

IN THE MATTER OF  
RICHARD ARNOLD, M.D.

Respondent

LICENSE NUMBER: D0046877

BEFORE THE

MARYLAND STATE

BOARD OF PHYSICIANS

Case Number: 2225-0121A

CONSENT ORDER

On January 13, 2026, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged RICHARD ARNOLD, M.D. (the “Respondent”), license number D0046877, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.”) §§ 14-101 *et seq.* (Lexis Nexis 2025 Supp.).

Panel A charged the Respondent with violating the following provision of the Act:

**Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**

(a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

Pursuant to Health Occ. § 14-404(a)(3)(ii), the Joint Commission and the American Medical Association (“AMA”) have identified “disruptive behavior” as one

form of unprofessional conduct. The Joint Commission and the AMA have addressed “disruptive physician behavior” in published alerts and opinions.

### **JOINT COMMISSION SENTINEL EVENT ALERT, 2008**

On July 9, 2008, the Joint Commission issued a Sentinel Event alert entitled “Behaviors that Undermine a Culture of Safety,” which stated in pertinent part:

Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team. Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats . . . Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power . . . Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients . . . All intimidating and disruptive behaviors are unprofessional and should not be tolerated.<sup>1, 2</sup>

### **AMA OPINION 9.4.4**

AMA Code of Medical Ethics: Professional Self-Regulation Opinion 9.4.4, adopted in June 2016, pertaining to Physicians with Disruptive Behavior, states in pertinent part:

The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient

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<sup>1</sup> In 2011, the Joint Commission revised the term “disruptive behavior” to “behavior or behaviors that undermine a culture of safety.”

<sup>2</sup> In 2016, the Joint Commission noted that “while the term ‘unprofessional behavior’ is preferred instead of ‘disruptive behavior,’ the suggested actions in this alert remain relevant.”

care, including conduct that interferes with the individual's ability to work with other members of the health care team, or for others to work with the physician.

On April 15, 2026, Panel A was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

### FINDINGS OF FACT

Panel A finds:

#### **I. Background**

1. At all relevant times hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent obtained his license to practice medicine in the State of Maryland on November 16, 1994, under license number D0046877. His license is active through September 30, 2026, subject to renewal.

2. The Respondent also has medical licenses in at least sixteen other states.

3. The Respondent is board-certified in Pediatrics and works primarily as a *locum tenens* provider.<sup>3</sup>

4. At all times relevant hereto, the Respondent contracted assignments through a *locum tenens* physician staffing firm (the "Company")<sup>4</sup> that assigned him to three different hospitals ("Hospital A," "Hospital B," and "Hospital C") located in

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<sup>3</sup> *Locum tenens* work consists of a physician working temporarily in another practice which may include clinic or hospital care or a combination of both.

<sup>4</sup> For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in Consent Order.

Maryland.

## **II. Complaint**

5. On or about September 24, 2024, the Board received an anonymous complaint (the “Complaint”) which alleged that the Respondent, while employed at Hospital A, was “aggressive in his nature and words.” The Complaint further alleged that he threatened to “kill and hurt staff members and boasted about how he beat people up and was ex military, and urinated on people as they lay on the floor.” The Board initiated an investigation into the Respondent after receiving the Complaint.

6. In a written response to the Complaint dated February 15, 2025, the Respondent denied the allegations in the Complaint. He stated that he had a normal collegial working relationship with the staff at Hospital A, except with the Chief Medical Officer (the “Hospital A CMO”). The Respondent described a “hostile verbal rebuking” during a phone conversation with the Hospital A CMO as the Respondent was driving to Hospital A after being called to the emergency room (“ER”) to see a patient.

## **III. Board Investigation**

7. As part of its investigation, the Board obtained relevant documentation and conducted under-oath interviews with multiple witnesses and the Respondent. The Board’s investigation revealed multiple instances of unprofessional conduct by the Respondent at Hospital A, B, and C including, but not limited to, insinuating physical violence, making inappropriate comments, and using inappropriate language and tone of voice.

