THE REPUBLIC OF UGANDA

IN THE MATTER OF AN INQUIRY INTO ALLEGED PROFESSIONAL MISCONDUCT AND MEDICAL NEGLIGENCE BY THE MEDICAL PERSONNEL OF KIRYANDOGO GENERAL HOSPITAL IN TREATING AND MANAGING MUNIR RASHID ANYOLE LEADING TO AMPUTATION OF HIS ARM.

AYUB RASHID :: COMPLAINANT.

VERSUS

1.DR. KISEMBO GODFREY

2. KIRYANDOGO HOSPITAL :::::::::::::::::::::::: RESPONDENTS.

FINDINGS AND RESOLUTIONS OF THE COUNCIL

Complaint Summary

The complainant, Mr. Ayubu Rashid, alleges that due to professional misconduct and/or negligence in the treatment and management of his son, Munir Rashid Anyole, by the Respondents, namely Dr. Kisembo Godfrey and Kiryandongo General Hospital, the child's right arm was ultimately amputated.

Dr. Kisembo Godfrey was at the material time the Medical Superintendent responsible for overseeing service delivery and clinical operations at Kiryandongo General Hospital, while Dr. Tsemali Ambrose allegedly attended to the patient and carried out medical procedures on him.

Background

The complaint was first lodged with the Uganda Medical and Dental Practitioners Council on 18th February 2021 alleging professional misconduct and medical negligence by unknown medical personnel at Kiryandongo General Hospital, which allegedly resulted in the amputation of Munir Rashid Anyole's arm. The said person was later identified as Dr. Tsemali Ambrose.

The matter was also reported to the State House Anti-Corruption Unit on 22nd February 2021. Investigations were subsequently carried out through the Criminal Investigations Directorate (CID) in Kiryandongo District. The investigations allegedly revealed that the theatre had been left in the hands of an unqualified person who was neither licensed nor authorized to independently manage or operate on patients.

The Council also dispatched an investigation team to Kiryandongo General Hospital. The investigations established that Ambrose Tsemali was not a registered medical practitioner.

Dr. Tsemali Ambrose denied the allegations and maintained that he managed the patient following guidance from the Orthopedic Officer who was allegedly on duty. He stated that the fracture was aligned and POP applied appropriately and that he prescribed painkillers and antibiotics before discharging the patient. He further denied extorting or receiving money unlawfully from the patient's attendants.

The Council's Mandate

Under Section 3 of the Medical and Dental Practitioners Act, Cap 300, the Council is mandated to supervise medical and dental practice in Uganda, exercise disciplinary control over practitioners, and protect the public from unsafe and unethical medical practice. Furthermore, Section 33 and 34 of the Act empowers Council to hold an inquiry where it receives an allegation which, if proved would constitute professional misconduct on the part of the registered practitioner under the Act.

Pursuant to this mandate, the Council convened an inquiry on 17th November 2025 to determine whether the Respondents were guilty of professional misconduct, negligence, dereliction of duty, or any breach of professional standards.

Proceedings

The inquiry was conducted in the Council Boardroom. The parties appeared and testified.

Parties present

1. Ayub Rashid – Complainant
2. Dr. Kisembo Godfrey- 1st Respondent
3. Dr. Ambrose Tsemali- Absent but represented by an advocate
4. Mr. Anselme Kyaligonza - CAO for the 2nd Respondent

The complainant was self-represented. The 1st Respondent was self-represented, Dr. Ambrose Tsemali was represented by Counsel Dan Asobola of M/s Rwabwogo & Co. Advocates, while the 2nd Respondent was represented by the Chief Administrative Officer (CAO) of Kiryandongo District.

The following persons testified before the Council:

1. Mr. Ayubu Rashid – Complainant
2. Ms. Fatuma Madina – Complainant's Witness
3. Dr. Kisembo Godfrey – 1st Respondent
4. Csl. Dan Asobola of M/S Lwabogo and Company advocates
5. Mr. Bronze Benjamin – Orthopedic Officer
6. Mr. Anselma Kyaligonza – CAO, Kiryandongo District

Complainant's Evidence

1. Mr. Ayubu Rashid

Mr. Ayubu Rashid, an adult male Ugandan resident of Agobe West Cell, Central Ward, Bweyale Town Council, Kibanda North County, Kiryandongo District, is a driver and the biological father of Munir Rashid Anyole, the victim. He testified that he first came to know Dr. Ambrose Tsemali when his child fell from a tree, sustained a fracture, and was taken to Kiryandongo Hospital.

