

#### STATE OF WASHINGTON

#### DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Robin L. Baxter, MD

Master Case No.: M2011-853

Document: Statement of Allegations

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: NONE

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center P.O. Box 47865 Olympia, WA 98504-7865 Phone: (360) 236-4700 Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION

JUN 0 9 2011 Adjudicative Clerk

In the Matter of the License to Practice as a Physician and Surgeon of:

ROBIN L. BAXTER, MD License No. MD00016767 No. M2011-853

STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE

Respondent

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in program file number 2011-153760. attached Confidential Schedule.

#### 1. ALLEGATIONS

- 1.1 On July 13, 1978, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is a non-board certified psychiatrist. Respondent's license is currently active.
- 1.2 As part of her July 11, 2009 license renewal Respondent was required to submit a signed declaration of continuing medical education (CME) compliance.
- 1.3 On or about July 2, 2009, Respondent requested a nine month extension of time to complete her CME requirements citing both family health problems and Internet connectivity issues as the cause for her inability to comply with the requirement.
- 1.4 On or about July 8, 2009, the Commission's Medical Consultant approved Respondent's request for an extension to complete her CME requirements to April 11, 2010.
- 1.5 Respondent failed to report her CME hours to the Commission by April 11, 2010.
- 1.6 On or about April 20, 2010, the Commission sent Respondent a letter reminding her that her CME requirements had been extended to April 11, 2010, and had not yet been received. The letter requested Respondent send a email or a faxed attestation that she had completed the required 200 hours of CME.

- 1.7 On or about July 7, 2010, Respondent sent an email to the Commission requesting an extension until January 1, 2011, to complete her CME requirements citing condo emergency plumbing repairs/remodel, and a silent dental abscess as the cause for her inability to comply with the April 11, 2010 deadline.
- 1.8 On July 20, 2010, the Commission notified Respondent by letter that her request for additional time to complete her continuing education requirements was approved. The letter further stated: "Your CME must now be completed no later than 1/11/11."
- 1.9 On December 2, 2010, the Commission reminded Respondent by letter that she had been granted an extension to complete her continuing education. The letter stated that Respondent's license had been renewed on July 9, 2009, with the expectation that she would complete the required continuing education by January 11, 2011. The letter requested Respondent to submit proof of 200 hours CME by January 11, 2011. The letter added, "Please note that failure to comply with the CME requirements may result in disciplinary action by the Commission."
- 1.10 On December 30, 2010, the Commission again reminded Respondent by letter that the Commission granted her an extension to complete her CME by January 11, 2010. The letter again requested Respondent to submit proof of 200 hours CME by January 11, 2011. The letter again added, "Please note that failure to comply with the CME requirements may result in disciplinary action by the Commission."
- 1.11 On January 13, 2011, Respondent sent the Commission an email acknowledging that she missed the January 11, 2011 deadline and would be sending the Commission a letter of explanation.
- 1.12 On January 26 and 27, 2011, the Commission emailed Respondent that it had not received anything regarding her CME.
- 1.13 On January 31, 2011, Respondent emailed that the point of her original email (January 13, 2011) was to inform the Commission that she did not have the 200 hours CME and that she would explain by letter to the Commission. Respondent stated that she would fax the Commission a letter of explanation and the hours that she could document later that day.

- 1.14 On January 31, 2011, Respondent faxed the Commission her letter dated January 27, 2011. In her letter, Respondent explained that the reason for her failure to meet the CME reporting extension deadline of January 11, 2011, was due to the disappearance of her 2007 CME certificate file somewhere in her condo during plumbing repairs/remodel, and a series of health problems throughout 2010 including toxic chemical exposure. Respondent submitted proof of 37 hours of CME.
- 1.15 To date, the Commission has not received any proof of additional completed continuing medical education hours.

#### 2. SUMMARY OF EVIDENCE

- 2.1 Investigation materials contained in Case file number 2011-153760.
- 2.2 Respondent's letter dated July 2, 2009.
- 2.3 Respondent's email dated July 7, 2010.
- 2.4 Respondent's email date January 13, 2011.
- 2.5 Respondent's letter dated January 27, 2011.
- 2.6 Respondent's email dated January 31, 2011.
- 2.7 Respondent's letter dated March 20, 2011.

#### 3. ALLEGED VIOLATIONS

- 3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(7), WAC 246-12-180, and WAC 246-919-430(1), which provide:
  - **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:
  - (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

## WAC 246-12-180 How to prove compliance.

. . .

If continuing education is required for renewal, the practitioner must verify compliance by submitting a signed declaration of compliance.

## WAC 246-919-430 General requirements.

(1) Licensed physicians must complete two hundred hours of continuing education every four years as required in chapter 246-12 WAC, Part 7.