### *Unprofessional Conduct at Hospital A*

8. On or about February 19, 2025, the Board conducted an under-oath interview with the Hospital A CMO who provided, in part, the following information:

- a. The Respondent worked as a Pediatric Hospitalist at Hospital A from approximately July 2024 through approximately August 2024.
- b. The first interaction he had with the Respondent pertained to a pediatric patient in the ER who required intubation.<sup>5</sup> The Hospital A CMO called the Respondent to inquire about his location. The Respondent told the Hospital A CMO that he was at lunch and that he was 20 minutes away.
- c. A few days after the first interaction, the Respondent approached the Hospital A CMO and requested to speak with him. The Respondent told the Hospital A CMO that he did not like the way that the Hospital A CMO spoke to him. During the conversation, they discussed call response time and the Hospital A CMO apologized to the Respondent. They shook hands, hugged, “and everything was fine.”
- d. A few days after that conversation, a physician (“Physician A”) reported an interaction that she had with the Respondent which

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<sup>5</sup> During an interview with the Pediatric Hospitalist Program Manager, it was revealed that this incident occurred on or around August 20, 2024.

caused her to have concerns about the Hospital A CMO's welfare.<sup>6</sup> During patient sign-out, the Respondent told Physician A about his connection to a military organization, how he beat up and peed on an administrator at another healthcare facility because of the way the administrator spoke to the Respondent. The Respondent also told Physician A that he can do things to people that cannot be tracked back to him.

- e. As a result, the Respondent's remaining shifts at Hospital A were reduced. The Respondent was no longer scheduled to work at Hospital A after completing his final shifts.
- f. On the day of his last shift in August 2024,<sup>7</sup> the Respondent called the Hospital A CMO and stated, "How dare you end my shift?" The Hospital A CMO explained to the Respondent that there had been a lot of nurse complaints and that "people feel that they're not able to approach you and they don't feel comfortable." The Respondent yelled and used foul language during the conversation and told the Hospital A CMO "[you] don't know what I'm capable of." The Respondent also stated

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<sup>6</sup> According to the Pediatric Hospitalist Program Manager and other documentation obtained by the Board, this incident occurred on or around August 26, 2024.

<sup>7</sup> According to the Pediatric Hospitalist Program Manager, the Respondent's last shift at Hospital A was on or about August 28, 2024.

that he has “reported physicians like [the Hospital A CMO] to the Board of Physicians in Maryland. I know I have done damage to so many physicians and I can do that to you.” Shortly thereafter, the Respondent ended the call.

9. On or about March 10, 2025, the Board conducted an under-oath interview with Physician A who confirmed the details of the Respondent's comments to her during patient sign-out on August 26, 2024, as attested to by the Hospital A CMO. Physician A stated, among other things, that she notified the Hospital A CMO of the incident by email on August 27, 2024. She also noted concerns for her safety due to the violent nature of the Respondent's comments and because she was staying in the same hotel as the Respondent at the time.

10. On or about July 10, 2025, the Board conducted an under-oath interview with Hospital A's Pediatric Hospitalist Program Manager, who, *inter alia*, advised the Board's investigator about communications he had with the Respondent. The communications pertained to nurse and other staff complaints about their difficulty in contacting the Respondent. The communication between the Pediatric Hospitalist Program Manager and the Respondent were documented in text messages dated August 24, 2024 through August 28, 2024 and were obtained as part of the Board's investigation.

***Unprofessional Conduct at Hospital B***

11. As part of its investigation, the Board obtained staff complaints about the Respondent from Hospital B that were submitted to Hospital B's reporting system. Of

note were three incidents labeled “Professional Conduct Event” involving the Respondent.

- a. May 30, 2024: “This nurse called pediatrician<sup>8</sup> to come back to the [operating room (“OR”)] to assess infant whose pulse [oximeter] was low. Pediatrician stated on phone unable to come to OR due to need to clean up after meconium splashed on him. Stated if there was concern about the infant, to bring to the [special care nursery (“SCN”)]. Pediatrician did not come to OR.”
- b. September 17, 2024: “Abrasive, loud, non-helpful tone and comments toward staff made during serious situation that was not appropriate. Inappropriate comments, walking away from bedside.”
- c. September 18, 2024: “Our pediatrician<sup>9</sup> came to our patient safety rounds and was very inappropriate. A doctor called in the middle of rounds and he was rude to him and hung up and said, “rude bastard”. He was saying how overwhelmed he was and didn't have time to do anything. He was irritated that there were so many discharged [*sic*] that he was huffing and puffing and

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<sup>8</sup> The “pediatrician” referenced in this note is the Respondent.