On 1st January 2021, at around 12:00 pm, his sister-in-law, Fatima Madiina, called to inform him that Munir had fallen from a tree at Bweyale. The child was rushed to Kiryandongo General Hospital by Fatima his sister-in-law who immediately called him and kept him updated throughout the whole process. At the hospital, they were received by a man identified as Ambrose Tsemali, who welcomed them at the OPD.

Ambrose was informed that the child had fallen from a tree and appeared to have a broken right arm. He explained that, due to the New Year holiday, doctors would not be available until 6th January 2021, and advised them to seek treatment in the private wing, where services required payment. He requested for UGX 170,000 for X-ray and related services, which was paid. The X-ray confirmed a simple fracture, and Ambrose took the boy to theatre to apply plaster of paris (POP). During the procedure, Fatima recorded videos and took photos and Ambrose became furious, asking why she was taking photos. Fatima explained the recordings were for absent relatives including Mr. Ayubu himself who was constantly talking to her on phone for updates.

After POP application, the child immediately complained of severe pain and heat in the arm. Ambrose dismissed the concerns, saying pain was expected, and prescribed Panadol and Ampiclox. When asked for a medical form and

contact number, he reluctantly issued a form but refused to share his phone number.

That night, the child's condition worsened — he cried continuously, refused food, and his fingers swelled. The next day, they returned to Kiryandongo Hospital. Ambrose examined the child, pricked his fingers, and found no sensation or movement. He removed the POP, revealing a worsened condition, then simply bandaged the arm and sent them home without further medication. The swelling continued, with fluid discharge.

The complainant then took the child to Mulago Hospital. Doctors there were shocked by the condition and initially suspected that the child was first taken to the witch doctor until shown the Kiryandongo medical form. They concluded that the first doctor had mishandled the case. Despite attempts to treat the arm, it deteriorated, became septic, and ultimately required amputation to save the child's life. Doctors explained that further reshaping surgeries would be needed every three years until the child reached full growth.

The family contacted Kiryandongo Hospital's private wing, but were told no such patient had been admitted. Attempts to reach the hospital administrator led them to Dr. Kisembo Godfrey, who dismissed their concerns, saying, "That's how theatre operates — you should expect either life or death. You are lucky your son only lost a hand." Realizing no justice would come from the hospital, they escalated the matter to the Uganda Medical and Dental Practitioners Council and the State House Anti-Corruption Unit.

Investigations revealed that Ambrose Tsemali was not a doctor, nor a staff member, nor an intern, but merely a relative of hospital staff. The Anti-Corruption Unit confirmed the findings and asked Ayub whether he preferred arrest or compensation. The family pursued compensation, writing to the hospital administrator and copying relevant authorities. However, no resolution was provided.

On 24th November 2023, the family wrote again to the Uganda Medical Council and the Minister of Health, reminding them of Kiryandongo Hospital's failure to cooperate. By then, the child had already undergone a second amputation (reshaping), with further surgeries anticipated every three years until adulthood.

He explained that he is incurring a lot of money for medical expenses for procedures aimed at reshaping the boy's arm. He further emphasized that the boy is experiencing severe psychological distress due to the loss of his arm. Accordingly, he requested the Council to adjudicate the matter so that the boy may obtain justice.

2. Fatima Madiina -Complainant witness

Fatima Madiina, an adult female Ugandan resident of Agobe West Cell, Central Ward, Bweyale Town Council, Kibanda North County, Kiryandongo District, testified that she came to know the Ambrose Tsemali when her nephew, Munir Rashid, fell from a tree, sustained a fracture, and was taken to Kiryandongo General Hospital.

She testified that on Friday, 1st January 2021, at about 12:00 p.m., Munir Rashid Anyole fell from a tree at Bilal Islamic Nursery and Primary School, Bweyale. Immediately after the incident, Fatima Madiina, Atama Musa (the Deputy Head Teacher of Bilal Islamic Nursery and Primary School), and a one Khalid, a neighbour, took the child to Kiryandongo General Hospital for treatment. Upon arrival at the hospital, they were received at the OPD by a man identified as Ambrose Tsemali, who claimed to be a doctor.

The said doctor inquired about what had happened to the child, and they informed him that the boy had fallen from a tree and that his right arm appeared broken. He informed them that since it was a New Year holiday, there were no doctors on duty and that doctors would resume work on Wednesday, 06/01/2021.

He further informed them that the only available option was to seek treatment from the private wing where a doctor was available, but that the services would have to be paid for. They inquired about the cost of treatment, and he informed them that the X-ray and other services would generally cost UGX 170,000/=. The money was paid to him.

After the X-ray was conducted, it was established that the child had sustained a simple fracture. Ambrose then took the boy to the theatre to apply a Plaster of Paris (POP). During the process of applying the POP, Fatima was recording videos. Upon noticing this, Ambrose Tsemali became furious and asked, "Do you want to take me to jail?" She responded that the purpose of the recording was to show the child's absent parents and relatives what had transpired.

Immediately after the POP was applied, they were instructed to return home. However, the child immediately started complaining that his hand was hot and painful. They informed Ambrose that the child had not been crying or complaining of pain when he was first brought to the hospital despite the fracture, but that the pain had started after the POP had been applied. They further asked what could be done to stop the pain.

Ambrose Tsemali responded that the pain was to be expected and informed them that he would prescribe painkillers and other medication. He then gave the child Panadol and antibiotics for use at home.

As they were about to leave, they realized that they had not been given any medical form. Fatima immediately requested for a medical form and, if possible, a telephone number for future updates. Dr. Ambrose Tsemali was uncooperative. However, after insistence that the records were necessary in case they needed to return to the hospital, he reluctantly wrote a medical form but declined to provide his telephone number. They thereafter left the hospital and returned home in the evening.

On their way home, the child continued crying and complaining that his hand was hot and painful. They consoled themselves with the hope that the painkillers prescribed by the doctor would eventually reduce the pain. However, the child cried continuously throughout Friday night, Saturday, and up to Sunday morning. He refused to eat or sleep and remained restless. His fingers also became severely swollen "like bananas".

Unable to bear the child's condition any longer, they decided to return him to Kiryandongo General Hospital. Fortunately, they found the same Dr. Ambrose Tsemali, who received them and began pricking the child's fingers to determine whether he could still feel pain. The child responded that he could no longer feel anything. The doctor then asked the child to move his fingers, but the fingers could no longer move.

Dr. Ambrose Tsemali then decided to remove the POP, only to discover that the condition of the child's arm had greatly deteriorated.

The doctor thereafter bandaged the arm and instructed them to return home and wait for the child's fingers to regain movement before returning to the hospital. No medication was prescribed or given at that time.

They returned home with the child's arm uncovered. However, the arm continued to swell severely, releasing fluid, while the child cried continuously. Eventually, the child's father took him to Mulago National Referral Hospital for further treatment.

Evidence from Dr. Ambrose Tsemali

Counsel Danson Asobola appeared on behalf of Dr. Tsemali Ambrose and stated that his client was not able to appear because he was indisposed but had instructed him to rely on the written response which was personally written and filed on record by him on 27th June 2025.

In his response, he stated that in 2020, he along with other colleagues, were attached to Kiryandongo hospital as student/ trainee doctors upon

completing their study course at Kampala international university- western campus as part of their schedule awaiting completion and graduation.

As part of their placement at the hospital, they were assigned under the hospital superintendent who in turn assigned them to the head of the corresponding department at that particular time. The head of department (accident and emergency) under which he was assigned would supervise, review and approve all their activities/services at the hospital which was done at all times.

On the 1/1/2021, while on the duty and under normal supervision, they received Munir Rashid who was in pain and they were told that he had broken his arm after falling from the tree. They requested that the patient conducts an x-ray of the right arm. Upon examination of the patient, it was established that the patient had suffered a compound fracture and broken his right arm and had sustained a fracture of the distal radius and ulnar bones which were communicating outside and the hand had a swollen bump on the affected area as the bones were piercing into flesh.