#### 4. NOTICE TO RESPONDENT

- 4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.
- 4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.
- 4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Karen Caillé, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2788 within fourteen (14) days.
- 4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.
- 4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

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4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED:	May 23	,2011.
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STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION

MARYELLA JANSEN EXECUTIVE DIRECTOR

KAREN M. CAILLE, WSBA #31351

DEPARTMENT OF HEALTH STAFF ATTORNEY



#### STATE OF WASHINGTON

#### DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Robin L. Baxter, MD

Master Case No.: M2011-853

Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

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## STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of

No. M2011-853

ROBIN L. BAXTER, MD License No. MD00016767 STIPULATION TO INFORMAL DISPOSITION

Respondent.

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

#### 1. ALLEGATIONS

- 1.1 On July 13, 1978, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is a non-board certified psychiatrist. Respondent's license is currently active.
- 1.2 As part of her July 11, 2009 license renewal Respondent was required to submit a signed declaration of continuing medical education (CME) compliance.
- 1.3 On or about July 2, 2009, Respondent requested a nine month extension of time to complete her CME requirements citing both family health problems and Internet connectivity issues as the cause for her inability to comply with the requirement.
- 1.4 On or about July 8, 2009, the Commission's Medical Consultant approved Respondent's request for an extension to complete her CME requirements to April 11, 2010.
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hours CME and that she would explain by letter to the Commission. Respondent stated that she would fax the Commission a letter of explanation and the hours that she could document later that day.

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- 1.15 To date, the Commission has not received any proof of additional completed continuing medical education hours.

#### 2. STIPULATION

- 2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(7), WAC 246-12-180, and WAC 246-919-430(1).
- 2.2 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation).pursuant to RCW 18.130.172(1).
- 2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.
- 2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.
- 2.5 If the Commission accepts the Stipulation it will be reported to the Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).
- 2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's listserv, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

- 2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.
- 2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.
- 2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

#### 3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

- 3.1 **Probation.** The Commission places Respondent's license on PROBATION.
- 3.2 <u>License Renewal.</u> Respondent's license will not be renewed until she has satisfied her outstanding CME requirements and has submitted proof of completion of 167 hours CME to satisfy the CME associated with the 2009 renewal of her license.
- 3.3 Quarterly Reports 2009 requirements. Respondent will submit quarterly reports on her progress in satisfying the CME requirements associated with the 2009 renewal of her license. The first report will be due 30 days after the effective date of this Stipulation.
- 3.4 Quarterly Reports 2013 requirements. Following the completion of the CME requirements associated with the 2009 renewal of her license, Respondent will continue to file quarterly reports on her CME progress in satisfying the CME requirements for the 2013 renewal of her license.
- 3.5 <u>Cost Recovery.</u> Respondent shall reimburse costs to the Commission in the amount of \$1000 which must be received by the Commission within ninety days of the effective date of this Stipulation to Informal Disposition. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission at P.O. Box 1099, Olympia, Washington 98507-1099.
- 3.6 <u>Termination.</u> Respondent may petition to terminate this Stipulation after she has (1) satisfied the CME requirements associated with the 2009 renewal of her

license and (2) she has shown sufficient progress towards satisfying the CME requirements for the 2013 renewal of her license, but not sooner than three years from the effective date of this Stipulation. Termination will depend on a number of factors, including Respondent's compliance with this Stipulation, Respondent's demonstration of her progress on satisfying her CME requirements for the 2013 renewal of her license, and Respondent's license status. The Commission will issue a notice scheduling a date and time for Respondent to appear, unless the Commission waives the need for a personal appearance.

- 3.7 <u>Obey Laws.</u> Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.
- 3.8 <u>Costs.</u> Respondent must assume all costs of complying with this Stipulation.
- 3.9 <u>Violations.</u> If Respondent violates any provision of this Stipulation in any respect, the Commission may take further action against Respondent's license.
- 3.10 <u>Change of Address.</u> Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.
- 3.11 <u>Effective Date.</u> The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

#### 4. COMPLIANCE WITH SANCTION RULES

The Commission applies WAC 246-16-800, *et seq.* to determine appropriate sanctions. The unprofessional conduct alleged in paragraphs 1.2 through 1.15 is not described in the sanction schedules. Consequently, no sanction schedule applies. The Commission has exercised its judgment to determine the appropriate sanctions.

#### 5. RESPONDENT'S ACCEPTANCE

I, ROBIN L. BAXTER, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it;

and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

ROBIN L. BAXTER, MD RESPONDENT	DATE	
, WSBA # ATTORNEY FOR RESPONDENT	DATE	_

### 6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: \( \frac{\frac{1}{2011}}{2011}.

STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE COMMISSION

PANEL CHAIR

PRESENTED BY:

KAREN M. CAILLE, WSBA #31351

DEPARTMENT OF HEALTH STAFF ATTORNEY