

**In the Matter of *The Medical Professional Act, 1981*,
S.S. 1980-81, c. M-10.1, and**

DR. IMAFIDON THOMAS IZEKOR, Medical Practitioner

**HEARING OF THE DISCIPLINARY HEARING COMMITTEE
OF THE COLLEGE OF PHYSICIANS AND SURGEONS
OF SASKATCHEWAN**

Saskatoon, Saskatchewan

DECISION

Before: Alma Wiebe, K.C. (Chair)
Nicole Sawchuk
Dr. Azaad Baziany

Appearances: E. Thompson and Luke Brisbois, for
the College of Physicians and Surgeons
Brian Beresh and Nicole Pecharsky, for Dr. Imafidon Thomas Izekor

I. INTRODUCTION

1. The Council of the College of Physicians and Surgeons of Saskatchewan (“CPSS” or “the College”) laid the following charges against Dr. Imafidon Thomas Izekor::

Charge 1: You, Dr. I. Thomas Izekor are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or one or more of paragraphs 1, 2, 7 or 13 of the Code of Ethics contained in bylaw 7.1; and/or bylaw 8.1(b)(xvi) of the Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.

Particulars of your conduct are that in the course of your professional practice in Regina, you engaged in sexual impropriety and failed to maintain appropriate professional boundaries with a female patient in November 2018.

The evidence that will be led in support of this charge will include one or more of the following:

- 1) A female person referred to in this charge as Patient #1 was your patient.
- 2) You saw Patient #1 on or about November 1st, 2018.
- 3) During that attendance, you made inappropriate comments to Patient #1 including comments similar to the following:
 - a. “I like your personality, you’re someone I would enjoy being around.”
 - b. “Are you sure you are sick, cause you look great to me” (in a perceived flirtatious manner).
 - c. “Why do you work so much? You don’t have a man in your life to pay for your things?”
 - d. “In Nigeria, the men pay for everything for their “babies” they spoil them. We pay for dinner; we pay for your rent, your groceries. Women don’t break a nail”.
 - e. “Have you ever considered dating someone professional, a doctor or lawyer, someone older?”
 - f. “I don’t understand why you date someone who is 18 or 18. Because they don’t have shit”.
- 4) During that attendance, you asked Patient #1 to provide her personal cell phone number, which you then called from your own cell phone.
- 5) You asked Patient #1 if you could call her to plan a follow up appointment and chat about it.

Charge 2: You, Dr. I. Thomas Izekor are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or one or more of paragraphs 1, 2, 7 or 13 of the Code of Ethics contained in bylaw 7.1; and/or bylaw 8.1(b)(xvi) of the Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.

Particulars of your conduct are that in the course of your professional practice in Regina, you engaged in sexual impropriety and failed to maintain appropriate professional boundaries with a minor female patient in November 2018.

The evidence that will be led in support of this charge will include one or more of the following:

- 1) A female person referred to in this charge as Patient #2 was your patient. At the time of her appointment with you in 2018, Patient #2 was a minor.
- 2) You saw Patient #2 on or about November 2, 2018.
- 3) During that attendance, you made inappropriate comments to Patient #2 including comments similar to the following:
 - a. "How old are the guys you are interested in? ..." Just remember, age is just a number."
 - b. "In my culture we buy women everything."
 - c. "You need to find someone who adds value to your life if you want to have sex with them."
 - d. "Don't bother with 'fuck boys' your age, you need to find a guy that's mature and older than you."
 - e. "These guys just want to Netflix and chill, you should find someone who wants to take you out for dinner."
 - f. "Guys have needs though." At that point you made noises and movements to imitate sex, moaning and grunting and rocking your body slightly.
- 4) You told Patient #2 she should go for dinner with you if she was feeling lonely. You told her you could pick her up somewhere outside her home so she wouldn't have to tell her mom.
- 5) During that attendance, you asked Patient #2 to provide her personal cell phone number, which you then called from your own cell phone. You said, "Now you have my number."
- 6) You told Patient #2 that she could get her test results from you at your house if she wanted to.

Charge 3: You, I. Thomas Izekor are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or one or more of paragraphs 1, 2, 7 or 13 of the Code of Ethics contained in bylaw 7.1; and/or bylaw 8.1(b) (xvi) of the Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.

Particulars of your conduct are that in the course of your professional practice in Regina, you engaged in sexual impropriety and failed to maintain appropriate professional boundaries with a female patient in October, 2018.

The evidence that will be led in support of this charge will include one or more of the following:

- 1) A female person referred to in this charge as Patient #3 was your patient.
- 2) You saw Patient #3 on or about October 30, 2018. The presenting complaint was infertility.
- 3) During that attendance, you told Patient #3 she was beautiful or used similar words.
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- 4) You suggested to Patient #3 that she could have children outside her marriage. When she rejected that suggestion, you commended her for being a faithful wife.
- 5) You advised Patient #3 that if she wasn't already married, you would marry her yourself.
- 6) You asked Patient #3 to show you a photograph of her sister and asked for that sister's phone number.
- 7) You asked Patient #3 for her phone number and then later texted her to again ask for her sister's phone number.
- 8) At the conclusion of your appointment, you hugged Patient #3.

Charge 4: You, I. Thomas Izekor are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or paragraph 52 of the Code of Ethics contained in bylaw 7.1; and/or bylaw 8.1(b) (xvii) and (xix) of the Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.

Particulars of your conduct are that in the course of your professional practice in Regina, you engaged in sexual and unethical behaviour with an employee including sexually harassing and sexually assaulting that employee.

The evidence that will be led in support of this charge will include one or more of the following:

- 1) You formerly owned and practiced in a medical clinic in Regina, Saskatchewan (hereafter called "the clinic").
- 2) A female person referred to in this charge as Employee #1 was your employee in the clinic from late 2017 until mid-2018.
- 3) You made sexual advances to Employee #1 including comments similar to the following:
 - a. "You are such a beautiful girl."
 - b. "You need someone like me to take care of you."
 - c. "You need an older man like me, boys your age can't take care of you."
- 4) You invited Employee #1 to come to your house to discuss work. When she was there, you touched her sexually and despite her protests engaged in sexual intercourse with her. Afterwards, you gave her money and said something similar to "You helped me and I will help you."
- 5) On occasion in the clinic, you invited Employee #1 into your office for "a meeting" where you touched her inappropriately and tried to hug and kiss her.

- 6) You phoned and tested Employee #1 after work hours despite her asking you not to.
- 7) You would look at Employee #1 via a surveillance camera over her workstation at the clinic, and would then call her to comment on how she looked.
- 8) During the first several months of her employment at the clinic, Employee #1 was getting paid by cheque but was not asked to provide her social insurance number and did not receive a T4 slip until she requested one.
- 9) You often criticized Employee #1 about her work and her appearance.
- 10) Early in Employee #1's employment at the clinic, you gave her a prescription for depression and anxiety despite not being her physician and not conducting an appropriate medical examination.
- 11) Employee #1 quit her employment three times, but you convinced her to return the first two times. The final time she quit, you invited her to meet you for lunch at a restaurant to discuss work. At that meeting, you continued your sexual advances. She did not return to work at the clinic.

Charge 7: You, I. Thomas Izekor are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or Section 46(p) of *The Medical Profession Act, 1981*, S.S. 1980-81 c. M-10.1 and/or one or more of paragraphs 7 and 52 of the Code of Ethics contained in bylaw 7.1; and/or bylaw 8.1(b)(xvii) of the Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.

Particulars of your conduct are that in the course of your professional practice in Regina, you engaged in a pattern of inappropriate and unethical conduct including failing to maintain appropriate professional boundaries with employees and failing to treat employees with dignity and respect.

The evidence that will be led in support of this charge will include one or more of the following:

- a) You formerly practiced in a medical clinic in Regina, Saskatchewan (hereafter called "the clinic").
- b) You made inappropriate comments to employees including commenting on their appearance, their clothing and their hair.
- c) You made sexually inappropriate comments to staff such as asking about their boyfriends and suggesting you would treat them better, especially financially.
- d) You engaged in controlling behaviour including directed employees to "dress sexy" for a staff dinner, directing them where to sit at the restaurant, and directed them to wear their hair a certain way.
- e) You inappropriately utilized surveillance in the clinic to watch employees in the clinic and to comment on their appearance.
- f) You yelled at employees and criticized them loudly, sometimes in the presence of patients or other employees.
- g) You engaged in heated arguments at the clinic with staff, other physicians, and on occasion with patients.

2. Charges #5 and #6 and #7(h), (i) and (j) of the original Amended Notice of Hearing were withdrawn by the College during the course of the hearing.

3. The Discipline Hearing Committee heard evidence in this matter over the course of nine days in May 2025. Briefs were filed by Counsel on June 6, 2025.

4. A publication order issued April 16, 2025 in the Court of King's Bench prohibited publication of the identity of patients and two employees testifying at the hearing as well as their personal health information or any information which might identify the patient and employee witnesses. Only one of the two employees covered by this order testified at the hearing.

II. LEGISLATION/CODE OF ETHICS/BYLAWS

5. Section 46(o) and (p) of the *Medical Profession Act, 1981*, SS 1980-81, c M-10.1 provides as follows:

Charges

46 Without restricting the generality of "unbecoming, improper, unprofessional or discreditable conduct", a person whose name is entered on a register is guilty of unbecoming, improper, unprofessional or discreditable conduct, if he or she:

...

(o) does or fails to do any act or thing where the discipline hearing committee considers that action or failure to be unbecoming, improper, unprofessional or discreditable;

(p) does or fails to do any act or thing where the council has, by bylaw, defined that act or failure to be unbecoming, improper, unprofessional or discreditable.

6. The relevant Regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan provides as follows:

Bylaw 7.1

(a) Subscription to and observance of the Code of Ethics is a condition of registration under the Act.

(b) No person who is registered under the Act shall contravene or fail to comply with the Code of Ethics.

(c) Contravention of or failure to comply with the Code of Ethics is unbecoming, improper, unprofessional or discreditable conduct for the purpose of the Act.

Fundamental Responsibilities

1. Consider the well-being of the patient;

2. Treat all patients with respect, do not exploit them for personal advantage.
7. Resist any influence or interference that could undermine your professional integrity.
13. Do not exploit patients for personal advantage.

52. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

Bylaw 8.1

8.1 BYLAWS DEFINING UNBECOMING, IMPROPER, UNPROFESSIONAL OR DISCREDITABLE CONDUCT

(a) In this section:

(i) 'standard of practice of the profession' means the usually and generally accepted standards of practice expected in the branches of medicine in which the physician is practising.

(ii) "Sexual impropriety" and "sexual violation" include, but are not limited to:

1. Acts or behaviors which are seductive or sexually-demeaning to a patient or which reflect a lack of respect for the patient's privacy, such as examining a patient in the presence of third parties without the patient's consent or sexual comments about a patient's body or underclothing.
2. Making sexualized or sexually-demeaning comments to a patient.
3. Requesting details of sexual history or sexual likes or dislikes when not clinically indicated.
4. Making a request to date a patient or dating a patient.
5. Initiating or participating in a conversation regarding the sexual problems, preferences or fantasies of the physician.
6. Kissing of a sexual nature with a patient.
7. Physician-patient sex whether initiated by the patient or not.
8. Conduct with a patient which is sexual or may reasonably be interpreted as sexual such as touching any sexualized body part of a patient except for the purpose of an appropriate examination or treatment.
9. Touching any sexualized body part of the patient where the patient has refused or withdrawn consent.
10. Sexual acts by the physician in the presence of the patient.