After receiving the x-ray report, he together with his colleague first consulted the orthopaedic officer on duty who also joined them to align the bones back to their order to avoid further protrusion and thereafter applied a POP together, and the officer instructed him to prescribe pain killers and antibiotics and then discharge the patient since they were operating under strict guidance to avoid the spread of covid-19 and they had no space to admit them.

He stated that it is not true that he or his colleague solicited or even took any monies from the patient and the same is a mere smear campaign to have him accused of something he did not commit.

Still under the consultation and guidance of the orthopaedic officer, the patient was advised to return immediately the next morning for review, follow up and further action since there was no room for admission because of covid – 19. However, the patient did not return as advised but only

returned after 2 days and thereafter it was not him who received or handled the patient to administer further treatment as they falsely claim.

The patient was attended to by other doctors at the hospital and he did not take part in any of the services rendered to the patient when he returned to the hospital and he was not even aware of the patients return as they falsely claim. It is also not known how the patient conducted himself with the hand that led to further swelling when he was returned to the hospital after two days.

It also untrue that he was not corporative as the complainants allege since no such claim/complaint was ever reported to the hospital management even when the complainants returned to the same place. It is also untrue that he mishandled the treatment of the patient in anyway and that he did not take part in any video recording on the day they administered POP to the patient and the said photographs.

The complainants' claim that he pricked the patient's hand and sent them back home the second time they returned to the hospital are untrue and only aimed at apportioning blame on him without any proof since he was not the one who handled the patient when they returned to the hospital.

That the treatment they administered unto the patient was under immediate guidance, supervision and approval by qualified personnel on duty and the said treatment was not the direct cause of the patient's hand to become septic since the patient left the hospital on the 1/1/2021 in a stable and better condition than he came in and further that he cannot be held responsible for whatever conduct and action that the patient could have underwent while at home that led to the swelling and worsening of his hand which was not the case he left the hospital.

That as a medical practitioner, he is deeply concerned about the patient's and complainant's unfortunate situation herein and further state that he is always dedicated and committed to offer the best and possible services to the patients in line with the standard medical guidelines and exhibit with the complainants herein albeit their wrongful and untrue claims against him.

It is unfortunate and unfair that amongst the team on duty that day, including the Kiryandongo hospital management which issued out guidance, supervision and approval of his service to the patient herein alongside other officers, that it is only him who is singlehandedly picked out to take blame for the patient's deteriorating condition which cannot be proved to be his cause.

He requested the Council to further consult and seek more information about this matter also from the other hospital staff who were directly involved and on duty that day.

Respondents' Evidence

1. Dr. Kisembo Godfrey- 1st Respondent

Dr. Kisembo Godfrey testified that he is a Medical Doctor, Principal Medical Officer, and Medical Superintendent at Kiryandongo Hospital, a position he has held since 7th April 2017 to date and resides in Kisorosoto Village, Kiryandongo District.

He testified that his main duties as the Principal Medical Officer and Medical Superintendent include:

- Ensuring that patients are properly diagnosed and treated;
- Being accountable for all hospital resources;
- Coordinating training programs within the hospital, including signing Memoranda of Understanding (MOUs) with different universities and institutions; and
- Reporting to relevant authorities and stakeholders, including key technical officers such as the Chief Administrative Officer (CAO).

He further testified that he came to know about the incident after the boy had been transferred to Mulago Hospital. He stated that it was on a Sunday

while he was returning to his duty station, several weeks after the incident had occurred.

He testified that he attempted to trace details regarding the incident, but no records were available and no formal report had been received by any responsible person. However, one of the students on training from KIU Medical School, namely Tsemali Ambrose, happened to be present at the hospital at the time the incident occurred. He stated that Tsemali Ambrose was a 5th year student who had been undertaking his training at the hospital.

He further testified that at the time of the incident, there was a nurse assigned to the Emergency Ward, but at the alleged time she had temporarily moved out because one of her children was sick, although she later returned. He also stated that there were doctors who were available on call, namely Dr. Gamel Peter, and Dr. Farouk

He testified that no one was directly assigned to handle the incident and that there was effectively no doctor physically present on duty at the time, apart from the nurse in the Orthopaedic Department who was able to perform X-rays. He explained that since it was a public holiday, the doctors on duty were not physically present at the hospital, although there was an emergency contact system through which they could be reached when necessary.