<sup>9</sup> The “pediatrician” referenced in this note is the Respondent.

said the “f” word. When a hepatitis B was never ordered, he was irritated and said I don't know what my colleagues do all night long. Then he proceeded to go to the special care nursery and told our nursery nurse that there is a baby coming from [another hospital] and the [SCN] nurse told him that goes through our manager and social work. He said he was too busy to deal with it. Then he went to wash his hands in the nursery and was aggravated that the paper towel were [sic] coming out so he banged on the wall multiple times for them to come out.”

12. On or about May 21, 2025, the Board conducted an under-oath interview with the Chair of Pediatrics at Hospital B (“Hospital B Pediatric Chair”) during which she provided information related to a meeting she had with the Respondent regarding reported staff complaints and professionalism.

- a. On or about October 16, 2024, the Hospital B Pediatric Chair met with the Respondent to address the concerns raised in the complaints. The Respondent had a different perception of the reported events, did not believe he had been unprofessional, and “had a reason for all of [the reported incidents].”
- b. In an email following the October 16, 2024 meeting, the Hospital B Pediatric Chair recommended that the Respondent remain “as respectful and professional as possible in all future interactions.”

c. In or around November 2024, the Hospital B Pediatric Chair spoke with the Respondent again after receiving more information about one of the complaints. During that conversation, the Respondent became upset and said that he was not coming in for his remaining shifts because he felt like “people were going after him.” The Respondent did not come back to work at Hospital B following that conversation.

13. During an under-oath interview with a Nurse Manager at Hospital B, she reported that the Respondent failed to appropriately communicate his whereabouts which caused the staff to be unable to contact him during an emergency.

14. During an under-oath interview, a nurse at Hospital B (“Hospital B Nurse”) described the Respondent as being “uncomfortable to work with, just because he was kind of boisterous and loud and inappropriate, at times.” She further stated that the Respondent was not very collaborative and his voice, tone, and the way he carried himself made her uncomfortable. The Hospital B Nurse also corroborated some of the incidents that were submitted to Hospital B’s reporting system.

### ***Unprofessional Conduct at Hospital C***

15. On or about July 18, 2025, the Board conducted an under-oath interview with the Chair of Pediatrics at Hospital C (“Hospital C Pediatric Chair”) who stated in pertinent part:

a. The Respondent worked at Hospital C on December 25-26, 2023

to provide coverage in the pediatric ER.

- b. A nurse in the pediatric unit (“Hospital C Nurse”) reported that during his shift on December 25, 2023, the Respondent was upset and frustrated and stated loudly, multiple times that he could have the ED shut down. The Hospital C Nurse also reported that a student nurse had to advise the Respondent that she was a student and that his requests were outside her scope of practice when he asked her on multiple occasions to give verbal orders and administer medication. Additionally, the Respondent did not appropriately respond to calls from the triage unit and “kept asking questions that made it hard [for the Hospital C Nurse] to complete [her] nursing responsibilities[.]”
- c. The nursing staff kept calling the other pediatrician (the “Hospital C Pediatrician”) to assist the Respondent during the shift on December 25, 2023 but the Respondent refused to contact or accept help from the Hospital C Pediatrician.
- d. The Hospital C Pediatric Chair spoke with the Respondent by phone on the evening after his first shift. When some of the concerns raised by the nursing staff were mentioned, the Respondent became defensive and made a comment to the effect of, “I should get your program shut down.” The Respondent also

mentioned that he was older than the Hospital C Pediatrician and that he did not need to listen to her. At the end of the conversation, the Hospital C Pediatric Chair and the Respondent agreed that he would not continue working at Hospital C after his shift on December 26, 2023.