(b) The following acts or failures are defined to be unbecoming, improper, unprofessional or discreditable conduct for the purpose of Section 46(p) of the Act. The enumeration of this conduct does not limit the ability of Discipline Hearing Committees to determine that conduct of a physician is unbecoming, improper, unprofessional or discreditable pursuant to Section 46(o):

(xvi) Committing an act of sexual misconduct.

(xvii) Committing an act of sexual harassment in the physician's professional capacity.

(xix) Prescribing to a patient without establishing an appropriate physician-patient relationship.

III. EVIDENCE

7. The parties filed an Agreed Statement of Facts which reads as follows:

1. At all times material to the charges, Dr. Imafidon Izekor was (Dr. Izekor) licensed and registered as a physician with the College of Physicians and Surgeons of Saskatchewan.
2. Dr. Izekor was formerly an owner of, and practiced medicine at, a number of Northgate Medical Centres being Northgate Medical Centre (Avonhurst Drive location) and Northgate Medical Center (Northgate Mall location), medical clinics in Regina, Saskatchewan (hereinafter “the Clinics”).
3. On or about November 1, 2018, while working at the Clinics, Dr. Izekor saw a female patient, [Patient #1].
4. On or about November 2, 2018, while working at the Clinics, Dr. Izekor saw a female patient, [Patient #2].
5. On or about October 30, 2018, while working at the Clinics, Dr. Izekor saw a female patient, [Patient #3].

A. CPSS Evidence

8. The College called seven witnesses:

1. Patient #1 – [PATIENT #1]

- a) [PATIENT #1] was 19 years of age when she saw Dr. Izekor at the Avonhurst Drive Clinic in Regina on November 1, 2018. She stated she had been off work with a cold for two days and needed a doctor’s note to authorize her return to work because she worked with vulnerable people at the [REDACTED]. She had not seen Dr. Izekor previously. While she waited for her appointment, she messaged a colleague to advise she would be back at work the following day, a Friday. Dr. Izekor examined her and then asked “Are you sure you’re sick? You look great to me” in a flirtatious manner. He also told her she had an attractive personality and that he would like to be around her personality. He asked where she worked, how much she was paid and what her rent cost. He asked if she had a man to pay for

things and seemed surprised when she said she did not. He said in Nigeria “babies” (women) did not have to work. He asked if she had considered dating an older professional man, a doctor or a lawyer, and said he could not understand why Canadian women date men their age because these men “don’t have shit”. [PATIENT #1] said she was uncomfortable with this conversation and giggled nervously. Dr. Izekor asked if she benefitted or her boyfriends benefitted from her prior relationships. When she asked what he meant he said “We’re both adults here. You know what I mean”. [PATIENT #1] thought he was referring to sex. She described him looking her up and down, “scaling” her three times during their encounter: 1) when he asked if she was sick; 2) when he said “we’re both adults here”; 3) as she was leaving his office and he told her to relax and take care of herself biting “his lip in a sexual way”. He gave her a sick note for the following Monday as opposed to Friday as she requested. As she was about to leave his office Dr. Izekor pulled out his Iphone and asked for her telephone number. She gave it to him and he called her immediately. He then asked if he could call her again to revisit their conversation. [PATIENT #1] said she felt very uncomfortable and “icky” when she left Dr. Izekor’s office. She said she had never had a doctor ask questions like the ones he posed and look at her as he did. She called her best friend immediately.

- b) [PATIENT #1] stated she received notice from a friend/colleague about a Facebook post by Patient #2 ([PATIENT #2]) dated November 3, 2018. [PATIENT #1] contacted Megan White whom she has known since she was a child. Megan had also posted concerning Dr. Izekor. [PATIENT #1] posted a comment to [PATIENT #2]’s Facebook post on November 3, 2018 stating Dr. Izekor should have his licensed removed. [PATIENT #1] did not check the Facebook thread after she posted her comments.
- c) [PATIENT #1] stated her communication with Megan White and [PATIENT #2] did not influence her testimony or affect her perception or memory of events. It was only after she spoke to Megan White that she was aware that [PATIENT #2]’s Facebook post related to Dr. Izekor.

- d) In cross-examination [PATIENT #1] confirmed she provided her cell phone number to the clinic on arrival and again to Dr. Izekor in his office. He did not call her again after that. She said she blocked his number. She did not disclose this to CPSS because she was not asked. Although she provided her address to the clinic she did not receive any mail from Dr. Izekor. She confirmed she wanted a “sick note” to allow her to return back to work the following day. She did not ask Dr. Izekor to back date the note. The “sick note” was given to her employer and she has not seen it since. During her appointment with Dr. Izekor she advised him she was experiencing migraines. Dr. Izekor suggested this could be related to stress. [PATIENT #1] denied feeling stressed. He asked her about her income, hours of work, rent payment, etc. He also asked her about her social life. She stated the appointment with Dr. Izekor lasted 45 to 60 minutes. She left the clinic by 5:45 p.m.

2. Patient #2 – [PATIENT #2]

- a) [PATIENT #2] attended on Dr. Izekor on October 13, 2017 regarding an eye condition. She was sent to the lab for blood work. She was age 16 at the time. In a follow-up appointment on November 2, 2018 Dr. Izekor asked her what the age limit was for guys she would date. She replied two to three years older, maximum age 19. Dr. Izekor replied that “age is just a number”. He went on to state that guys her age are predators/hunters and that he sees them with sexually transmitted diseases often and cautioned her to be careful with “fuck boys”. Dr. Izekor said she should find someone who adds value and that in his country men buy women everything. He asked [PATIENT #2] more than once if she was having sexual relations and told her she needed to be “scared”. [PATIENT #2] responded repeatedly that she was single and a virgin. He told her to call him “Thomas” and said she could call him anytime. He suggested taking her out for dinner that night. She told him she was working and he asked if they could go out later in the week or the following week. He asked for her cell phone number and then called her from his cell. He told her she could call him if she was lonely now that she had his number.
- b) [PATIENT #2] said she did not look at Dr. Izekor, she felt she was being grilled and “groomed”. She described herself as “scared”. Dr. Izekor said “Guys have needs”

and moaned and rocked his pelvis back and forth. [PATIENT #2] said she was “shocked”, “shamed” and “fearful”. Before she left, Dr. Izekor said she could get the lab results at his house and that no one needed to know. They could have dinner there. He cautioned her not to tell her mother. [PATIENT #2] began texting her mother and Dr. Izekor ended the conversation immediately. He said they could be friends but that she should not tell her mother and that she could be picked up down the block from his residence. He told her she was pretty, mature for her age and said that she should find someone who appreciated that and could add value. [PATIENT #2] could not recall what Dr. Izekor said about her eye condition.

- c) [PATIENT #2] left the appointment, went home and told her mother what had happened. She then posted to Facebook (C-3) about her experience with Dr. Izekor without naming him or his clinic. She said she wanted advice as to what to do next.
- d) [PATIENT #2] received responses to her Facebook post. This did not affect her recall of her appointment with Dr. Izekor on November 2, 2018. After this encounter she did not want to see a doctor without her mother being present, did not want to go to school and developed trust issues.
- e) [PATIENT #2] made a complaint to CPSS on November 5, 2018.
- f) In cross-examination [PATIENT #2] denied any discussion with Dr. Izekor concerning the results of her blood tests. He did not discuss with her the possible causes of jaundice – Hep B, Hep C and HIV. He asked her about drug use. She told him she uses marijuana and nothing else. Dr. Izekor said this information would remain between them. He asked her about unprotected sex and she told him she was not sexually active. He did not counsel her against the use of drugs but did tell her to stay away from guys her age because they carry STDs. They did not discuss school. He did not ask her about her diet, sleep or other “functional” inquiries listed in her chart.
- g) Regarding the Facebook post of November 3, 2018, [PATIENT #2] said she had never met and did not know Megan White prior to her posting. A number of women

responded to her post, among them [PATIENT #1] [PATIENT #2] suggested she and [PATIENT #1] contact CPSS with a complaint. She confirmed she had not spoken to [PATIENT #1] prior to her Facebook post of November 3, 2018.

- h) [PATIENT #2] attended on another doctor at a different clinic to get her test result from the two lab requisitions she received on November 2, 2018.

3. Patient #3 – [PATIENT #3]

- a) [PATIENT #3] is a 43 year old [REDACTED] woman who has lived in Canada since 2017. She was a patient of Dr. Izekor's in October 2018. During her second appointment with Dr. Izekor she raised the issue of infertility. When she explained her husband's fatigue and the time it took for him to complete the sex act Dr. Izekor laughed and mimicked sexual activity. She laughed with him, not knowing what was culturally appropriate in Canada. Dr. Izekor told her he had another patient who had the same problem and that she had sexual relations outside of marriage and had a child. [PATIENT #3] said this was not right. Dr. Izekor said women in Canada are not faithful and if [PATIENT #3] were single he would marry her right now. Both of them laughed. [PATIENT #3] described it as awkward. Dr. Izekor asked if she had a sister and to see a photo of her. [PATIENT #3] complied and Dr. Izekor said her sister was "so beautiful". He added that a pastor told him something good would happen within six months and that [PATIENT #3] and her sister were it. Dr. Izekor asked to talk to and meet [PATIENT #3]'s sister. He said he wanted to marry her. [PATIENT #3] gave him her sister's contact information and her own phone number. He added her on Instagram. After 20 to 30 minutes when she stood up to leave they hugged.
- b) Dr. Izekor and [PATIENT #3]'s sister were married less than a year after [PATIENT #3] met Dr. Izekor. [PATIENT #3]'s sister moved to Canada. The marriage ended and [PATIENT #3]'s sister returned to [REDACTED]. Later, [PATIENT #3] saw social media posts concerning Dr. Izekor and felt she had to tell someone what happened to her sister.

- c) [PATIENT #3] applied for a job at Dr. Izeke's clinic prior to her sister's marriage.
- d) In cross-examination [PATIENT #3] acknowledged she was not hired by Dr. Izeke's clinic when she applied in January 2019. She and Dr. Izeke exchanged messages up to October 5, 2020 (D-7). Their communication was positive, gentle loving and familial. [PATIENT #3] said she was trying to protect her sister. Dr. Izeke and her sister had issues and she blamed him for the breakup. She was angry with Dr. Izeke because he cancelled her sister's permanent residency process. [PATIENT #3] was heartbroken for her sister and felt guilty and responsible.
- e) When [PATIENT #3] saw the Facebook posts she reflected on her second meeting with Dr. Izeke regarding infertility and his suggestion of a relationship outside of her marriage.
- f) During their text exchanges from September 2019 to October 2020 she never complained to Dr. Izeke about this office visit because he was her brother at the time.
- g) At the time she saw Dr. Izeke initially in 2018 she did not know it was inappropriate and against the law for him to say what he did and get information about her sister and her telephone number.

4. Employee #1 – [EMPLOYEE #1]

- a) [EMPLOYEE #1] was employed by Dr. Izeke at his Avonhurst and Northgate Clinics as a medical receptionist. She was [REDACTED] at the time and struggling financially. She had lost her job and her roommate had left.
- b) [EMPLOYEE #1] described the Avonhurst Clinic as a large clinic with seven or more doctors and the Northgate Clinic as a smaller establishment with one to three doctors. Her responsibilities were to answer calls, do paperwork, book in patients, chaperone and clean rooms.

- c) On one occasion either before or after she started working with Dr. Izeke he invited her to talk to him about work at his home. He showed her around the house, including the basement where they sat down on a couch to talk. Dr. Izeke told her men her age do not know how to take care of women and that she needed an older man. He touched her leg and thigh. She told him she was not feeling well. He led her to a bedroom in the basement and had sexual intercourse with her. They were alone in Dr. Izeke's house. She described herself as uncomfortable, anxious and wanting to get out of the situation after Dr. Izeke began touching her leg and inner thigh. He ignored her telling him she was not feeling well and, taking her by the hand, guided her into a bedroom. Once there she said she wanted this to be over and "let it happen, run its course". He did not ask for her consent. She went home immediately after.
- d) [EMPLOYEE #1] said she was "on auto pilot" when Dr. Izeke led her to a bedroom. She was young, alone with a man and had to decide what to do – weighing the potential for violence if she resisted versus waiting for it to be over. She elected the latter.
- e) Prior to this meeting [EMPLOYEE #1] had discussed her difficult financial situation with Dr. Izeke, telling him she owed rent and a debt to SGI. He said he could help her and would take care of her. He gave her money on a number of occasions including after the sexual encounter in his basement. She said she felt "gross", "like a prostitute". She said she felt she was in the wrong because she accepted money from him.
- f) [EMPLOYEE #1] described the Avonhurst Clinic as an extremely tense, hostile environment. Angel Izeke, Dr. Izeke's sister, managed the clinics and was "strict", "mean", "rude" and "unpleasant".
- g) On multiple occasions Dr. Izeke called [EMPLOYEE #1] into his office, closed the door, touched her sexually (legs, buttocks and neck). On one occasion he tried to kiss her. He told her she was beautiful and that she needed an older man to take care of her. If she did favours for him he would take care of her. She backed up, said "we're

at work” and “we shouldn’t be doing this” but Dr. Izekor continued touching her. On one such occasion someone knocked on the door.

- h) On one occasion [EMPLOYEE #1]’s boyfriend dropped off the keys to their shared car. Dr. Izekor asked repeatedly whether he was her boyfriend and, abrasively, told her it was not appropriate for him to appear in the workplace.
- i) [EMPLOYEE #1] said there were cameras at the Northgate Clinic. Dr. Izekor, who worked at the Avonhurst Clinic, could see the medical receptionists at Northgate and commented on [EMPLOYEE #1]’s outfit or hair and/or tell the receptionists to get back to work.
- j) Patients paid cash for sick notes. Often Dr. Izekor gave [EMPLOYEE #1] the cash. [EMPLOYEE #1] identified an interac e-transfer from Northgate Laboratori to her in the amount of \$1,500.00 on December 18, 2017 and an e-transfer in the amount of \$1,000.00 on December 29, 2017 (C-5).
- k) [EMPLOYEE #1] quit her employment with Dr. Izekor on more than one occasion. The first time because Dr. Izekor and Angel Izekor berated her in front of patients. Dr. Izekor called her asking her to return, reminding her that she had debt and assuring her she could work at Northgate instead of Avonhurst, given her conflict with Angel. [EMPLOYEE #1] quit a second time when an error, not hers, was made and Angel blamed her for it. Dr. Izekor promised things would be better, that he would protect and help her. She returned to work.
- l) [EMPLOYEE #1] began experiencing mental and physical health deterioration after she began working for Dr. Izekor. She experienced weight loss, hair loss and stomach problems. She spoke to Dr. Izekor about her mental health after she called in sick one day. He prescribed a medication for her.
- m) A staff dinner was planned. Dr. Izekor told staff to dress as if they were going on a fancy dinner date with a boyfriend. Attendance at the dinner was mandatory. Seating was assigned by Dr. Izekor. Ten to 15 staff were present, all women except Dr.

Izekor. Dr. Izekor said he felt as if he were on a date with all his girlfriends and that it was his dream to be surrounded by beautiful women. Work was discussed and management (Dr. Izekor and Angel) asked the staff to critique [EMPLOYEE #1] [EMPLOYEE #1] felt under attack, very uncomfortable, as if she were under a microscope and “torn down”. She left the event.

- n) [EMPLOYEE #1] received correspondence from Northgate Medical Centre management on June 18, 2018 stating she joined Northgate Laboratori on April 30, 2018 (C-4), quit on June 12, 2018 and was being rehired at her request. The correspondence set out challenges and dissatisfaction with [EMPLOYEE #1]’s work, promised monthly evaluation of her job performance and personal development goals. [EMPLOYEE #1] denied struggling at work. This was the second time she was rehired by Dr. Izekor.
- o) After the third and final time [EMPLOYEE #1] quit her employment with Dr. Izekor, he asked her out for lunch at Chop Steakhouse. He reminded her she was in debt and that he could help her financially if she did favours for him. [EMPLOYEE #1] blocked Dr. Izekor.
- p) [EMPLOYEE #1] saw a Facebook post concerning Dr. Izekor in late 2019 or thereafter. She commented on the post. Dr. Izekor contacted her to say he would sue her if she said anything. After she saw the Facebook post [EMPLOYEE #1] felt less alone. She decided to speak up to prevent others from experiencing what she did with Dr. Izekor and commented more than once on Facebook. She was contacted by CPSS in June 2020.
- q) In cross-examination, [EMPLOYEE #1] could not recall signing a confidentiality agreement dated April 30, 2018 but did sign one after she was rehired by Northgate Laboratori. She could not recall how many days of work she missed in May 2018 and said it could be as much as 50 percent of working days. She acknowledged being late for work in May 2018.

- r) [EMPLOYEE #1] acknowledged correspondence dated June 25, 2018 from Dr. Izekor (D-1) wishing her a speedy recovery and telling her not to gossip and tell lies e.g. telling another staff person at the liquor store at which [EMPLOYEE #1] worked that Dr. Izekor begged her to come back to the clinic.
- s) At the staff dinner on June 7, 2018 [EMPLOYEE #1] felt she was “ganged up upon” and that Angel and Dr. Izekor painted her as a “black sheep” in front of the other staff. [EMPLOYEE #1] was infuriated and left the dinner before others did. Angel, who was extremely intoxicated, and Dr. Izekor were the “ringleaders” in ganging up on [EMPLOYEE #1]
- t) The prescription [EMPLOYEE #1] received from Dr. Izekor was not filled. She did not keep a copy of the script.
- u) [EMPLOYEE #1] acknowledged having had mental health issues prior to working at Dr. Izekor’s clinics but was not on medication prior to that. She suffered from anxiety and depression prior to her employment at the clinics.

5. Angel Smejer-Izekor

- a) Angel is Dr. Izekor’s half-sister. She lives in Amsterdam and flew to Saskatoon to testify.
- b) Angel came to Regina in late 2017 to visit Dr. Izekor. She volunteered to manage his clinics and did so until December 2018. She described the work environment as very busy, chaotic and a “madhouse”, lots of tension, lack of focus, mistakes being made, disorganization and staff not properly trained. She hired [EMPLOYEE #1] and most other employees. Employees were stressed and came to her crying. Angel and Dr. Izekor had conflict which resulted in heated conversations in her office in which both parties were yelling. This carried on into the home she shared with Dr. Izekor. Employee turnover was high. Dr. Izekor was a perfectionist and “very direct”.

- c) [EMPLOYEE #1] applied for a job, was tested by Nicole, interviewed by Angel and hired by Angel. Dr. Izekor was not involved. Angel was not aware of a relationship between Dr. Izekor and [EMPLOYEE #1] prior to [EMPLOYEE #1] being hired.
- d) [EMPLOYEE #1] .had trouble keeping up with work and was in conflict with colleagues. She quit more than once but begged to return and was rehired. She did not return after the staff dinner on June 7, 2018.
- e) The staff dinner on June 7, 2018 was Angel's idea. Dr. Izekor agreed and she begged him to show up. The conversation at dinner revolved around how the clinics could be improved. [EMPLOYEE #1]'s name came up a lot. She left.
- f) Upon reviewing her correspondence of June 18, 2018 to [EMPLOYEE #1] (C-4), Angel acknowledged rehiring [EMPLOYEE #1] after the June 7, 2018 dinner. Angel made the decision to rehire [EMPLOYEE #1] without any input from Dr. Izekor and informed him later.
- g) Angel denied any contact with Dr. Izekor after December 2018.
- h) Regarding onsite surveillance cameras, Angel said they were her second eye. Dr. Izekor could also view what the cameras captured on his phone or computer. On one occasion Dr. Izekor complained about an employee not following the dress and hair code.
- i) Angel gave cash to employees, including [EMPLOYEE #1], on occasion to run errands such as fetching ice cream. Employees were not normally paid by e-transfer. This was done only if payment was made before pay day at the employee's request.
- j) Patients confirm their address and phone number at reception. There was no policy requiring Dr. Izekor to confirm a patient's phone number by calling the patient from his cell phone.

- k) After reviewing her correspondence and the video of her statement to the CPSS to refresh her memory, Angel acknowledged that [EMPLOYEE #1] came to the clinic as an employee via Dr. Izekor. However Angel, not Dr. Izekor, hired [EMPLOYEE #1] Dr. Izekor approved all hirings.
- l) In cross-examination Angel said she was not compelled to testify in this proceeding and answered questions from CPSS counsel to the best of her ability.
- m) Clinics owned by Dr. Izekor were very busy. Dr. Izekor alone saw more than 70 patients per day and the Avonhurst Clinic had in excess of 500 patients a day. Employees were aware of cameras in the office for surveillance and security purposes. Dr. Izekor complimented staff on their work, not their appearance. Angel had no recall of [EMPLOYEE #1] protesting the treatment of a trans patient and then quitting. There was no argument in this regard.
- n) Angel drafted the invitation to all staff for a staff dinner to be held June 7, 2018 (D-2). Dr. Izekor approved and she convinced him to attend. He suggested the seating arrangement and told staff to dress nicely. At the dinner [EMPLOYEE #1] was criticized as being hard to work with, divisive and not carrying her load. [EMPLOYEE #1] left abruptly. [EMPLOYEE #1] was frequently absent from work due to illness or was late. [EMPLOYEE #1] stood up for herself and expressed opinions.
- o) On one occasion [EMPLOYEE #1] drove Angel home from work and Angel said she thought [EMPLOYEE #1] came into Dr. Izekor's house. All bedrooms in the house were on the main and second floor. There was a storage room in the basement without a bed.
- p) [EMPLOYEE #1] lied about being sick and then working at a liquor store. She also lied about Dr. Izekor begging her to come back to work. In fact, she came to Angel to ask for another chance.
- q) Dr. Izekor raised his voice in stressful situations at the clinic.

6. Jay Patel

- a) Jay worked for Dr. Izekor as a medical assistant and then office manager at the Avonhurst Clinic from July 2018 to April 17, 2019 at which time he was fired. He was subsequently asked by Dr. Izekor to return on a part-time basis which he did (weekends) for three to four months.
- b) Interpersonal conflicts occurred at the clinic every day. Sometimes resulting in raised voices. On one occasion Jay put a patient into the wrong room and Dr. Izekor yelled at him in his office with the door closed. Employees cried regularly. On April 17, 2019 Dr. Izekor fired Jay in front of staff and patients in the reception area. Four or five days later Dr. Izekor apologized by text and asked Jay to return. He went back as a part-time employee on May 14, 2019.
- c) On one occasion Dr. Izekor shouted at Jay in the reception area because a patient's health card had expired. Dr. Izekor told him he was trained, had been here long enough and was being paid. Jay complained to Angel.
- d) Jay cried at work more than 20 times. All staff did. Angel cried two or three times a day. Staff cried when they emerged from the manager's office and Dr. Izekor's office. Jay did not hear Dr. Izekor raise his voice with anyone except Jay but heard him use a rude tone of voice with staff saying things like "I could fire you" in staff meetings and in front of patients.
- e) Dr. Izekor gave Jay cash on one occasion.
- f) One staff member was told by Dr. Izekor to dye her hair which she did.
- g) In cross-examination Jay acknowledged that he was fired in May 2019. He gave Dr. Izekor a sick note the day before he left for India with his family for two weeks.

7. Nicole Charbonneau

- a. Nicole worked for Dr. Izekor from the fall of 2017 to August 30, 2019 as a medical office assistant (receptionist), primarily at the Northgate Mall Clinic. Avonhurst was a very stressful, busy, fast-paced clinic. Dr. Izekor's management style was aggressive and mean. He told Nicole, in front of patients, what she did wrong. Dr. Izekor and Angel argued a lot, yelling loudly enough so everyone could hear. On one occasion Nicole took time off to move. Dr. Izekor called her, upset, telling her to come back to work. Nicole cried, as did other staff when Dr. Izekor was upset, mean and aggressive. She stood up for herself and spoke back at times. He would respond saying she could not talk to him like that and walk away. On one occasion she said the same to him. Other staff did not talk back to him. On one occasion Dr. Izekor, at lunch in the staff room, asked Nicole if she was happy with the person she was dating. Later he texted her asking her if her boyfriend had a lot of money and could take care of her. Nicole felt he was talking about himself and "shrugged it off". Nicole was paid well, normally by cheque but on one occasion by Interac e-transfer because cheques were not available. Dr. Izekor and one other physician gave staff cash, \$20.00, \$40.00 or \$60.00.
- b. Nicole trained [EMPLOYEE #1] who caught on quickly, was very sweet, kind and nervous in her new job. She did not display health problems at the outset but when she came back to Northgate from Avonhurst she was changed, stressed out. She did not get along with some of the staff at Avonhurst and was stressed by what happened there.
- c. The staff dinner on June 7, 2018 occurred because Dr. Izekor wanted to deal with the "bickering" at the office. Everyone was talking and getting along. Dr. Izekor raised the fact that three of the Avonhurst employees were in conflict. [EMPLOYEE #1] was "ganged up on". Nicole was talking to another employee when Dr. Izekor interrupted them and told them to focus on the conversation regarding [EMPLOYEE #1] [EMPLOYEE #1] got upset. Someone tried to change the topic but Dr. Izekor brought it back and [EMPLOYEE #1] left. Everyone ganged up on [EMPLOYEE #1] Meanwhile Angel was getting drunk and not really part of the discussion. The talk about [EMPLOYEE #1] was mean, derogatory of her work and her appearance. Nicole wanted nothing to do with it, [EMPLOYEE #1] being a friend of hers.

- d. Dr. Izeke "micromanaged" the Northgate Mall Clinic via cameras. On one occasion he called Nicole and told her to get off the phone.
- e. Nicole trained ten to fifteen employees. Turnover was quite high and Dr. Izeke wanted all employee chairs filled at Avonhurst. Trainees who appeared soft and not to have a spine were told by Nicole not to stay because of the negativity and stressfulness of the clinic. Dr. Izeke was "mad at" staff quite often. He also complimented Nicole on her work, gave her raises, challenged her to assume more leadership, treat the clinic as her own and referred to her as one of his "super staff". Dr. Izeke frequently bought takeout lunch for the staff. He instilled in staff the importance of correct patient address and phone number record.

8. Dr. Imafidon Thomas Izekor

- a. Dr. Izekor is 42 years of age, born in Nigeria, the fourth in a family of five. They fell upon hard times and he was farmed out to an aunt for two years, returning to his family living in a one room apartment at age 11 until his mother sold some land and they moved to a three bedroom apartment. Post-high school he studied hard to get into medical school in Lagos, graduating in 2009. He wrote his U.S. and Canadian entry exams and accepted a job in Canada. In June 2017 he purchased the Avonhurst Clinic and then added the Northgate and Eastend Clinics, a total of approximately 12,500 square feet of space. Unfortunately the employees in these clinics were not professional and he let them all go. He digitized patient files and introduced online booking.
- b. By the end of 2017 he had a full complement of staff although, as he stated, it was “easier for a camel to get through the eye of a needle” than to find qualified medical office assistants.
- c. Although he often gave cash to his assistant, he denied ever giving money to staff for any illicit purpose.
- d. Cameras in the clinics were there for security reasons. Drugs and cash were kept in the clinics and there was a pharmacy next door to the Avonhurst Clinic. Employees were aware of the cameras’ locations.
- e. The Clinics’ manual of procedures contained a dress code requiring staff to wear scrubs.
- f. The stressors at the clinics were:
 - i. The offices were very busy with ten lines ringing at the same time at the Avonhurst Clinic and traffic of 500 to 700 patients per day.
 - ii. Some patients were aggressive, insulting and impatient.

- iii. The older doctors generated a lot of paperwork. They scanned notes into the electronic medical record and their paper notes were then shredded. This created additional work and stress for assistants.
- g. Difficult patients, e.g. drug seekers, created a dilemma: please the patient at the risk of being reported to CPSS or practice evidence-based medicine. Physicians at the clinics had passionate discussions around this.
- h. The June 7, 2018 staff dinner meeting was the result of many discussions between Angel and Dr. Izekor regarding staffing. He saw lots of employee quality issues and told her this needed to be sorted out at a meeting. Dr. Izekor did not wish to attend the meeting but was “dragged there” by Angel. Approximately an hour into the meeting Angel explained that the purpose was to achieve staff cohesion and to stop the gossip. Discussion ensued. [EMPLOYEE #1] felt attacked, became irate and left. Dr. Izekor denied any involvement in this, denied that Angel was drunk, denied asking staff to dress up as if for a date with a boyfriend, saying it was his dream to be surrounded by beautiful women or asking staff to focus on [EMPLOYEE #1]
- i. A former employee, Megan White, who was “trouble” at the clinic posted negatively online about the clinic, Dr. Izekor and other physicians. She also brought a complaint to the Labour Relations Board.
- j. There was a concern at the clinics about obtaining patient demographic information. Staff took wrong telephone numbers, did not take telephone numbers at all and/or made gender errors which resulted in billing errors causing Dr. Izekor stress. He gave the same message over and over again to staff; the importance of taking accurate information. He almost “lost his mind” over this. He was afraid a patient would not be able to receive critical lab results because of misinformation on record at the clinic.
- k. Regarding [EMPLOYEE #1], an acquaintance of Dr. Izekor’s asked if he could give her a job at the clinic. He met her there and introduced her to Angel to be

interviewed. Dr. Izekor denied any involvement in or endorsement of her hiring. The same hiring process was used for all applicants.

- l. Dr. Izekor denied inviting her to his home or being there alone with her. There was no bedroom in the basement of his home. There was a storage room with boxes in it but no bed. He absolutely denied sexual contact with [EMPLOYEE #1] at his home.
- m. Dr. Izekor recalled a billing issue with respect to a trans patient. He was not present but was told Angel and [EMPLOYEE #1] had a “blow up”.
- n. Dr. Izekor denied offering favours to [EMPLOYEE #1]. He described her as disruptive in the workplace and paranoid. He was not “endeared” to her. [EMPLOYEE #1] was extremely confrontational, not timid. Dr. Izekor denied ever touching her buttocks, kissing her, e-transferring money to her or prescribing medications for her. He heard a rumour, perhaps from Angel, that [EMPLOYEE #1] suffered from depression and anxiety. He suggested she see a physician at the Northgate Clinic. Dr. Izekor denied ever having been at the Chop Steakhouse in his life. He denied commenting on her appearance or taking issue with her boyfriend dropping off car keys.
- o. Regarding Patient #1, [PATIENT #1], Dr. Izekor attended on her on November 1, 2018 for a maximum of ten minutes. He took her history, conducted a physical examination of head, ears, eyes, throat, nose, listened to her chest and checked her glands. He concluded she was not sick and said “You look fine to me”. He denied telling her she was beautiful or had an attractive personality or commenting on Nigerian men/Canadian boys. When he told her she was not sick she was combative. He chose to please the patient as opposed to practicing evidence-based medicine and gave her a sick note. She raised the issue of migraines and he asked her about stressors in her life, history and psycho-social factors e.g. work, living environment and other stressors. He gave her advice concerning alleviating stress. He denied biting his lip in a sexual way, scanning her body for other than medical purposes, asking her about the benefit of a relationship with a boyfriend or saying “We’re both

adults ...”. He asked for her phone number and last name to confirm the data he had on record and called her in her presence but never called her again thereafter.

- p. Regarding Patient #2 ([PATIENT #2]), Dr. Izekor said jaundice is a relatively uncommon complaint, particularly in [PATIENT #2]’s age group. At her first appointment on October 13, 2018 he requested blood tests to attempt to ascertain the cause. At her November 2, 2018 appointment he ordered more specialized tests. Possible causes of jaundice include Hepatitis B, C and HIV. This required him to question [PATIENT #2] regarding her sexual activity and drug use. He educated her about the possible causes and what they stem from and took a thorough history. [PATIENT #2] did not want to answer his question regarding drug use. He assured her the answer was necessary and would be kept confidential even from her mom. He used a checklist (C-1, Tab 6) for complete assessments which took 20 to 30 minutes to complete. He confirmed [PATIENT #2]’s phone number by calling her in her presence. He denied using the term “fuck boys”, asking her out for dinner, telling her guys have needs or making sexual motions with his hips. He was seated at his desk making notes on his computer. [PATIENT #2] was seated to his left. He denied telling [PATIENT #2] that he got off work at 5. In fact, he never leaves at 5. If his shift ends at 5 p.m. he leaves the clinic between 6:30 and 7:30. His last patient on November 2, 2018 left at 5:48. He denied suggesting [PATIENT #2] receive her test results at his home.
- q. With respect to Patient #3 ([PATIENT #3]), Dr. Izekor first met her on October 11, 2018. They exchanged pleasantries including where they were from, etc. [PATIENT #3] asked if it was okay if her sister asked him some questions about immigration. Her sister thereafter sent a friend request and he responded. They met and subsequently married.
- r. [PATIENT #3]’s English was “basic” at the time. During her second appointment concerning fertility, Dr. Izekor discussed causes and remedies. He denied suggesting an outside of marriage relationship or telling [PATIENT #3] she was attractive or beautiful.

- s. Dr. Izekor socialized with [PATIENT #3] and her husband on a number of occasions. She seemed happy to see him and never mentioned concerns about her first visit to his office. In fact, she applied to work at the clinic.
- t. After Dr. Izekor and [PATIENT #3]'s sister separated, [PATIENT #3] was confrontational and aggressive with him online as a consequence of which he blocked her. The reason her sister could not return to Canada was because she was neither a citizen nor a permanent resident and could not return because of Covid.
- u. Jay Patel had an MBA and was hired as a medical office assistant, then became a supervisor and subsequently a manager of Dr. Izekor's three clinics. Protocol at the clinics for staff to take time off was to make a request. Jay departed for India without doing so and instead said he was ill. Dr. Izekor was "direct" with him, accusing him of lying and a breach of trust.
- v. Dr. Izekor denied sending an email to Nicole Charbonneau concerning her personal life.
- w. As for Angel, Dr. Izekor had not seen her for 18 to 20 years when she arrived in Canada in 2017. Dr. Izekor and Angel share a father who was staying at Dr. Izekor's home at the time. Angel volunteered to help out at the clinic. Dr. Izekor was feeling overwhelmed with administrative duties. He expected a lot from Angel. There was friction between them and heated exchanges regarding patient care, efficiency, documentation of patient demographic information, staff professionalism and physician management. Although Angel improved efficiency by 50 percent, Dr. Izekor felt she could do better. The reason he had no contact with Angel after she left was an undertaking (D-9) entered into by Dr. Izekor with CPSS on August 18, 2020 in which he promised not to have "any contact or communication with former clinic staff members".
- x. Dr. Izekor denied ever yelling at employees or surveilling and commenting on staff members appearances. He denied hugging [PATIENT #3] He denied sending funds by e-transfer to [EMPLOYEE #1] or to any staff. He acknowledged a heated

argument with Jay Patel because he lied about being sick and did not tell Dr. Izeke he was leaving for India. A few days later, upon reflection, Dr. Izeke apologized to Jay and asked that he return.

- y. In cross-examination Dr. Izeke acknowledged that maintaining accurate records, particularly with a large volume of patients is crucial. This includes documenting observations, findings and history.
- z. Dr. Izeke was asked to refresh his memory with respect to his June 10, 2019 response to CPSS re: [PATIENT #2]'s complaint and correspondence of November 4, 2019 attaching [PATIENT #1]'s medical records.
- aa. Regarding [PATIENT #2], Dr. Izeke acknowledged calling her from his cell phone in her presence. He did this with lots of patients over a period of several months prior to November 2, 2018 ([PATIENT #2]'s second appointment with Dr. Izeke). He had received her lab reports by November 2, 2018 and discussed them with [PATIENT #2]. Lab reports are part of the electronic medical record of each patient (EMR). He could not recall whether the lab results were in the EMR on November 2, 2018 but they were certainly there when [PATIENT #2]'s EMR was sent to the CPSS. The lab results are not attached to C1, Tab 6 ([PATIENT #2]'s medical record). Dr. Izeke's lawyer at the time decided what to send to CPSS. His lawyer guided him as to what documents were relevant and those were sent to CPSS. [PATIENT #2]'s drug use was discussed during the November 2, 2018 appointment, however the EMR provided to the College does not reflect her reluctance to discuss it or her drug of choice.
- bb. Dr. Izeke asked the Hearing Committee to understand the lag time between when he saw [PATIENT #2] in November 2018 and first met with his lawyer in December 2018 and reiterated "I had a lawyer and trusted him". "I had a lawyer, a K.C., and followed his lead".
- cc. Dr. Izeke recalled details of the November 2, 2018 meeting with [PATIENT #2]. Though he did not make notes of some their conversation, he recalled it.

“Questioning my memory hurts”. “This has been my life for seven years”. “I lived through hell”. “I know what I am talking about”. When asked why, if a complete physical was done, her height and weight were not recorded in the EMR. Dr. Izeor said that a page was missing. He reviewed his letter to the CPSS with the medical record. “I had a lawyer and followed his lead”.

- dd. Dr. Izeor spent 31 minutes with [PATIENT #2] No note was made in the EMR regarding Dr. Izeor calling [PATIENT #2] on his cell phone but he explained to [PATIENT #2] why he was calling her.
- ee. [PATIENT #2]’s chart shows her eyes as “normal” likewise her HEEMT. Dr. Izeor acknowledged telling [PATIENT #2] “age is just a number” in the context of the age of her partners. He recommended (medically) that her partner should be within two to three years of her age. He asks every teen patient about the age of their relationship partner.
- ff. Dr. Izeor explained to [PATIENT #2] why he was calling her on his cell phone during her visit on November 2, 2018. When asked if he had no concern regarding providing his personal phone number to patients, he responded that he normally blocked the number and unblocked it if he needed to call them.
- gg. Regarding [PATIENT #1], Dr. Izeor’s response to her complaint to the CPSS in June 2019 shows a 16 minute visit with [PATIENT #1] on November 1, 2018. He recalled his conversation with [PATIENT #1] but did not chart her complaint of migraines or mention this in his response to the CPSS. Neither did he note the psycho-social history he took of [PATIENT #1] Although he did not believe [PATIENT #1] to be sick, he did not record this in the record. After a “lot of back and forth” with her he gave her the sick note because she was “very brash”. Though the sick note was entered into [PATIENT #1]’s EMR it was not sent to the CPSS with her chart. “Respectfully, Mr. Thompson, I had a lawyer ...”. 90 percent of patients seeking sick notes are doing so to cover past sickness as opposed to a clearance to return to work.

- hh. Regarding [PATIENT #3], Dr. Izekor recalled talking to [PATIENT #3] about her sister during her visit on October 11, 2018. In response to the question as to why this was not included in his letter responding to [PATIENT #3]’s complaint of March 2021 to CPSS, Dr. Izekor responded “My bad”. In October 2018 [PATIENT #3]’s English was basic. She “misunderstood” his conversation with her. This detail was not included in his responding letter to the CPSS. Dr. Izekor married [PATIENT #3]’s sister on March 7, 2019 and subsequently had a child with her.
- ii. Regarding [EMPLOYEE #1], in his responding letter to the CPSS, Dr. Izekor stated “I agreed to give [EMPLOYEE #1] a job”. She started work at the clinic on April 30, 2018. She was a friend of an acquaintance of his and he introduced her to the opportunity/process of obtaining a job at the clinic. He knew about her financial predicament as stated in his July 10, 2020 response to the CPSS. He called her once or twice when she was sick to check on her.
- jj. Dr. Izekor had nothing to do with the payment of staff.
- kk. Regarding the June 7, 2018 staff dinner, Dr. Izekor may have made suggestions as to where staff were to sit but did not force them into a sitting arrangement. He suggested staff who did not get along with each other sit together.
- ll. Dr. Izekor’s house at 5205 Watson Way in Regina was his residence from 2015 to 2020. The basement of the residence had a common area with a living room and bar, a storage room, a bathroom, a home theatre and a mechanical room. The storage room was drywalled and had windows. Dr. Izekor was shown a video of his home taken by Ironstone Custom Homes to refresh his memory of the basement when the house was staged for sale. The video showed 2 rooms aside from the common room, one a bedroom. He said it was not a bedroom when he owned the house.

IV. ANALYSIS AND DECISION

A. Standard of Proof

9. The burden of proof in professional discipline matters rests with the College. The standard of proof the College must meet is that adhered to in civil case law where the question to be answered is: Can it reasonably be concluded on a balance of probabilities that the allegations are founded?

10. The Supreme Court of Canada in *F.H. v. McDougall*, 2008 SCC 53 (CanLII), [2008] 3 SCR 41 clarified there is only one civil standard, a balance of probabilities. Case law prior to this definitive decision articulated a sliding scale of proof required depending on factors such as the severity of the consequences to the subject of the hearing. The language used to describe the evidence required to meet this higher bar was “cogent” and “clear and convincing”. In *McDougall*, the Supreme Court of Canada addressed this squarely, holding that one standard, and one only, applies to proceedings such as this one.

11. The Discipline Hearing Committee is tasked with answering the following questions:

- i. Which, if any, of the allegations made against Dr. Izekor have been proven on a balance of probabilities; and
- ii. Do those proven facts, if any, constitute conduct unbecoming, improper, unprofessional or discreditable within the meaning of Section 46(o) and (p) of *The Medical Profession Act*.

B. Findings of Fact – Credibility and Reliability

12. We have set out the evidence of the witnesses in some detail because, as both counsel submitted, the credibility and reliability of witnesses are in issue in this case.

13. As stated by the Discipline Hearing Committee in *CPSS v. Leontowicz*, CPSS 1615193, 2022 SKQB 98, aff’d 2023 SKCA 110:

110. Credibility assessments have two constituent elements. One relates to the honesty of the witness, that is, the witnesses’ willingness to speak the truth as she/he believes it to be. The other relates to the reliability of the witness, that is the witnesses’ ability to observe, recall and recount the events she/he gives evidence on. [*Karkanis v. College of Physicians and Surgeons*, 2014 ONSC 7018 (Div. Ct), para. 52]

111. In *R. v. H.C.*, 2009 ONCA 56 (CanLII), Watt, J.A. explained the difference between credibility and reliability, at paragraph 41:

[41] Credibility and reliability are different. Credibility has to do with a witness's veracity, reliability with the accuracy of the witness's testimony. Accuracy engages consideration of the witness's ability to accurately

iii. observe;

iv. recall; and

v. recount

events in issue. Any witness whose evidence on an issue is not credible cannot give reliable evidence on the same point. Credibility, on the other hand, is not a proxy for reliability: a credible witness may give unreliable evidence: *R. v. Morrissey* (1995), [1995 CanLII 3498 \(ON CA\)](#), 22 O.R. (3d) 514, at 526 (C.A.).

112. A number of guidelines have been established by case law to assist in assessing the reliability and credibility of witnesses. The guidelines include not only such factors as demeanor, power of observation, judgment, memory and ability to describe clearly what was seen and heard, but also whether the evidence of the witness is in "harmony with the preponderance of the probabilities which a practical and informed person would readily recognize as reasonable in that place and in those conditions" [See *Faryna v. Chorney*, [1952] D.L.R. 354 (B.C.C.A.)]. This is sometimes referred to as "the ring of truth", that is, whether the account is reasonable in the context of all of the circumstances.

113. Other factors relevant to the assessment of credibility include the witnesses' motives, their relationship to the parties, the internal consistency of their evidence, and inconsistencies and contradictions in relation to other witnesses' evidence [See *Hadzic v. Pizza Hut Canada* (1999), 37 C.H.R.R.D./252 (B.C.H.R.T.)].

114. A concise description of what is involved in assessing credibility was set out by the British Columbia Human Rights Tribunal in *Gichuru v. Purewal*, 2017 BCHRT 19; [2017] B.C.H.R.T.D. No. 17:

[8] In assessing credibility, I have adopted and applied the test set out in *Bradshaw v. Stenner*, 2010 BCSC 1398, para. 186:

Credibility involves an assessment of the trustworthiness of a witness' testimony based upon the veracity or sincerity of a witness and the accuracy of the evidence that the witness provides (*Raymond v. Bosanquet (Township)* (1919), 59 S.C.R. 452, 50 D.L.R. 560 (S.C.C.)). The art of assessment involves examination of various factors such as the ability and opportunity to observe events, the firmness of his memory, the ability to resist the influence of interest to modify his recollection, whether the witness' evidence harmonizes with independent evidence that has been accepted, whether the witness changes his testimony during direct and cross-examination, whether the witness' testimony seems unreasonable, impossible, or unlikely, whether a witness has a motive to lie, and the demeanor of a witness generally (*Wallace v. Davis*, [1926] 31 O.W.N. 202 (Ont. H.C.); *Faryna v. Chorney*, [1952] 2 D.L.R. 152 (B.C.C.A.) [*Faryna*]; *R. v. S.(R.D.)*, [1997] 3 S.C.R. 484 at para.128 (S.C.C.)). Ultimately, the validity of the evidence depends on whether the evidence is consistent with the probabilities affecting the case as a whole and shown to be in existence at the time (*Faryna* at para. 356).

115. In *Brar and others v. B.C. Veterinary Medical Association and Osborne*, 2015 BCHRT 151 (CanLII) at para. 80 the British Columbia Human Rights Tribunal in discussing credibility, made the following statement:

[80] Generally, I found the witnesses to be credible in some areas but not others. For example, some witnesses had a clear recollection of the events while giving their direct evidence, but that recollection became more vague, evasive or self-serving in cross-examination. However, I note that the failure of a witness to be consistent in his or her evidence does not necessarily indicate untruthfulness. Some witnesses became argumentative while giving their evidence or unnecessarily embellished and exaggerated their evidence to support their theory of the case. In some cases, when the documents differed from the witness' recollection or his or her theory of the case, the witness strained their evidence in order to make the written document reflect their view of the events. ...

14. In their Brief, counsel for the CPSS cited *CPSO v. Atallah*, 2020 ONCPSD 12, aff'd at 2011 ONSC 3722 (Ont. Div. Court) on the subject of credibility and reliability. The Discipline Committee of the College of Physicians and Surgeons of Ontario held as follows:

When assessing credibility and reliability, the Committee should look to the totality of the evidence and assess the impact of any inconsistencies. Inconsistencies in the witness's evidence on minor matters of detail are to be expected and do not generally affect the credibility of the witness. When inconsistencies are of a material nature about which an honest witness is unlikely to be mistaken, such inconsistencies may demonstrate carelessness with the truth.

...

Assessing credibility is ultimately a matter of judgment. There are a number of factors relevant to assessing credibility, including:

- Did the witness seem honest?
- Did the witness have an interest in the outcome?
- Did the witness seem able to make accurate and complete observations? What were the circumstances of the observations?
- Were they unusual or routine?
- Did the witness seem to have a good memory?
- Did any difficulty that a witness had in recalling seem to be genuine or made up?
- Did the witness seem to be reporting what they saw or heard, or simply putting together an account from other sources?
- Was the testimony reasonable or consistent?
- Did they say something different on an earlier occasion?
- Did any inconsistencies make the evidence more or less reliable and believable?
- Was there an honest mistake?
- Is there an explanation for the inconsistency?

- What was the witness's manner, recognizing that appearance and demeanor can be highly unreliable in assessing credibility?

15. Bearing these factors in mind we carefully reviewed all of the evidence, both oral and documentary.

A. Patient #1 ([PATIENT #1]) – Charge #1

16. [PATIENT #1]’s testimony was given in a straightforward, firm, confident and convincing manner. She was unshaken in cross-examination and did not hesitate to give answers which might disadvantage her.

17. She testified that she called her friend Sara for support immediately after her appointment with Dr. Izeke. His phone records confirm Dr. Izeke called her on November 1, 2018 and the next call placed was to her friend Sara. She testified that she blocked Dr. Izeke’s number after the appointment.

18. Dr. Izeke’s counsel argued that her testimony was not reliable because she stated she was ushered into Dr. Izeke’s examining room at approximately 4:45 and exited 45 to 60 minutes later. Page 1 of Dr. Izeke’s EMR states that he “signed off” at 5:04 p.m. Dr. Izeke testified that from the time he logged in for her appointment and logged out after she left was a total of 16 minutes some of which was taken up by making notes after she left. Screenshots of the EMR record two times: 4:20 p.m. (clinic check-in time) and 5:04 p.m., a total of 44 minutes. Dr. Izeke contended that the lengthy conversation described by [PATIENT #1] could not possibly have occurred in under 16 minutes and that [PATIENT #1] should not be believed with respect to any of her testimony because she lied about the time spent with him. His contention in this regard is not supported by the times recorded in the EMR. The only evidence, apart from [PATIENT #1]’s testimony that her appointment with Dr. Izeke lasted from 45 to 60 minutes and Dr. Izeke’s testimony that he spent a maximum of 16 minutes with her, are the two time stamps found on page 1 of the EMR (C-1, Tab 4 and the screenshots attached). The only two times shown in these documents are: 4:20 p.m. and 5:04 p.m. on November 1, 2018.

19. Contradictorily, in cross-examination of [PATIENT #1], Dr. Izeke’s counsel suggested that because [PATIENT #1] raised the issue of migraines with Dr. Izeke, the appointment was extended beyond the normal time required for an HEEMT examination to include a detailed history as to the possible stressors in her life: financial; including salary, cost of rent, car payments, telephone, groceries, etc.; social relationships; and work life balance.

20. On the evidence, we are satisfied that the precise length of time that [PATIENT #1] spent with Dr. Izeke on November 1, 2018 exceeded ten minutes. We accept [PATIENT #1]’s testimony

that it was a fairly lengthy interchange. Her credibility and/or reliability are not negatively affected by her testimony in this regard.

21. Dr. Izekor testified that “sick notes” are abused by patients seeking to avoid work. The implication was clear: [PATIENT #1] was another such patient (he described with disdain) seeking to legitimize a few days off work. [PATIENT #1] testified that she was employed at the [REDACTED] where she worked with vulnerable clients. For this reason, when an employee was ill, her employer required a note from a doctor confirming the employee was healthy enough to return to work. [PATIENT #1] testified she had been ill and therefore off work for two days. She said she was ready to go back the day after seeing Dr. Izekor, a Friday, and asked him to give her what was essentially a “wellness note” certifying her ability to return to work. Before seeing Dr. Izekor she sent a note via Facebook to one of her colleagues to say she would be returning to work the following day, Friday. Dr. Izekor did not listen to her request and gave her a note allowing her to return to work on Monday.

22. In his testimony Dr. Izekor denied flirting with [PATIENT #1], making any of the comments or asking any of the questions particularized in Charge #1, (3)(a to f) and (5).

23. [PATIENT #1] stated she was surprised when Dr. Izekor commented on her personality and that he would enjoy being around her. She was also surprised when he asked about her salary. She answered because she saw him, a doctor, as an authority figure, someone to respect. She testified that she was uncomfortable with his questions and comments about her not having a man to pay her living expenses, that Nigerian men did this for their women and asked if she would consider dating an older professional, a doctor. She said she looked up when he asked this and he quickly added “or a lawyer?”. She stated she was uncomfortable, giggling nervously during this exchange. She said she had never heard a doctor swear before (“shit”). When Dr. Izekor called her from his cell phone and then asked if he could call her again to revisit their conversation, she “kind of panicked” and “wanted to get out”.

24. Dr. Izekor contended that [PATIENT #1]’s recollection and recounting of their time together may have been distorted or influenced by social media. A Facebook post by Patient #2 ([PATIENT #2]) dated November 3, 2018 (two days after [PATIENT #1]’s appointment with Dr. Izekor), describing [PATIENT #2]’s November 2, 2018 appointment with an unnamed physician at an

unnamed clinic, was entered into evidence as C-3. Her post was forwarded to [PATIENT #1] by a colleague/friend. [PATIENT #1] testified she saw a comment to the post from Megan White whom she had known for many years. She called Ms. White and learned that [PATIENT #2]'s post was about Dr. Izekor. Megan White had previously worked at Dr. Izekor's clinic. On November 3, 2018 [PATIENT #1] commented on [PATIENT #2]'s post stating Dr. Izekor should lose his license to practice. [PATIENT #1] gave her statement to the CPSS on November 5, 2018, two days after [PATIENT #2]'s Facebook post. There were three comments on Facebook between [PATIENT #2]'s post and [PATIENT #1]'s post according to [PATIENT #1]. She did not read the numerous comments that followed until years later (a week before she testified). She stated she is an infrequent user of Facebook. [PATIENT #1]'s appointment with Dr. Izekor occurred on November 1, 2018, she read [PATIENT #2]'s post and commented on it November 3, 2018 after speaking with Megan White and learning that [PATIENT #2]'s post related to Dr. Izekor. She provided a statement to the CPSS on November 5, 2018. She was not challenged regarding inconsistencies between her testimony and her CPSS Can Say which suggests that her testimony at the hearing was in line with her statement given on November 5, 2018. Other than [PATIENT #1]'s testimony that her account of her appointment with Dr. Izekor was not influenced or affected by Facebook postings or other conversations, we have no evidence on this subject. We are satisfied on a balance of probabilities that her evidence was given truthfully and candidly without the taint of social media.

25. Dr. Izekor also suggested "cultural bias" on [PATIENT #1]'s part because she referenced a visit to another male Nigerian physician in her interview with the CPSS Preliminary Inquiry Committee. [PATIENT #1] was clear in her testimony in re-examination that her visit to the other Nigerian physician occurred after her encounter with Dr. Izekor on November 1, 2018.

26. With regard to Dr. Izekor's credibility, the Discipline Hearing Committee, conscientiously kept in mind that general demeanor is but one of a number of factors to be considered in assessing credibility. Dr. Izekor presented as arrogant, disdainful and self-satisfied e.g. regarding the practice and physicians he inherited when he purchased the Avonhurst Clinic, the quality of the medical office assistants and the older doctors' paperwork requirements. By turns, he presented as self-pitying, victimized, exasperated and dissembling. His evidence with respect to [PATIENT #1] was, essentially, acknowledgment that he took a detailed personal history, denial of making or asking the comments or questions [PATIENT #1] complained of, speculating that her motive for requesting a "sick note" was illegitimate and her motive for complaining about him to the CPSS was revenge for

his reluctance to provide a “sick note”. He described her as “combative”. He gave her a “sick note” to please her.

27. [PATIENT #1] described herself as uncomfortable, giggling nervously, looking down and scrolling on her phone, accepting Dr. Izekor’s authority as a physician – the opposite of combative or confrontational. When he asked her if she would consider dating a doctor and pulled out his phone asking for her number and if he could call her to revisit their conversation, she described herself as panicking and wanting to get out of his office. She was not challenged on this. Dr. Izekor did not address her purported reactions in his testimony. Perhaps it was not apparent to him. Had it been, common sense would suggest he would have immediately given her the simple explanation for wanting her telephone number that he gave in his evidence i.e. to confirm the accuracy of the telephone number he had on file.

28. On balance, having carefully weighed all of the evidence, we are satisfied that [PATIENT #1]’s testimony was both credible and reliable. The CPSS has met its burden of proving the facts alleged by [PATIENT #1] on a balance of probabilities.

29. The next question we must address is whether Dr. Izekor’s conduct, as found, is unbecoming, improper, unprofessional or discreditable. Dr. Izekor presented no argument in this regard.

30. The factors to be considered in answering this question are summarized in *The Law of Professional Regulation*, Bryan Salte, LexisNexis Canada Inc. 2015, at page 126, as follows:

1. Whether the conduct damages the member’s reputation with the public;
2. Whether the conduct damages the profession’s reputation with the public;
3. Whether the conduct has a negative effect on the member’s ability to practice his or her profession;
4. Whether the conduct is more unacceptable for a person in the member’s profession than for members of the public.

31. As a Discipline Hearing Committee, we are entitled to use our own knowledge of the profession to determine if proved conduct is unprofessional [*Huerto v. College of Physicians and Surgeons*, 1994 CanLII 4900 (SK QB)].

32. In this case, Bylaw 8.1(a)(ii) sets out the definition of sexual impropriety and sexual violation. Bylaw 8.1(a)(ii)(1), (2) and (3) are applicable here and, on the facts as found, we have no difficulty concluding that Dr. Izekor's conduct in relation to this patient [PATIENT #1] was unbecoming, improper, unprofessional and discreditable under Section 46(p) of *The Medical Profession Act*; Bylaw 8.1(b)(xvi) and (xvii).

B. Patient #2 ([PATIENT #2]) – Charge #2

33. [PATIENT #2] was 16 and in Grade 11 when she attended on Dr. Izekor on November 2, 2018. She was 22 at the time of the hearing. She presented as an articulate, confident, poised young woman. Her testimony was unshaken by rigorous cross-examination.

34. More than once during her November 2, 2018 encounter with Dr. Izekor she told him she was a virgin, not sexually active and not in a relationship. She described being shocked, shamed and fearful as Dr. Izekor “grilled” her. She kept her head down and did not look at Dr. Izekor as he “got more creepy” telling her that guys her age are predator “fuck boys” who have STDs, told her to call him “Thomas”, asked her out for dinner that night, told her “guys have needs” as he moaned and rocked his body back and forth and suggested she get her test results at his home over dinner. [PATIENT #2] said she felt like she was being “groomed” and started texting her mom. [PATIENT #2] had no recall of Dr. Izekor reviewing or discussing her test results with her, the jaundice diagnosis and its possible causes. [PATIENT #2] testified that she learned of her jaundice diagnosis and test results when she visited another doctor.

35. In his testimony Dr. Izekor stated his questions of [PATIENT #2] were medically necessary to determine the cause of her jaundice, including questions about sexual activity and drug use. He denied making the comments or asking the questions complained of, specifically using the word “fuck boys”, asking her out for dinner, saying guys have needs and rocking his body, suggesting she get her test results at his home or telling her he was off work at 5. In cross-examination, regarding information which appeared to be missing from the EMR, Dr. Izekor repeatedly fell back on the

assertion that he followed the guidance of his lawyer in his document disclosure. He acknowledged that a page of the EMR was missing. When he called [PATIENT #2] on his cell phone at 3:49 p.m. he explained to [PATIENT #2] why he was calling her (to verify the telephone information in his records) but did not note this in the EMR. He acknowledged telling [PATIENT #2] that “age is but a number” in relation to sexual partners because his medical recommendation is that partners should be within two to three years of the patient’s age. He asks every teen patient about the age of their relationship partner.

36. On November 3, 2018, the day following her appointment with Dr. Izekor, [PATIENT #2] posted to Facebook about her experience with him. Subsequent to her post she was contacted by other young women including [PATIENT #1] and Megan White. She gave a statement to the CPSS on November 5, 2018.

37. In his brief Dr. Izekor argued that [PATIENT #2]’s misinterpretation of his questions was borne of misunderstandings, her age and lack of experience with probing questions to be expected during a doctor’s appointment; questions regarding sexual history to rule out Hep B and C and HIV as causes of her jaundice; questions regarding drug and alcohol use to rule out liver damage; questions regarding diet, exercise, work, school and relationships required by the EMR checklist. Dr. Izekor argued that [PATIENT #2] misunderstood the purpose of his questions and therefore misinterpreted them as nefarious. Further, the EMR checklist was completed and a plan, including ultrasound scan, was recorded in the EMR.

38. [PATIENT #2] did not present as a confused individual at the hearing. Even at age 16 in 2018 she not only told her mother about her encounter with Dr. Izekor, she posted it on Facebook. While the Facebook post cannot be used for the truth of its contents, the fact that it was made immediately after her appointment with Dr. Izekor is telling. Notably, she did not disclose his name or the name of his clinic in the post. Within two days of her Facebook post, she contacted the CPSS and gave her statement. No motive for [PATIENT #2] to lie has been suggested. We are satisfied that proof on a balance of probabilities of her allegations has been made out.

39. As in the case of [PATIENT #1] the issue of whether the facts as found in [PATIENT #2]’s case constitute unprofessional conduct must be resolved against Dr. Izekor. That his conduct was

inappropriate is amply clear. It contravened Bylaw 8.1(b)(xvi) and (xvii) as defined in Bylaw 8.1(a)(ii)(1), (2), (3) and (4).

C. Patient #3 ([PATIENT #3]) – Charge #3

40. [PATIENT #3] saw Dr. Izekor on October 11, 2018, October 30, 2018 and October 5, 2019. On March 7, 2019, prior to her final visit to Dr. Izekor, he married her sister. [PATIENT #3]'s complaint to the CPSS was filed in February 2021. In January 2019, a few months before her sister married Dr. Izekor, [PATIENT #3] applied for a job at Dr. Izekor's clinic. Friendly, familial messages were exchanged between [PATIENT #3] and Dr. Izekor in September and October 2020 (D-9). Sometime after, the short-lived marriage between Dr. Izekor and [PATIENT #3]'s sister ended. [PATIENT #3] blamed Dr. Izekor for the breakup and the interruption of her sister's permanent residence application.

41. [PATIENT #3]'s complaint stems from her October 30, 2018 attendance on Dr. Izekor. She came forward with it in February 2021 to CPSS after reviewing social media content about Dr. Izekor. She testified that up to that point she did not recognize his conduct during her October 30, 2018 attendance on him as inappropriate because she was fairly new to Canada. She had seen a female physician three or four times in Canada up to that point. She consulted with her Canadian-born husband about introducing her sister to Dr. Izekor. Apparently he had no objection and she provided photos of her sister as well as contact information to Dr. Izekor. When their marriage collapsed, [PATIENT #3] felt guilty and responsible for her sister's unhappiness and blamed Dr. Izekor for the breakup.

42. The circumstances from which [PATIENT #3]'s complaint arose are troubling. [PATIENT #3] described her October 30, 2018 attendance on Dr. Izekor as rather jolly, friendly enough for her to introduce him to her sister. They hugged each other when she left. He became a loved member of her family four months later.

43. In short, we have serious concerns about [PATIENT #3]'s reliability. If the October 30, 2018 encounter with Dr. Izekor was precisely as [PATIENT #3] describes it, leaving no room for misunderstanding, Dr. Izekor's conduct would likely be found to be inappropriate. However, the retroactive lens through which [PATIENT #3], years later, viewed this exchange must be taken into

account – a lens coloured by disappointment, resentment, guilt about her sister’s marriage and her role in it and its failure.

44. Further, it is difficult to imagine that an educated woman in her mid-30s would dismiss what she says Dr. Izekor did (mimicking sexual activity) and said (promoting adultery; telling her he would marry her if she were single) as culturally acceptable in Canada. Presumably it would not be in [REDACTED] and it defies reason to think it would be in Canada. It also stretches credulity to suggest that [PATIENT #3], an educated, adult, married to a Canadian and living in the 21st century would, years later, and only through social media, discover that what she experienced with Dr. Izekor on October 30, 2018 merited complaint. [PATIENT #3] did not strike us as naïve or obtuse. That said, we are not suggesting [PATIENT #3] fabricated her experience with Dr. Izekor on October 30, 2018 but that, given intervening events, she saw what may have been innocuous as, in retrospect, inappropriate. The fact that we have significant doubts and questions about this complaint signifies that we are not satisfied on a balance of probabilities that the allegations by [PATIENT #3] have been made out and so find with respect to Charge #3.

D. Employee #1 ([EMPLOYEE #1]) – Charge #4

45. [EMPLOYEE #1] presented as diffident, quiet, restrained and somewhat nervous.

46. [EMPLOYEE #1] was employed at the clinics on several occasions over an unspecified period of time. [EMPLOYEE #1] could not recall when she began or ended her employment there. Angel Izekor, in a letter to [EMPLOYEE #1] dated June 18, 2018 stated “You joined Northgate Laboratori on April 30, 2018 (C-4). However interac e-transfers from Northgate Laboratori to [EMPLOYEE #1] are dated December 18, 2017 and December 29, 2017 in the amounts of \$1,500.00 and \$1,000.00 respectively. Angel testified that [EMPLOYEE #1]’s last day of work was June 7, 2018, after the staff dinner. However Angel’s own correspondence dated June 18, 2018 refers to [EMPLOYEE #1] quitting by phone and walking out of the company on June 12, 2018. In this correspondence Angel invited [EMPLOYEE #1] to return to work on July 1, 2018. On June 25, 2018 Dr. Izekor sent an email to [EMPLOYEE #1] “to get something straightened out with you” which he outlined (D-1). It appears [EMPLOYEE #1] was ill in June and based on communication between her and Angel on June 22, 24 and 25, 2018 (C-6). No records of employment were produced.

47. [EMPLOYEE #1] testified she quit three times and was rehired. She thought the reason for her final exit was the June 7, 2018 staff dinner where she felt unfairly taken to task. This is not borne out by the exhibits referred to above. Angel, who was the clinic manager (which job included all human resources matters) proved, unfortunately, to be neither a credible nor a reliable witness. Clearly suffering from jetlag, Angel appeared to be falling asleep during cross-examination and asked for coffee and a break. She was perspiring, complained of a headache and from time to time held her head in her hands. She seemed disengaged, spoke slowly in muted tones, gave monosyllabic answers, agreeing robotically to questions asked by Dr. Izekor's counsel. In examination-in-chief she was compelled more than once to refresh her memory from previous statements made to CPSS. She contradicted herself as, for instance, she testified that Dr. Izekor had no involvement in the hiring of [EMPLOYEE #1] and that Angel had no conversations with Dr. Izekor concerning [EMPLOYEE #1]'s difficult financial situation. Angel said she was not aware of any prior relationship between [EMPLOYEE #1] and Dr. Izekor. Later she testified Dr. Izekor was in fact involved in [EMPLOYEE #1]'s hiring. He referred [EMPLOYEE #1] to Angel as a friend of his who was in financial straits. For his part, on this point, Dr. Izekor stated that an acquaintance asked him if he could give [EMPLOYEE #1] a job.

48. [EMPLOYEE #1] said she was not hired on April 30, 2018, the date she apparently signed a confidentiality agreement. She said she signed the agreement on the occasion of one of her rehiring. She recalled the circumstances of two occasions on which she quit her job at the clinic but could not recall the circumstances under which she quit the third and last time. Quitting a job suddenly and without notice would appear to be a rather momentous occasion which one would expect to be something to be remembered.

49. [EMPLOYEE #1] recalled being hired initially by placing a request on Instagram. Dr. Izekor responded on Instagram hiring her sight unseen. Dr. Izekor denied this vehemently saying [EMPLOYEE #1] went through the same hiring process as all staff by submitting an application, resume, being interviewed and tested before hiring. The evidence of Angel and Dr. Izekor regarding [EMPLOYEE #1]'s hiring is discussed in paragraph 44 above.

50. [EMPLOYEE #1] could not recall whether the alleged sexual assault in Dr. Izekor's basement occurred before or after she was hired but said he invited her to his home to discuss work.

Dr. Izekor vehemently denied inviting her to his home or having sexual intercourse with her. Angel testified that [EMPLOYEE #1]’s knowledge of Dr. Izekor’s home, the layout and the rooms in the basement could have come as a result of Angel inviting her in when [EMPLOYEE #1] gave her a ride home from work.

51. Considerable attention was paid to the interior of Dr. Izekor’s home via a realtor’s video of the residence produced after Dr. Izekor’s ownership of the home. While Dr. Izekor and Angel denied the existence of a bedroom in the basement, the video showed two rooms which could have been bedrooms during Dr. Izekor’s occupancy. Notably, given his confidence, bordering on arrogance, during most of his testimony, Dr. Izekor appeared distinctly uncomfortable and nervous during this part of this cross-examination.

52. Regarding the e-transfers in December 2017 (C-5) [EMPLOYEE #1] testified that on many occasions she spoke to Dr. Izekor about her difficult financial situation. He assured her he would take care of her and help her. He often gave her money either cash or e-transfers. After having sexual relations with him she said she felt “gross” “like a prostitute” because she accepted his money. Dr. Izekor disavowed any knowledge of e-transfers from Northgate Laboratori to [EMPLOYEE #1] Angel said any e-transfers to employees represented payment of salary advances if an employee requested same. Nicole recalled employees receiving their salary by e-transfer on one occasion when cheques were not available. A number of witnesses referred to gifts of small amounts of cash/gift cards given to employees at the clinics by physicians from time to time. Other than the e-transfers to [EMPLOYEE #1] on December 18 and 29, 2017 in the amounts of \$1,500.00 and \$1,000.00 respectfully (C-5), no documentary evidence of e-transfers to employees was presented. We heard no clear evidence as to [EMPLOYEE #1]’s tenure at the clinics and no record of employment was submitted. If [EMPLOYEE #1] was employed in December 2017, the e-transfers may have represented payment of her salary. If not, the e-transfers were made for some other purpose.

53. The Discipline Hearing Committee had serious questions about [EMPLOYEE #1]’s reliability as a witness. Her recall of events and sequences was spotty. She could not, for instance, recall whether the alleged sexual assault in Dr. Izekor’s basement occurred before or after she was hired but said he invited her to his home to discuss work. It stretches credulity to suggest [EMPLOYEE #1] could not recall whether she was having sex with a perfect stranger or with her

boss. Early in her testimony [EMPLOYEE #1] said she began working at the clinic quite quickly after being hired by Dr. Izekor and that she first saw him at work.

54. A further example of her unreliability as a witness surrounds her testimony with respect to the occasions on which she quit her job at the clinics. She could not recall whether her last day of work was June 7, 2018, the date of the staff dinner. The documents, C-4, C-6 and D-1, show that she was invited to return to work on June 18, 2018 (C-4). There followed ongoing communication with Angel and Dr. Izekor (C-6 and D-1) between June 22, 2018 and July 31, 2018 regarding her return to work from sick leave. As noted above, quitting a job is an event one would not expect to forget.

55. Having carefully sifted through [EMPLOYEE #1]'s testimony, the Discipline Hearing Committee is simply not satisfied that [EMPLOYEE #1] was a reliable witness. In other words, we cannot rely on her evidence to support Charge #4 and therefore cannot conclude that this charge has been proven on a balance of probabilities. Accordingly, we must dismiss Charge #4.

E. Charge #7

56. Dr. Izekor is charged that he engaged in a pattern of inappropriate and unethical conduct including failing to maintain appropriate professional boundaries with employees and failing to treat employees with dignity and respect.

57. Charge #7(b) alleges that Dr. Izekor made inappropriate comments to employees including commenting on their appearance, their clothing and their hair. Elements of this allegation are also contained in Charge #7(c), (d) and (e). We will deal with these four together.

58. Jay Patel was employed at the clinics for approximately ten months from July 2018 to April 2019 and thereafter on a part-time basis for three to four months. He was promoted to the position of manager within two months of his hire. He described a difficult work environment where staff, including him, were frequently in tears. Dr. Izekor was often rude to employees telling them he should fire them. Dr. Izekor made Jay feel “worthless” and inept.

59. On one occasion Jay heard Dr. Izekor tell a female staff member that she should dye her hair. He took her to his office. An hour later her hair was dyed and she was crying.

60. Senior staff member, Nicole Charbonneau, was employed by Dr. Izekor for a period of approximately two years between 2017 and 2019. She trained all new hires. She testified that the work environment was extremely stressful, busy, fast-paced and that Dr. Izekor’s management style was “mean” and “aggressive”. On one occasion he pulled her and her trainee into his office and in front of a patient told them what they had done wrong. On one occasion, when Nicole took time off to move, Dr. Izekor called her telling her to come to work and that she was being inconsiderate. He was upset and hung up on her. On another occasion, in the staff room, Dr. Izekor asked her if she was happy in her dating relationship and if her boyfriend had lots of money and could take care of her. Later he sent her a text to the same effect. Nicole felt he was offering himself. She “shrugged it off”. She worked at the Northgate Mall Clinic and he was at Avonhurst. She too, said Dr. Izekor made a staff member change her hair style.

61. At the staff dinner on June 7, 2018 Dr. Izekor told staff to sit with those they would not normally sit with. When the conversation turned to [EMPLOYEE #1]’s shortcomings, Dr. Izekor

directed Nicole, who was talking to someone else, to focus on [EMPLOYEE #1] who was being “ganged up” on. When [EMPLOYEE #1] became upset and someone tried to change the subject, Dr. Izekor brought it back.

62. Regarding the cameras, on one occasion when Nicole was at Northgate and Dr. Izekor was at Avonhurst he called her to tell her to get off the phone. Nicole told new recruits whom she considered “soft” not to work at the clinic. “Dr. Izekor was mad at us a lot”.

63. Angel Izekor referred to a dress code (professional) at the clinics. While Dr. Izekor complimented staff on their work, she did not hear him comment on their appearance. She was the one who suggested a seating arrangement at the June 7, 2018 staff dinner and told staff to “dress nicely”. Employees cried at work because of the stress of the work. Angel did not observe staff in tears on account of Dr. Izekor’s conduct.

64. For his part, Dr. Izekor denied using the surveillance system for anything other than security purposes, asking staff to dress a certain way for the staff dinner or asking Nicole Charbonneau about a personal relationship. While he suggested where employees should sit at the staff dinner, he did not compel them to occupy those places. He suggested staff who did not get along sit together to foster better relationships.

65. With respect to Charge #7(f) and (g), all of the employee witnesses, including Angel, testified that Dr. Izekor yelled at them or others or had heated exchanges with them or others in the workplace within hearing distance of staff and/or patients. Dr. Izekor was described, by more than one witness, as a perfectionist and a direct communicator. Jay reported that on one occasion he placed a patient in the wrong examining room. Dr. Izekor yelled at him telling him his degrees were “fake” and that he did not know how to manage. On another occasion Dr. Izekor shouted at him in the reception area because a patient’s health card had expired, telling Jay he had been trained, had been at work long enough and paid enough to do better. Jay was fired by Dr. Izekor on April 17, 2019 in the reception area with patients and staff present. Nicole testified that Angel and Dr. Izekor argued a lot and yelled at each other loud enough for everyone to hear. Dr. Izekor’s description of him firing Jay was that he was “direct” with Jay and they had a “heated” argument in the manager’s office. He testified to “heated exchanges” with Angel regarding work issues but said he never yelled at employees.

66. The evidence of Dr. Izekor's disrespectful communication with staff is compelling. While no workplace is perfect and some degree of conflict, tension and disagreement are inevitable, yelling at employees (and we include Angel in this although she was a volunteer because she had no work visa) particularly in the presence of or within hearing distance of patients and other staff, is not only inappropriate, it is unprofessional, unbecoming conduct within the meaning of *The Medical Profession Act*.

67. We are not satisfied on a balance of probabilities that the evidence supports Charge #7(c). Without the opportunity of reviewing the message Nicole said she received from Dr. Izekor about her personal life we cannot conclude that Dr. Izekor made sexually inappropriate comments on this occasion.

68. With respect to inappropriate comments concerning employees' appearance, clothing and hair [Charge #7(b) and (e)] there was some evidence of this, countered by evidence of an office dress code (scrubs; hair pulled back). While comments about appearance, particularly as a consequence of camera surveillance, may seem creepy they do not, in our view, rise to the level of unprofessional conduct.

69. As for Charge #7(d) the staff dinner on June 7, 2018 was dealt with in some detail by all witnesses present at this event. Nicole testified that she thought it was Angel who asked employees to dress nicely. She also said that Dr. Izekor, at the dinner, directed her and the employee sitting next to her to pay attention to and participate in the critique of [EMPLOYEE #1] Angel confirmed that it was she who asked staff to dress nicely and do their hair for the dinner. Given the reason this event was planned, it was not unreasonable for Dr. Izekfor to suggest that employees who did not get along to sit together on a social occasion. As Angel said, part of the purpose of the evening was to create bonds among employees.

70. On balance, the evidence we heard of a finding of "controlling behavior" on Dr. Izekor's part under Charge #7(d) is insufficient to prove this aspect of the charge on a balance of probabilities.

V. CONCLUSION

71. For the reasons given above, we find Dr. Izeke guilty of Charges #1, #2 and #7(f) and (g) and not guilty on Charges #3, #4 and #7(a), (b), (c) and (d).

72. We thank counsel for their able and professional presentation of the evidence, the persuasiveness of their arguments and the assistance of their comprehensive written briefs.

DATED at Saskatoon, Saskatchewan, this 7th day of August, 2025.

A handwritten signature in black ink, appearing to read 'Alma Wiebe', with a horizontal line above the text.

Alma Wiebe, Q.C.,
Chair of the Disciplinary Hearing Committee

Concurred to by Ms. Nicole Sawchuk and
Dr. Azaad Baziany, Members of the
Disciplinary Hearing Committee