

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:	)	
	)	
Rohima Davi Miah, M.D.,	)	CONSENT ORDER
	)	
Respondent.	)	

This matter is before the North Carolina Medical Board ("Board") regarding information provided to the Board concerning Rohima Davi Miah, M.D. ("Dr. Miah"). Dr. Miah makes the following admissions, and the Board makes the following findings and conclusions:

STATUTORY AUTHORITY

The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted to it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto.

FINDINGS OF FACT

Dr. Miah was first issued a license to practice medicine by the Board on or about September 20, 1997, license number 9701494.

At all times relevant hereto, Dr. Miah practiced psychiatry in Morrisville, North Carolina.

From March to August 2018, Dr. Miah was the treating psychiatrist for Patient A, a thirty-eight-year-old female with a

history of depression and anxiety who presented for psychiatric evaluation, comprehensive medical examination, and medication management for symptoms, including, but not limited to, stress, irritability, and brain fog.

At the time she first saw Dr. Miah, Patient A was taking Lexapro® (escitalopram), 20 mg daily. Dr. Miah diagnosed Patient A with chronic depression that was poorly controlled. Dr. Miah continued Patient A's Lexapro® and added Abilify® (aripiprazole), 5 mg, 0.5 to 1 tablet daily, as an adjunctive treatment for depression. Abilify® is a second-generation anti-psychotic medication. The standard of care when prescribing any anti-psychotic medication is to assess the patient for extrapyramidal side effects ("EPS") and tardive dyskinesia ("TD"), both of which are movement disorders that can be caused by anti-psychotic medications.

Dr. Miah did not perform a baseline physical examination when she prescribed Abilify® to Patient A nor did she do so at Patient A's follow-up visit two weeks later.

On Patient A's second visit, Dr. Miah increased the dose of Abilify® to the full 5 mg daily. The standard of care is to perform a physical examination to assess for EPS and TD any time there is an increase in dosage.

On Patient A's third visit, approximately four weeks later, she reported occasional muscle tension with her jaw and hands.

Again, Dr. Miah did not examine Patient A for EPS and TD. Patient A was scheduled to return to Dr. Miah in six months or sooner if clinically indicated.

Patient A's fourth visit to Dr. Miah was on July 20, 2018. At that time, Patient A was struggling with increased depression and anxiety. Dr. Miah tapered and discontinued Abilify® and replaced it with Rexulti® (brexpiprazole), 0.5 to 1 mg daily, and continued Patient A on Lexapro® at 20 mg. The standard of care is to assess for EPS and TD by physical examination when there is a change in the anti-psychotic medication being prescribed. Dr. Miah did not examine Patient A for EPS and TD.

When Patient A returned to Dr. Miah on August 3, 2018, she was concerned her medications were not working. She was still anxious and depressed, and was also having trouble sleeping, experiencing feelings of hopelessness and helplessness, and experiencing a decreased appetite. In addition, Patient A had significant symptoms of psychomotor impairment, which should have alerted Dr. Miah to the possibility of EPS. Psychomotor impairment manifests as slowed movement, talk, and other regular activities. The standard of care is to assess for EPS and TD by physical examination when a patient reports symptoms that could be potential side effects or when clinical observation suggests symptoms may be present. Dr. Miah did not examine Patient A for EPS and TD. She

discussed trying another antidepressant, but noted the low likelihood that this would help Patient A.

Dr. Miah failed to meet the minimum standard of acceptable and prevailing medical practice by concluding Patient A suffered from treatment-resistant depression without gathering sufficient evidence to support this conclusion.

Patient A began seeing a different psychiatrist on August 21, 2018. Patient A was no longer taking Rexulti®. The new psychiatrist noted Rexulti® made Patient A feel disconnected, restless, sedated, and that it caused akathisia, a movement disorder linked to anti-psychotic medications. The new psychiatrist prescribed bupropion, a medication Patient A had taken successfully in the past.

Dr. Miah failed to meet the minimum standard of acceptable and prevailing medical practice by not prioritizing a trial of bupropion, a medication that had previously worked for Patient A.

There is no documentation in Patient A's medical record that Dr. Miah consulted with Patient A's psychotherapist, despite having recommended intensive outpatient treatment for Patient A for what she characterized as medication treatment-resistant depression.

In November 2024, Dr. Miah underwent a clinical assessment by the Center for Personalized Education for Professionals ("CPEP"). By that time, Dr. Miah was practicing in an outpatient specialty

psychiatric practice that focuses on transcranial magnetic stimulation ("TMS") for major depressive disorder and obsessive-compulsive disorder and esketamine treatment for treatment-resistant depression and major depressive disorder with suicidal ideation. Dr. Miah no longer provides general psychiatry care, medication management, or therapy services.

CPEP noted some lapses in judgment and reasoning during the clinical interviews that were echoed in the review of Dr. Miah's charts. CPEP also found at times that Dr. Miah lacked a comprehensive approach in gathering historical information that would be essential to formulating differential diagnoses and determining the most likely conditions. At other times, Dr. Miah's described approach to diagnostic and treatment planning was not sufficiently comprehensive.

CPEP made educational recommendations for Dr. Miah that include, but are not limited to, structured education that incorporates external support, gradually decreasing levels of oversight, and a mechanism for accountability.

CONCLUSIONS OF LAW

Dr. Miah acknowledges that her conduct, as described above, constitutes unprofessional conduct, including, but not limited to, a departure from, or the failure to conform to the standards of acceptable and prevailing medical practice, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds under that section

of the North Carolina General Statutes for the Board to annul, suspend, revoke, condition, or limit Dr. Miah's license to practice medicine or to deny any application she may make in the future.

PROCEDURAL STIPULATIONS

Dr. Miah acknowledges and agrees that the Board has jurisdiction over her and over the subject matter of this case.

Dr. Miah knowingly waives her right to any hearing and to any judicial review or appeal in this case.

Dr. Miah acknowledges that she has read and understands this Consent Order and enters into it voluntarily.

Dr. Miah desires to resolve this matter without the need for more formal proceedings and agrees not to contest the matters set forth herein in this case and any potential future proceeding involving the Board.

The Board has determined that it is in the public interest to resolve this case as set forth below.

ORDER

NOW, THEREFORE, with Dr. Miah's consent, it is ORDERED that:

1. Dr. Miah is hereby REPRIMANDED.
2. Dr. Miah shall comply with the following terms and conditions:
 - a. Dr. Miah shall establish a relationship with an experienced educational preceptor ("the Preceptor") in psychiatry who has expertise in

esketamine treatment and TMS, as well as general psychiatry. The Preceptor must be approved in advance by the Board's Office of Medical Director ("OMD"). Within thirty (30) days of this Consent Order, Dr. Miah shall submit the name of the Preceptor to the Board's OMD for its approval by contacting the Board's Monitoring Coordinator at North Carolina Medical Board, P.O. Box 20007, Raleigh, NC 27619-0007 or boardmonitoring@ncmedboard.org.

- b. Dr. Miah and the Preceptor shall engage in regularly scheduled meetings to review cases and documentation, discuss decisions related to those cases, review specific topics, and make plans for future learning.
- c. Dr. Miah shall engage in an ongoing review of her documentation and coaching by the Preceptor. If Dr. Miah has difficulties improving her documentation, the Board may require repeated participation in a medical record-keeping course.
- d. Dr. Miah shall work with the Preceptor to address her physician-patient communication skills as identified by CPEP during the performance of the simulated patient exercise.

- e. The Preceptor shall submit semi-annual or six-month reports regarding Dr. Miah's progress to the Board's Monitoring Coordinator.
- f. With guidance from the Preceptor, Dr. Miah shall engage in continuing medical education courses and self-study, including, but not limited to, the topics indicated in the areas of demonstrated need by CPEP.
- g. Subsections 2.a through 2.f shall continue in effect until otherwise ordered by the Board. Dr. Miah may request relief from the Consent Order, including subsections 2.a through 2.f, no sooner than ONE YEAR from the date of this Consent Order. Should Dr. Miah request relief from this Consent Order, the Board is under no obligation to grant the request and will consider all relevant facts, including Dr. Miah's progress with the terms and conditions of this Consent Order and her disciplinary history with the Board. Any request for relief shall be submitted to the Board's Monitoring Coordinator.

3. Dr. Miah shall obey all laws. Likewise, she shall obey all rules and regulations involving the practice of medicine.

4. Dr. Miah shall meet with the Board or members of the Board for an investigative interview at such times as requested by the Board.

5. Upon request, Dr. Miah shall provide the Board with any information the Board deems necessary to verify compliance with the terms and conditions of this Consent Order.

6. If Dr. Miah fails to comply with any of the terms of this Consent Order, that failure shall constitute unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6) and shall be grounds, after any required notice and hearing, for the Board to annul, suspend, or revoke her license to practice medicine and to deny any application she might make in the future or then have pending for a license to practice medicine.

7. This Consent Order shall take effect immediately upon its execution by both Dr. Miah and the Board, and it shall continue in effect until specifically ordered otherwise by the Board.

8. Dr. Miah hereby waives any requirement under any law or rule that this Consent Order be served on her.

9. Upon execution by Dr. Miah and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses as required and permitted by law

including, but not limited to, the Federation of State Medical Boards and the National Practitioner Data Bank.

By Order of the North Carolina Medical Board this the 4th day of September, 2026.

NORTH CAROLINA MEDICAL BOARD

By: 
Anuradha Rao-Patel, M.D.
President

Consented to this the 2 day of September, 2026.

Rohima Davi Miah, M.D.
Rohima Davi Miah, M.D.

State of North Carolina

County of Wake

I, Victoria Newsome, do hereby certify that Rohima Davi Miah, M.D., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 2nd day of September, 2026.

Victoria Newsome
Notary Public

(Official Seal)

My Commission Expires: 09/04/2028