16. During an under-oath interview with Board staff, the Hospital C Nurse corroborated the information provided by the Hospital C Pediatric Chair regarding the Respondent's behavior during his shift at Hospital C on December 25, 2023. The Hospital C Nurse described the Respondent as "intimidating" and stated that the Respondent's behavior affected patient care.

17. By email dated January 14, 2024, the Hospital C administration and other relevant persons were notified that the Respondent was removed from the January schedule as he was "not a good fit at [Hospital C.]"

*Interview with Respondent*

18. During an under-oath interview with Board staff, the Respondent denied making any statements he was alleged to have made to Physician A while working at Hospital A, and did not recall Physician A. With limited exceptions, he denied or did not recall any discussions that occurred regarding staff complaints about his professionalism at Hospital B or C.

## CONCLUSION OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

## ORDER

It is, on the affirmative vote of a majority of the quorum of Panel A, hereby:

**ORDERED**, that the Respondent is **REPRIMANDED**; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum period of **ONE (1) YEAR**.<sup>10</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP") as follows:

- (a) Within **5 business days** of the effective date of this Consent Order, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;
- (b) Within **15 business days** of the effective date of this Consent Order, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;
- (c) The Respondent shall fully and timely cooperate and comply with all MPRP's referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;

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<sup>10</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (d) The Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw the release/consent;
  - (e) The Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw the release/consent;
  - (f) If, upon the authorization of MPRP, the Respondent transfers to a rehabilitation program in another state, the Respondent's failure to comply with any term or condition of that state's [the out-of-state's] rehabilitation program, constitutes a violation of this Consent Order. The Respondent shall also sign any out-of-state written release/consent forms to authorize the Board to exchange with (i.e. disclose to and receive from) the out-of-state program verbal and written information concerning the Respondent, and to ensure that the Board is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw the release/consent;
  - (g) The Respondent's failure to comply with any of the above terms and conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;
2. Within **SIX (6) MONTHS** of the effective date of this Consent Order, the Respondent is required to take and successfully complete courses in **Professionalism and Anger Management**. The following terms apply:
- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses are begun;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;

(c) the courses may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the courses.

3. Within **ONE (1) YEAR** of the effective date of this Consent Order, the Respondent shall pay a civil fine of **FIVE THOUSAND DOLLARS (\$5,000.00)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

**ORDERED** that the Respondent shall not apply for early termination of probation; and it is further

**ORDERED** that a violation of probation constitutes a violation of this Consent Order; and it is further

**ORDERED** that this Consent Order shall not be amended or modified, and future requests for modification will not be considered by the Board or a disciplinary panel; and it is further

**ORDERED** that after the Respondent has fully and satisfactorily complied with all terms and conditions of probation, the minimum period of probation imposed by the Consent Order has passed, and MPRP notifies the Board of the Respondent's full compliance with all MPRP's referrals, rules, and requirements, the Respondent may

submit a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all the probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

**ORDERED** that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

## CONSENT

I, Richard Arnold, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

**Signature on File**

4/30/26  
Date

Richard Arnold, M.D.

NOTARY

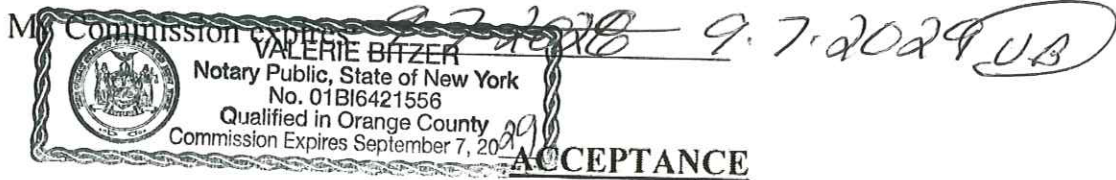
STATE OF NY

CITY/COUNTY OF Orange

I HEREBY CERTIFY that on this 30<sup>th</sup> day of April 2026, before me, a Notary Public of the foregoing State and City/County, Richard Arnold, M.D. personally appeared and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Valerie Bitzer  
Notary Public



I, Christine A. Farrelly, sign this **CONSENT ORDER** on behalf of Disciplinary Panel A.

**Signature on File**

05/06/2026  
Date

Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians