHP Monitor, an Attending Mental Health Clinician, a Primary Care Physician, and Workplace Monitors in the case of a practicing physician. The contract also imposes obligations on the physician in terms of compliance, disclosure of information, and reporting of developing problems or relapses. Typically, the PHP reports to the College on the physician's progress on an annual basis, or more frequently if changing circumstances warrant it. A PHP Monitoring Contract had been developed for Dr. Jamal, of five years duration and dated May 1, 2019, and this was entered into evidence.

Dr. Goldstein met personally with Dr. Jamal on two occasions, firstly for a detailed intake assessment prior to the development of the PHP Monitoring Contract, then again on February 4, 2020. As per the conditions of the contract, Dr. Jamal's Primary PHP Monitor is Tania Campbell, with whom she is required to meet at least once per month.

Dr. Goldstein testified that, in the approximate nine months that the Monitoring Contract has been in place, Dr. Jamal has been fully compliant with its requirements. Ms Campbell has communicated with Dr. Dorian, who is Dr. Jamal's Attending Mental Health Clinician. The PHP is satisfied that Dr. Jamal is currently in good mental health, with no significant symptoms of depression.

Dr. Jamal's Monitoring Contract does not currently identify Workplace Monitors, as she is not working as a physician. If her Certificate is reinstated and she returns to practice, these would be added. Dr. Goldstein acknowledges that the role of Workplace Monitors does not include the investigation of fraud.

THE EVIDENCE OF MS LISA WILSON

Ms Wilson is identified as a Change of Scope and Re-entry Coordinator at the College. Her role includes conducting a needs assessment on physicians who are proposing to return to practice, which results in an Individual Education Plan (IEP) to address the educational needs of physicians returning to practice after a significant absence.

With respect to Dr. Jamal, a draft IEP was entered into evidence. Ms Wilson commented on this draft, with respect to the CanMEDS Role of Medical Expert. She had submitted a Memorandum to File dated December 20, 2019, which was also an exhibit before the Committee. It was Ms Wilson's opinion that the proposed level of clinical supervision for Dr. Jamal if she returned to practice, identified in the IEP as low, was acceptable to the College. She suggested that the minimum duration of supervision should be for six months, to allow more longitudinal support from a clinical supervisor if Dr. Jamal transitions back into practice in the event that her Certificate is reinstated.

THE EVIDENCE OF DR. NAYYAR RAZVI

Dr. Nayyar Razvi testified before the Committee. He had also written a letter of support for Dr. Jamal dated March 7, 2019, which was made an exhibit.

Dr. Razvi, a family physician, worked with Dr. Jamal as a colleague from 2016 to 2018 at the Appletree Medical Clinic. Dr. Jamal's role at the clinic was that of a consulting endocrinologist. Dr. Razvi testified that she was a very valuable resource, providing much needed

endocrinological consultations and follow-up services. He described Dr. Jamal as highly knowledgeable, skilled, and professional.

Dr. Razvi was aware that Dr. Jamal's Certificate was revoked in 2018, and of the reasons for this. He had seen the Decision and Reasons for Decision of the Discipline Committee. He stated that he was aware also of the efforts Dr. Jamal had made to gain insight into the motivations behind her lapses in professionalism, through her work with Drs. Dorian and Martin, amongst other things.

Dr. Razvi testified that, if her Certificate is reinstated, Dr. Jamal would be able to work again at the Appletree Clinic. The clinic could accommodate a need for a Practice Monitor, if this was required.

The Committee found Dr. Razvi to be a credible witness. His evidence was clear, concise, and believable.

LETTERS OF SUPPORT

The Committee reviewed the letters of support for Dr. Jamal which were entered into evidence. These consisted of the letter of Dr. Nayyar Razvi referred to above, in addition to three additional letters from colleagues and friends of Dr. Jamal.

The Committee is aware of the limited use that can generally be made of letters of support in disciplinary proceedings. With respect to a reinstatement application, however, evidence of the physician's character is relevant, as confirmed in previous cases including *Kulkarni v. CPSO (2004)*, and *Kernerman v. CPSO (2010)*. The non-exemptible standard that the applicant will practice with decency, honesty, and integrity would, to some extent, be a reflection of their character. In this context, character references included in letters of support can be considered.

With respect to Dr. Jamal, the misconduct for which she was revoked entailed significant, longstanding dishonesty and deception. This was, by its nature, hidden. She went to great lengths to ensure that it did not come to light. The observations of friends and colleagues regarding Dr. Jamal's character, accordingly, were not assigned great weight by the Committee. Practiced at deception, it can be assumed that Dr. Jamal could also have deceived colleagues and acquaintances. Nevertheless, the evidence contained in the letters of support is in fact consistent with the overall narrative accepted by the Committee, which is based on the totality of the evidence. Her colleagues and acquaintances agree that she is a fundamentally prosocial individual, and that she has worked to acquire insight into the reasons for her misconduct, and to prevent a recurrence of unprofessional behaviour.

ANALYSIS

The Committee adopted the approach reflected in previous decisions of the Committee in reinstatement applications, notably *Manohar, re (2013)* and *Williams v. CPSO (2018)*. Both of these decisions applied an analysis of the case specific factors as outlined in *Kulkarni v. CPSO (2004)* and *Kernerman v. CPSO (2010)*, in order to determine whether the non-exemptible standards for a Certificate of Registration, as set out in the legislation, had been met. The two broad issues identified in *Gillen v. CPSO (2010)* provide a helpful framework:

1. What is the risk of future misconduct and if there is a risk, is it manageable with terms, conditions and limitations?
2. Is the applicant suitable to practice both in terms of the protection of the public and the confidence of the public in the profession's ability to govern itself?

The Factors Considered by the Committee

(a) The facts giving rise to the misconduct that led to revocation

Both parties are in agreement, and the Committee concurs, that the facts that resulted in the revocation of Dr. Jamal's Certificate are appalling. She engaged in a pattern of deceit, deception, and manipulation in research activities over a period approaching ten years. Her actions were conscious and deliberate, consisting both of the falsification of research data and of elaborate attempts to avoid detection of her malfeasance, and to deflect blame onto her colleagues. Multiple individuals and organizations suffered harm to their reputations, patients recruited into her fraudulent research studies were exposed to unnecessary risks, and the integrity of the research community and the medical profession itself was tarnished. Dr. Jamal's wide-ranging dishonesty was antithetical to the basic values of the profession, which require physicians to practice with decency, integrity, and honesty.

Beyond the facts of the misconduct itself, the Committee heard considerable evidence with respect to other issues which, in part, gave rise to the misconduct. The Committee accepts that, during the material time of this misconduct which extended over many years, Dr. Jamal was struggling with serious and deep-rooted mental health problems. While there is no suggestion that she was anything less than fully responsible for her actions, a full consideration of the facts giving rise to the misconduct requires an understanding of the underlying issues, as these provide essential context.

The revocation decision also makes reference to some mitigating factors, including Dr. Jamal's admission to the facts of her misconduct, her acceptance of the Agreed Statement of Facts at the hearing, and her acceptance of the penalty of revocation, the lack of any concerns about her clinical competence, and the lack of a prior disciplinary history with the College.

The totality of the evidence leaves no doubt that revocation of Dr. Jamal's Certificate was the only penalty which would have adequately expressed denunciation of her wrongful conduct, upheld public confidence in the reputation of the profession and in the self-regulatory process, and served the interests of specific and general deterrence.

(b) Changes in the physician's circumstances since the time of her revocation

The evidence as a whole persuades the Committee that there have been dramatic changes in Dr. Jamal's circumstances, commencing in approximately 2015 and continuing through the time of her revocation in 2018, and to date.

In this regard, the Committee relied on the evidence of Dr. Jamal, of her treating psychiatrist Dr. Dorian, and of her professionalism coach Dr. Martin.

Dr. Jamal's personal circumstances have changed. She is no longer engaged in any form of research activities, and had been practicing clinical endocrinology for two years prior to the revocation of her Certificate, without any evidence of deficits in her knowledge, skill and judgement, or in her professionalism. She is now married to her second partner, after her first marriage ended. She is no longer isolated, and has good personal and professional supports. She is paying the required financial restitution to CIHR.

More importantly, it is clear to the Committee that Dr. Jamal has undertaken a critical process of self-examination and personal growth with the aim of understanding the psychological underpinnings of her previous misconduct, and ensuring as much as possible that this will not be repeated in the future. Both her psychotherapist Dr. Dorian and her professionalism coach Dr. Martin attested to her consistent engagement with them, her openness and honesty albeit these having developed slowly over time, her acceptance of responsibility for her misbehaviour, her remorse and regret for the harm she has done, her improved insight, and her sincerity in wishing to rejoin the medical profession and practice in accordance with the high standards of professionalism which this privilege entails.

With respect to Dr. Jamal's psychiatric diagnosis of Major Depressive Disorder, this is considered to be in remission. She has benefitted from treatment with antidepressant medication and from her psychotherapy with Dr. Dorian. Dr. Rootenberg, who assessed Dr.

Jamal initially in 2017 and subsequently in 2019, attested to the improvement in her mood over this period of time.

(c) The success of rehabilitation including the degree of insight into past inappropriate conduct

The extent of Dr. Jamal's insight into her past misconduct was a central issue for the Committee.

The Committee agrees with the Decision in the case of *re Horri (2019)*, which found that true insight requires both a conscious penetration of the reasons and a fulsome understanding of why the misconduct occurred; and, an understanding of the impact of behaviour both on the victim and society, including the profession.

The College submitted that Dr. Jamal's insight remains deficient in several respects, as evidenced by:

- Dr. Jamal's failure to inform the College of the two additional instances in which she had fraudulently manipulated research data, leading to a retraction of journal articles;
- Dr. Jamal's alleged position that a change in the direction of her career from research to clinical endocrinology would be sufficient, in itself, to prevent any recurrence of dishonest behaviour;
- Dr. Jamal's alleged incomplete understanding of the significance in which she had abused her power in relation to her research assistant;
- Dr. Jamal's failure to apologize to several of her former collaborators and colleagues, and her failure to apologize to her research assistant; and

- Dr. Jamal's evidence that, at that time she was committing research fraud, she didn't fully understand the wrongfulness of her actions.

The Committee accepts that, historically, Dr. Jamal's insight has been poor. At the time of her research fraud, and during her attempts to avoid detection, she did not have a full conscious understanding of why the misconduct occurred, and of the impact of her actions on the research community and the profession. This is confirmed by Dr. Jamal's own testimony before the Committee, and by the evidence of Dr. Dorian who stated that she was, initially, "perplexed on several levels".

With respect to the subsequent development of deeper insight, the Committee accepted the evidence of Dr. Dorian. Dr. Dorian stated that the development of insight is a long-term goal of psychotherapy, and that this characteristically develops in a slow and halting fashion, with setbacks expected along the way. This is particularly the case when, as with Dr. Jamal, the unconscious motivations behind her behaviours are complex and multi-layered; these are gradually uncovered and made conscious during the course of therapy. The Committee accepted Dr. Dorian's evidence that Dr. Jamal has made great gains in the development of insight. This is not to say that her current insight is perfect, or that further gains might not yet be made.

Dr. Jamal's testimony before the Committee, if accepted, would indicate that she currently does possess a conscious understanding of why her misconduct occurred, and of the impact of her actions on the victims and society, including the profession. She stated repeatedly that she took full responsibility for her misconduct and, also, for the additional falsification of research data in the two subsequently retracted articles which was not part of the Agreed Statement of Facts leading to the revocation of her Certificate. She acknowledged that her acceptance of responsibility had been a process, and that earlier she had denied and attempted to avoid responsibility, and had tried to blame others. In her testimony, she disavowed her earlier rationalizations and excuses, stating that she deserves all the blame. She described her misconduct as having been egregious,

despicable, cowardly, and shameful. Her statements in this regard seemingly reflect good insight. For the reasons stated earlier, the Committee accepts that Dr. Jamal's evidence is credible.

The Committee accepts the evidence of Dr. Dorian that Dr. Jamal's motivations with respect to her fraudulent activities were complex and multi-layered. It is simplistic, and not entirely accurate, to conclude that her actions were solely motivated by her need to please Dr. Cummings. Dr. Jamal's research fraud would be better understood as reflecting her deep ambivalence about her research career, her lack of a core identity except as this had been defined and created for her by others, and her strong need for external approval including that of her parents, her first husband, and Dr. Cummings. She was driven to maintain the facade of high achievement and success necessary for her to avoid underlying feelings of guilt and shame arising from deep-rooted feelings of inadequacy. Dr. Jamal's testimony before the Committee suggests that she acquired good insight into these dynamics.

In summary, the Committee finds that Dr. Jamal does at this time, have genuine insight into her past inappropriate conduct. Her rehabilitation, particularly her therapy with Dr. Dorian, has been successful to date. Her need for further psychotherapy is, however, ongoing, in order to assist her in consolidating the gains that she has made, and in dealing with changing circumstances in her life including potentially a return to medical practice.

(d) The physician's current mental health and future prognosis

The evidence of both Dr. Jamal and Dr. Dorian is that Dr. Jamal's current mental health is stable. Her depression is in remission, with no clinically significant symptoms. There is no current functional impairment associated with her depression. According to Dr. Dorian, Dr. Jamal is now able to employ more mature defense mechanisms than earlier, she engages in self-reflection, monitoring and regulation of her moods and her behaviours, she is fully

present and aware, and she is capable of acting with reasoned intent rather than being driven by unconscious forces which, previously, she did not fully understand.

The personal growth referred to by Dr. Dorian is a favourable prognostic factor, and will help to protect Dr. Jamal both from a relapse of her depression and from the recurrence of the maladaptive behaviours associated with her professional misconduct.

(e) The physician's current knowledge, skill and judgement

The Committee finds that Dr. Jamal is sufficiently knowledgeable and skilled to allow her to return to the practice of clinical endocrinology. She has undertaken an impressive self-directed program of CME, as seen in the evidence of her formal CME activities and her self-study by Journal Reviews, in evidence before the Committee. She has worked with the College to develop an IEP in preparation for a return to practice. With respect to Dr. Jamal's clinical judgement, there is no evidence that this is impaired. This finding is supported by the evidence of Dr. Nayyar Razvi of the Appletree Medical Group, who worked as Dr. Jamal's colleague for two years prior to the revocation of her Certificate. He described her as highly knowledgeable, skilled and professional in her interactions with patients, their families, and colleagues.

(f) The physician's attempt at restitution

Dr. Jamal is making restitution to CIHR for the funding which was granted to her to pursue the NABT study, restitution which is required because the funding had been granted on the basis of Dr. Jamal's fraudulent research in the earlier JAMA study. Dr. Jamal has a legal obligation to repay these funds, in the total amount of \$253,000; this is not, therefore, voluntary restitution. Nevertheless, after initially attempting to deflect responsibility for the repayment to WCH, Dr. Jamal has now accepted that this is her responsibility and she has committed to making full restitution.

(g) The physician's present character – will she practice medicine with decency, honour and integrity, in compliance with the law

With respect to Dr. Jamal's character, the evidence of both Dr. Dorian and Dr. Rootenberg is that she does not have a personality disorder. She is primarily a prosocial individual, without characterological features of dishonesty or deviance. Both psychiatrists characterized Dr. Jamal's misconduct as "out of character".

The Committee gave considerable weight to Dr. Dorian's evidence with respect to the characterological growth demonstrated by Dr. Jamal during her years of therapy. At present she is a more mature, balanced, insightful and self-aware individual than she was prior to 2015, and during the years she was committing professional misconduct.

It is also clearly the case that Dr. Jamal's dishonesty was longstanding over a period of many years, was manifest by patterns of deceit, manipulation, and avoidance of responsibility in a variety of contexts, and was sometimes accompanied by eloquent and seemingly sincere protestation of her innocence. In light of this history, Dr. Jamal's current level of sincerity in her acceptance of responsibility and her statements of remorse and contrition will inevitably be questioned.

The Committee, however, is persuaded by the psychiatric evidence that Dr. Jamal is fundamentally a person of good character. The Committee accepts that her dishonest and deceitful conduct, while wilful and intentional, was essentially the product of a disturbed and dysfunctional individual, and that this conduct was not reflective of characterological anti-sociality.

Accordingly, the Committee finds that Dr. Jamal's present character will enable her to practice medicine with decency, integrity and honesty, and in accordance with the law.

(h) The impact of the physician's readmission on the reputation of the profession

The reputation of the profession is enhanced by a demonstration of the ability of the self-governing process to appropriately sanction severe misconduct. This has been accomplished in this case. Compassion is also one of the core values of the profession. Successful treatment and remediation would be recognized by the profession as desired outcomes.

The impact of Dr. Jamal's readmission on the reputation of the profession needs to be determined by balancing the benefits to the profession which would derive from the return to practice of a reformed and rehabilitated physician who is not a risk to the public and who would practice with decency, honesty and integrity; with the need to preserve the principles of denunciation, deterrence, and maintenance of public confidence in the integrity of the profession which might be compromised by the premature return to practice of a physician who had committed egregious misconduct.

As stated earlier, the Committee finds the psychiatric evidence of Dr. Jamal's rehabilitation to be persuasive. She has made great gains in her understanding of the origins of her dishonest behaviour, has been fully engaged and committed to her therapy, and is sincere in doing whatever is required to enable her to return to the practice of medicine, and to be able to practice with honesty and integrity. The legislation foresaw the potential for a return to practice of reformed physicians, and the profession would generally support this as a commendable goal.

The Committee finds that, on balance, the impact on the reputation of the profession would favour reinstatement of Dr. Jamal's Certificate. She has suffered enormous negative consequences in the aftermath of her misconduct and subsequent revocation of her Certificate. Included in these are her disgrace and permanent exclusion from the research community; the publicity engendered by her fraudulent activities and subsequent revocation and the public humiliation associated with this; and, financial repercussions

from reinstatement requirements. She has been out of practice for over two years. The reputation of the profession does not suffer from, and is in fact enhanced by, recognition of the successful rehabilitation of a physician who has demonstrated that she is ready to return to practice.

(i) The protection of the public

Patterns of dishonest and deceitful behaviour would have the potential to place the public at risk in the clinical setting. The risk is not eliminated simply by Dr. Jamal shifting her practice from research to clinical endocrinology. Nevertheless, the Committee accepts the evidence of Dr. Jamal, and of Dr. Dorian, that the pressures and demands of an academic career were a factor in understanding the origins of Dr. Jamal's dishonest behaviour. The interplay of personal vulnerabilities and professional demands facilitated the emergence of Dr. Jamal's dishonest and dysfunctional behaviour. The risk of a re-emergence of such behaviour, while still possible in a clinical practice, would be expected to be less. The evidence that Dr. Jamal was able to practice safely and professionally for two years at the Appletree Clinic, prior to the revocation of her Certificate, would support this conclusion.

The Committee accepts the uncontradicted expert evidence of Dr. Rootenberg, and the opinion of Dr. Jamal's treating psychiatrist Dr. Dorian, that the risk of further misconduct by Dr. Jamal is low. Dr. Rootenberg's risk assessment was comprehensive and thorough. His opinions were strengthened by a broad range of information which he incorporated into his assessment, including his own clinical interviews with Dr. Jamal over a period of two years, psychological testing completed by Dr. Arrowood, information from collateral sources including family members who knew Dr. Jamal well, and the risk assessment instruments he employed (PCL-SV and HCR-20). The Committee gave considerable weight to Dr. Rootenberg's evidence with respect to the risk of future misconduct.

With respect to the opinions of Dr. Dorian, these were derived from a thorough understanding of the psychodynamic factors driving Dr. Jamal's maladaptive behaviour,

acquired over years of relatively intensive psychotherapy. Dr. Dorian's opinions were, similarly, accorded significant weight by the Committee.

CONCLUSIONS

On March 6, 2018, Dr. Jamal's Certificate of Registration was revoked for serious professional misconduct. It is abundantly clear that this was necessary and appropriate at that time. The role of this Committee is not to further penalize Dr. Jamal for past misconduct. We are concerned, rather, with determining whether she has discharged her onus of proving, on a balance of probabilities, that she now qualifies for reinstatement based on the applicable standards and criteria. For the reasons stated above, the Committee finds that she has done so.

The Committee finds that the risk that Dr. Jamal will commit further misconduct is low. The Committee will impose a number of terms, conditions, and limitations on Dr. Jamal's Certificate of Registration in order to assist in managing whatever risk might remain. These will further protect the public, and give confidence in the profession's ability to govern itself in the public interest.

The Committee finds also that Dr. Jamal is suitable to practice both in terms of the protection of the public and the confidence of the profession's ability to govern itself.

With respect to the non-exemptible standards for a Certificate of Registration as set out in the legislation, the Committee finds that:

- (a) Dr. Jamal is mentally competent to practice medicine. There is no suggestion, in any of the evidence, of mental incapacity;
- (b) Dr. Jamal will practice with decency, integrity and honesty and in accordance with the law, for the reasons state above;

(c) Dr. Jamal has sufficient knowledge, skill and judgement to engage in the kind of medical practice authorized by her Certificate. As stated above, she has made a comprehensive and thorough effort to prepare herself for a return to clinical practice, as reflected in her professionalism coaching with Dr. Martin, her documented CME activities and review of College policies, and her IEP prepared with the assistance of the College. Dr. Jamal will also be subject to the College return to practice protocol, and will be under Clinical Supervision for a period of time, and by these means any deficits in her knowledge, skill or judgement can be identified and remediated; and

(d) Dr. Jamal can communicate effectively and will display an appropriately professional attitude. The evidence, including her professional experience, the opinions of Drs. Martin, Rootenberg and Dorian, and her own testimony before the Committee is that Dr. Jamal is a skilled communicator and that she does demonstrate professional attitude in her interactions.

The Committee carefully considered the terms, conditions and limitations necessary to manage the risk of future misconduct, and to ensure that Dr. Jamal's return to practice entails appropriate monitoring and supervision, accounts for her ongoing needs for therapy with respect to mental health issues, and protects the public.

The Committee will restrict Dr. Jamal's practice to clinical endocrinology. She will not have the option of engaging in research activities of any kind. For the reasons stated above, this will further reduce the risk of any future misconduct, and give confidence that the reputation of the research community is respected.

The Committee notes that the majority of Dr. Jamal's clinical practice has been related to osteoporosis. Her practice of more general clinical endocrinology was limited to approximately two years at the Appletree Clinic. She has now been out of practice for over two years. Under the circumstances, the Committee finds that it is important for Dr. Jamal's clinical supervisor

to be a community-based endocrinologist capable of supervising her with respect to the entire range of clinical issues which she will encounter in a community practice. Further, the Committee finds that a moderate level of clinical supervision is required in order to maintain confidence that Dr. Jamal is successfully transitioning back to clinical practice. Finally, as the misconduct committed by Dr. Jamal involved serious and longstanding dishonesty, public confidence in the profession requires that her OHIP billings be monitored in order to detect any recurrence of dishonest behaviour.

The PHP Monitoring Contract entered into by Dr. Jamal in May 2019, for a duration of 5 years, will ensure that her progress is monitored during her anticipated return to practice, that she remains engaged with her care providers and supports, and that any developing issues or problems are detected and remediated where possible.

The Committee views Dr. Jamal's continuing psychotherapy with Dr. Dorian as important in order that she continue to consolidate the gains she has made, and to help reduce the risk of a relapse. She should continue to see Dr. Dorian not less than once a month, for a minimum of 12 months.

ORDER

1. **THE DISCIPLINE COMMITTEE ORDERS AND DIRECTS** that the Registrar issue a Certificate of Registration to Dr. Jamal and directs the Registrar to impose the following terms, conditions, and limitations on Dr. Jamal's Certificate of Registration:

Scope of Practice

- (a) Dr. Jamal shall limit her scope of practice to clinical endocrinology and shall not engage in any clinical research of any kind in any setting;

Clinical Supervision

- (b) Notwithstanding the provisions of the College's Policy, *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice*, with which she is required to comply, Dr. Jamal shall, for a period of no less than 12 months, practice under moderate level clinical supervision in accordance with the Individualized Educational Plan (the "IEP") attached hereto as Schedule A.
- (c) During moderate level supervision, which will last for a minimum of 12 months and will continue until such time as the College has confirmed that supervision is no longer required based on the report from the Clinical Supervisor:
- (i) Dr. Jamal will retain a Clinical Supervisor acceptable to the College.
 - (ii) Dr. Jamal will provide the Clinical Supervisor with 10 charts chosen by the Clinical Supervisor on a monthly basis and will meet with the Clinical Supervisor to discuss these charts on a monthly basis.
 - (iii) The Clinical Supervisor will provide a report to the College on a monthly basis for 3 months and, at the discretion of the Clinical Supervisor, no less than quarterly thereafter. The reports of the Clinical Supervisor shall include:
 - A list of all charts reviewed with patient identifiers, with an overview of the types of presenting problems addressed in the chart and discussed with Dr. Jamal;
 - Identification of any concerns;
 - Identification of the Clinical Supervisor's recommendations and Dr. Jamal's success in implementing any changes into her practice;

- The Clinical Supervisor's opinion as to whether Dr. Jamal is ready to return to an unsupervised practice; and
- Identification of any issues pertaining to Dr. Jamal's OHIP billings.

(d) Throughout the period of clinical supervision, Dr. Jamal shall abide by all recommendations of the Clinical Supervisor.

(e) Throughout the period of clinical supervision, Dr. Jamal shall, with respect to each patient for which she provides clinical endocrinology care:

- (i) In each patient chart, record the name of the Most Responsible Physician (MRP);
and
- (ii) Obtain copies of reports from other health care medical providers that are relevant to the patient's ongoing clinical endocrinology care and ensure that such reports are reviewed and considered, where appropriate, in Dr. Jamal's management of the patient's clinical endocrine issues.

(f) Dr. Jamal shall arrange for the Clinical Supervisor to sign an Undertaking, in a form acceptable to the College, confirming his or her willingness and ability to comply with the above.

Monitoring

(g) Dr. Jamal shall cooperate, and shall not interfere with, unannounced inspections of her practice by the College, and with any other activity the College deems necessary for the purpose of monitoring Dr. Jamal's compliance with the terms of this Order.

- (h) Dr. Jamal shall provide the College with her irrevocable consent to make appropriate inquiries of the Ontario Health Insurance Plan, and/or any person(s) or institution(s) that may have relevant information, in order for the College to monitor her compliance with the terms of this Order.
- (i) Dr. Jamal shall comply with all aspects of her PHP Monitoring Contract including with respect to workplace monitoring, her ongoing therapy with Dr. Dorian, and her professionalism coaching with Dr. Martin.

Education

- (j) Dr. Jamal shall participate in, and successfully complete, all aspects of the IEP, attached hereto as Schedule A.

Therapy

- (k) Notwithstanding the requirements of her PHP Monitoring Contract, Dr. Jamal shall continue her therapy with Dr. Dorian at a frequency of not less than once a month, for a minimum of 12 months. Dr. Dorian shall:
 - (i) Submit a report to the College 3 months after Dr. Jamal has re-entered practice. The report shall include information relevant to Dr. Jamal's fitness and/or capacity to practice medicine. Additionally, if Dr. Dorian forms an opinion that Dr. Jamal's continued practice poses a risk of harm to patients or the public, she shall report that information to the College immediately. Dr. Jamal shall arrange for Dr. Dorian to sign an Undertaking, in a form acceptable to the College, confirming her willingness and ability to comply with the above.

2. **THE DISCIPLINE COMMITTEE ORDERS** that Dr. Jamal shall be solely responsible for any and all fees, costs, charges, expenses, etc. associated with implementing the terms of this Order.

**DISSENT ON FINDING – DR P. POLDRE
DECISION AND REASONS FOR DECISION**

ANALYSIS

There is no dispute that the general requirements for a certificate of registration set out in Ontario Regulation 865/93, made under the *Medicine Act, 1991*, are applicable to an application for reinstatement. They provide as follows:

- 2.(1) It is a non-exemptible standard and qualification for a certificate of registration that the applicant's ***past*** and present conduct afford reasonable grounds for belief that the applicant,
- (a) is mentally competent to practice medicine;
 - (b) will practice medicine with decency, integrity and honesty and in accordance with the law;
 - (c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
 - (d) can communicate effectively and will display an appropriately professional attitude. (***Emphasis added***)

The dissenting opinion is based on my interpretation of several aspects of these non-exemptible components of the test for reinstatement. The Regulation specifically mentions past conduct. As detailed later, practicing medicine with decency, integrity and honesty and with a display of an appropriate professional attitude are central aspects of my reasons for the dissenting opinion.

Prior cases of this Committee identify two broad issues for consideration on an application for reinstatement (*Gillen v. CPSO* (2010); *Manohar* (re) [2013] ON CPSD No. 46)

- What is the risk of further misconduct, and if there is a risk, is it manageable with terms, conditions and limitations?
- Is the applicant suitable to practice both in terms of protection of the public and the confidence of the public in the profession's ability to govern itself?

The cases also suggest additional considerations regarding reinstatement. These factors include :

- The facts giving rise to the misconduct that led to revocation
- Changes in the physician's circumstances since revocation
- The success of rehabilitation including the degree of insight into past inappropriate conduct
- The physician's current mental health and future prognosis
- The physician's attempts at restitution
- The physician's current knowledge, skill and judgment
- The physician's present character : will she practise medicine with decency, integrity and honesty and in accordance with the law
- The impact of the physician's readmission on the reputation of the profession
- Protection of the public.

As a starting point, I do not believe that the above-listed factors should serve as a scorecard, with equal weighting given to each factor. In my view, the mandatory, non-exemptible factors must be weighed more heavily. I note that two of the listed optional factors replicate those that are non-exemptible, specifically those related to decency, integrity, honesty and knowledge, skills and judgment.

I agree that Dr. Jamal is mentally competent to practice medicine and that she has sufficient knowledge, skill and judgment to engage in the kind of medicine which she wishes to practise,

namely community-based endocrinology. I do not have any concern about Dr. Jamal's ability to communicate effectively.

Sense of decency, integrity and honesty and appropriate professional attitude

I have significant concerns about Dr. Jamal's sense of decency, integrity and honesty and how those traits are interwoven with an appropriate professional attitude. I analyzed these concerns in the context of the misconduct that led to revocation, Dr. Jamal's insight into her past conduct and the impact of Dr. Jamal's readmission on the reputation of the profession.

Dr. Jamal's professional misconduct as an experienced medical researcher was profoundly disturbing. I expect that it may be the worst case of research fraud dealt with by the College in its history. Dr. Jamal's multiple instances of data manipulation to create a positive research result caused the retraction of several peer-reviewed research articles and thereby tarnished the professional reputations of numerous co-authors and collaborators. When the research fraud was exposed and investigations were undertaken by the U of T and WCH, Dr. Jamal embarked upon a series of cover-ups and the callous, calculated blaming of others that are well-documented in the decision of the Discipline Committee in 2018.

I recognize that Dr. Jamal does not seek to return to an academic role if her certificate of registration is reinstated. However, she will be returning to membership in the medical profession, which demands decency, honesty and integrity of its members across all domains of professional behaviour.

Rehabilitation efforts and insight

I find that the nature of this misconduct and its impact must form the foundation of Dr. Jamal's rehabilitation efforts and insight. At the time of this hearing, my view is that Dr. Jamal has not yet fully dealt with the professional aspects of her past misconduct.

Dr. Jamal has engaged in psychotherapy with Dr. Dorian for over four and a half years. Dr. Jamal's five-page Self-Reflection (exhibit 13) and her testimony at the hearing describe the influences of her upbringing, her first husband and her research collaborators. She attributes her misconduct to "my sole motivation from early childhood and onwards was to not disappoint" (page 2, exhibit 13). She notes that "I have worked diligently in the areas of personal and professional development" and points to the submitted CME document. However, despite her early reflection that "I recognize that a key principle of practice and duty as a physician is a responsibility to the profession of medicine", her self-reflection document and subsequent actions, or lack thereof, undermine this assertion.

Two apologies

After almost four years of psychotherapy, on May 9, 2019, Dr. Jamal authored two letters of apology (exhibits 23 and 24). She testified that, "I needed to wait until I could give a genuine apology".

I noted the similarity of language in each letter, including phrases such as "lacked the courage", "lapse in professional behaviour", "let down...my research colleagues...and the medical profession in general". I was struck by the relative brevity of the letters and by the significant disproportion when comparing the letter to Dr. Cummings to that of Dr. Goltzman. The former was a long-time and very significant research mentor to Dr. Jamal, starting with her research fellowship years in California. Dr. Cummings was mentioned numerous times in Dr. Jamal's testimony. She mentioned the importance of the weekly phone calls of support Dr. Cummings offered during Dr. Jamal's separation from her first husband. Dr. Cummings was the only research mentor mentioned in Dr. Jamal's self-reflection document. Yet the apology letter to Dr. Cummings garnered the same number of lines (eight) as the letter to Dr. Goltzman and contained only a few more words. Furthermore, neither letter of apology requested that Dr. Jamal's apology should be forwarded to the other co-authors and collaborators. No evidence was adduced to indicate that any other letters of apology were sent to those co-authors whose academic work had to be retracted from peer-reviewed publications.

These cursory letters of apology suggest a significant lack of insight and disregard of the professional harm caused by Dr. Jamal's research misconduct four years earlier. In my opinion, the two letters of apology are not genuine and demonstrate a lack of common decency and integrity.

Furthermore, the harm caused by Dr. Jamal's research fraud extended much further than her co-authors and collaborators. She did not write a letter of apology to any of the editorial boards of the journals that published her fraudulent research studies. If she had done so, she would have taken full responsibility by stating that she alone manipulated data that resulted in the fraudulent research.

As an Associate Professor at the U of T's Faculty of Medicine and in her role as a Clinician Scientist, Dr. Jamal's misconduct caused serious reputational harm to the University, the Faculty of Medicine and to WCH

The meaning of "insight" was considered by the Discipline Committee in the *Horri* decision. The Committee noted that "insight also requires an understanding of the impact of behaviour both on the victim and society including the profession". In my view, a true understanding of impact must be demonstrated by action, not merely by words in a self-reflection document or in testimony before the Committee. These sentiments would not directly reach the numerous individuals who deserve to hear them.

Lack of apologies

Dr. Jamal's counsel noted that the lack of an apology was not a bar to reinstatement in both the *Williams* and *Manohar* cases. Upon review of the *Manohar* decision, I noted that Dr. Manohar had apologized and requested forgiveness (paragraph 42). In the *Williams* decision, there was no mention of the presence or absence of an apology.

Dr. Dorian, Dr. Jamal's treating psychiatrist, testified that apologies are a delicate thing and one must consider how the recipient will react to the apology. She also opined that the two letters of apology in 2019 demonstrated a "dissociated state" and that in future therapy, she would encourage more apologies.

Dr. Jamal testified that she felt terrible about the way in which she treated her research assistant. To date, she has not sent a letter of apology to the assistant because in her opinion that would dredge up painful memories. In cross-examination, Dr. Jamal suggested that she would consider apologizing to her former research assistant "in a safe place" but suggested that "it would not be in her best interests". This seems to contradict the evidence of her treating psychiatrist who testified that she would encourage further apologies.

Those additional apologies should also include the broader academic community that Dr. Jamal impacted with her disgraceful behaviour. I strongly believe that Dr. Jamal's failure to apologize to the U of T, WCH and to various individuals within these institutions who played a role in Dr. Jamal's academic career and its success demonstrates a major lack of insight into the impact of her past misconduct on the medical profession. Dr. Jamal offered no evidence to support her assertion that she worked in isolation and that she had no support locally in her academic endeavours. Her curriculum vitae (exhibit 5) is replete with hospital and university roles from 2007 onward that would naturally involve significant collaboration with others, both locally and afar. I do not find her testimony to be credible in this regard. It strengthens my view that Dr. Jamal's years of psychotherapy have yet to enlighten her about the broader damage that she has caused to the medical profession.

Breach of trust

Dr. Jamal's waste of precious CIHR research funds was a breach of the public trust. In addition, she breached patient confidentiality when she accessed files of individuals who were not participants in her research studies or even her patients and copied their bone mineral density reports into study patient charts. She breached the trust of her colleagues by manipulating

data without her coauthors' consent or knowledge. She breached the trust of the institutions in which she worked where it was expected that she would conduct her duties with decency, integrity and honesty. And at the most personal and egregious level, Dr. Jamal breached the trust of her research associate whom she attempted to blame for the data manipulation.

Conclusion

To conclude, Dr. Jamal's readmission to the profession at this time, in the absence of her genuine remorse as demonstrated by her lack of acknowledgements of damage done to individuals and institutions would undermine the public's trust in the profession's ethical conduct of research.

Decency, integrity and honesty are not simply one tick-mark on a scorecard of reinstatement. An individual practitioner's decency, integrity and honesty must weigh heavily in a reinstatement hearing and must be judged in a broader context than just the narrower confines of a research career and the past misconduct that occurred therein. As stipulated in the Regulation cited above, past conduct is relevant and in the absence of insight into the impact of her past misconduct, I am not persuaded that Dr. Jamal will fare well in the community clinical setting.

**DISSENT ON FINDING – DR E. STANTON
DECISION AND REASONS FOR DECISION**

I have had the opportunity to review Dr. Poldre's reasons for dissenting and agree with his analysis. In addition, however, I would not order reinstatement of Dr. Jamal's certificate of registration at this time for the additional following reasons.

I find that Dr. Rootenberg's opinion that Dr. Jamal is at a low risk of re-offending, though thoughtful, to be focussed on her role in research. I think it is fair to say that given that she is essentially banned from doing research, there is no risk of her repeating the specific misconduct that led to revocation of her certificate of registration. I am concerned, however, that Dr. Rootenberg's analysis does not address the risk of further misconduct in her proposed clinical practice in community medicine. The concern is, would she breach the trust of colleagues and patients in the clinical setting or fraudulently bill OHIP such as up-billing or billing for services not provided?

I also placed only limited weight on Dr. Dorian's evidence, given the fact that she is Dr. Jamal's treating psychiatrist and is quite understandably an advocate for her patient and invested in her success. Further, College counsel demonstrated that Dr. Dorian was basing her assessment and prognosis, at least in part, on misleading information provided by Dr. Jamal, i.e., that she had written letters taking full responsibility for her actions, which in fact she had not done.

Finally, I question the sincerity of Dr. Jamal's assertions that she now accepts responsibility and apologises for her misconduct. I note that she made similar assertions in her letter to Dr. Ross in 2015, stating that she was "embarrassed", "humiliated", "truly sorry" and accepted "full

responsibility” despite the fact that she then cast the blame on her research assistant at that time.

Schedule A
To the decision of the Discipline Committee dated May 11, 2020

This Plan takes into account the current CME undertaken by Dr. Jamal filed as Exhibits 8, 14 and 15.

EDUCATIONAL NEED/ CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	ASSESSMENT METHOD
Medical Expert	Practice that meets the standard of a competent clinical endocrinologist in the Province of Ontario	<p>1. Royal College CME Dr. Jamal will continue to maintain, satisfy and record her Royal College CME obligations.</p> <p>2. Moderate Level Supervision During moderate level supervision, which will last for a minimum of 12 months and will continue until such time as the College has confirmed that Supervision is no longer required based on the report from the clinical supervisor:</p> <ul style="list-style-type: none"> • Dr. Jamal will retain a Clinical Supervisor acceptable to the College. • Dr. Jamal will provide the Clinical Supervisor with 10 charts chosen the Clinical Supervisor on a monthly basis and will meet with the Clinical Supervisor to discuss those charts on a monthly basis. • The Clinical Supervisor will provide a report to the College on a monthly basis for 3 months and, at the discretion of the Clinical Supervisor, no less than quarterly thereafter. The reports of the Clinical Supervisor shall include: <ol style="list-style-type: none"> a. A list of all charts reviewed with patient identifiers, with an overview of the types of presenting problems addressed in the chart and discussed with Dr. Jamal; b. Identification of any concerns; c. Identification of the Clinical Supervisor's recommendations and Dr. Jamal's success in implementing any changes into her practice; 	<ol style="list-style-type: none"> 1. Proof of Royal College CME 2. Chart Review, Meetings and Report(s) from the Clinical Supervisor.

		<p>d. The Clinical Supervisor's opinion as to whether Dr. Jamal is ready to return to an unsupervised practice; and</p> <p>e. Identification of any issues pertaining to Dr. Jamal's OHIP billings.</p>	
Communicator (Medical Record Keeping)	Documentation that meets the standard of a competent clinical endocrinologist in the Province of Ontario	Dr. Jamal will maintain her clinical patient records in a competent manner.	As confirmed by the clinical supervisor in his/her report(s) to the CPSO.
Communicator (Non-Record Keeping)	Demonstrate an understanding of general principles in effective communication for a clinical endocrinologist in Ontario	<p>Dr. Jamal will review and discuss the following literature with her Clinical Supervisor and how these principles apply to her discussions with patients in the clinical setting of endocrinology:</p> <ul style="list-style-type: none"> • CFPC Parts I, II and III: Patient-Centred Interviewing: <ul style="list-style-type: none"> ○ https://www.cfpc.ca/uploadedFiles/Education/Patient%20Centred%20Interviewing.pdf ○ https://www.cfpc.ca/uploadedFiles/Education/Findin%20Common%20Ground.pdf ○ https://www.cfpc.ca/uploadedFiles/Education/Five%20Provocative%20Questions.pdf 	As confirmed by the clinical supervisor in his/her report(s) to the CPSO.
Collaborator	Demonstrate effective ongoing collaboration skills for a clinical endocrinologist in Ontario	Dr. Jamal will obtain copies of reports that are relevant to the patient's ongoing care and acknowledge review and a follow-up plan.	As confirmed by the clinical supervisor in his/her report(s) to the CPSO.

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	ASSESSMENT METHOD
Health Advocate	Practice that meets the standard of a competent clinical endocrinologist in the Province of Ontario	With the assistance of her Clinical Supervisor, Dr. Jamal will discuss current investigative and treatment options for frequently presenting endocrine issues.	As confirmed by the clinical supervisor in his/her report(s) to the CPSO.
Leader	Leadership and practice management that meets the standard of a competent clinical endocrinologist	Dr. Jamal will meet with support staff to optimize call-backs, charting, and follow-up for no shows for important results.	Confirmation by office manager or similarly situated person.
Professional	Demonstration of an understanding of acceptable professional behaviour by a physician in the Province of Ontario	Dr. Jamal has already successfully participated in a detailed one-on-one program regarding professionalism with Dr. Dawn Martin.	Report from Dawn Martin.
Scholar-CPD	Participation in CPD that meets the requirements as outlined in the CPSO's Quality Assurance Regulation	Dr. Jamal will: <ul style="list-style-type: none"> • Discuss topics assigned by her Clinical Supervisor, including: • Patient-Centred Interviewing; • Management of Diabetes; • Diagnosis and treatment of thyroid disease • Diagnosis and treatment of osteoporosis • Diagnosis and treatment of hirsutism • prepare a proposed personal CPD program for CPD to take place during the next 12 months that meets the requirements of the Royal College; and • discuss the proposed CPD program with the Clinical Supervisor and modify the proposed CPD program 	Provide CPSO with: <ul style="list-style-type: none"> • current certificate(s) of participation from a recognized body; and • CDP plan as approved by the Clinical Supervisor.

		pursuant to the recommendations of the Clinical Supervisor.	
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Plan Drafted by: Choose an item.
Plan Reviewed by: Choose an item.

Individualized Educational Plan (the "IEP") for Dr. **ABIDA SOPHIE JAMAL**