He testified that the incident was not intentional and that, since the responsible doctors were available for emergencies, there was no need for a student to act impulsively, a situation which Kiryandongo Hospital regrets.

He further testified that at some point there was a student who attempted to extort money from a client, but he convened a meeting with the relevant team and the matter was resolved.

Regarding the issue of compensation to Mr. Ayub Rashid, he testified that the responsibility was supposed to be undertaken by Tsemali Ambrose himself. However, before the matter could be concluded, Mr. Ayub Rashid

wrote to the Solicitor General seeking guidance, and thereafter Tsemali Ambrose disappeared and could no longer be traced.

He emphasized that orientation meetings are always conducted for students, during which they are expressly prohibited from carrying out any procedures in the absence of a supervisor or the doctor on duty. He stated that the actions of Tsemali Ambrose were therefore quite absurd and unfortunate. He added that because the student disappeared, the issue of compensation could not be concluded.

He further clarified that the hospital administration had not yet found a way forward regarding the matter. He stated that he was responsible as Medical Superintendent to ensure that doctors and nurses were available and on duty but no one had complained of any gaps at the facility.

He elaborated that the hospital's training system was not established by one individual, and that the program for providing training sites to medical students was governed through an MOU involving the District Local Government, the CAO, and the University Chancellor. He stated that under the said MOU, the University bears responsibility in the event of any misconduct or breach committed by a student. He therefore testified that, in the instant case, the University was liable for the actions of its student, although it had remained inactive regarding the matter. He further stated that Tsemali Ambrose was still a student and could not personally afford the compensation being sought.

2.Mr. Bronze Benjamin Respondent witness

Mr. Bronze Benjamin, an Orthopedic Officer at Kiryandongo General Hospital, testified that he was not on duty but on call on the material day and only became aware of the incident after photographs were circulated by the hospital administration.

He testified that the procedure was improperly conducted and that no student was authorized to independently manage orthopedic emergencies

without supervision. He further stated that no emergency call was made to him and that the condition of the child had significantly deteriorated by the time the matter came to his attention.

3. Mr. Anslem Kyaligonza (CAO for the 3rd Respondent)

Mr. Kyaligonza testified that he is a civil servant serving as the Chief Administrative Officer (CAO) of Kiryandongo District since 12th November 2024. He holds a Master's Degree in Public Administration and a Postgraduate qualification in Public Administration as well as a BSc in Chartered Purchasing and Supplies.

He testified that he knew little about the said matter since he had only been in the district for about three months, but he was aware that there was a complaint against the hospital staff before the Council by the affected child's parent.

He further testified that through a phone call, he was informed about what had occurred involving the family of Ayub and Kiryandongo Hospital. He also received a letter dated 30th October 2024 concerning the issue of compensating Ayub. He stated that he was surprised that the matter had remained unresolved since 2021, but that he was doing his best to have it settled amicably between the responsible parties.

He stated that it was unfortunate that the alleged Dr. Tsemali Ambrose had disappeared and that nobody knew his whereabouts, which had made the proceedings difficult.

He further testified that it would be better if Dr. Tsemali and the hospital engaged in discussions because the compensation amount being demanded, namely half a billion shillings, was excessive.

He further stated that the matter should be presented to the University by the District with a proposal for terminating the relationship. He added that the representatives of the University had remained silent and that there

appeared to be no goodwill from Ambrose. He testified that he intended to engage the complainant further and also get in touch with Dr. Ambrose in order to have the matter settled.

He requested for one month within which to engage Dr. Tsemali and bring him before Mr. Ayub so that the matter could be settled amicably, but maintained that the demand for UGX 500 million was threatening to all parties involved.

Analysis by the Council

Upon reviewing the complaint, witness testimonies, documentary evidence, submissions of the parties, and applicable professional standards, the Council identified the following issues for determination:

1. Whether there was professional misconduct and/or negligence in the treatment and management of Munir Rashid Anyole.
2. Who was responsible for the acts complained of.
3. What sanctions and recommendations should be issued.

Resolution of Issue No. 1

Section 33 of the Medical and Dental Practitioners Act empowers the Council to conduct inquiries into allegations of professional misconduct against medical practitioners.

Professional misconduct includes conduct that falls below the standard expected of a competent practitioner and includes negligence, dereliction of duty, unethical conduct, and unauthorized medical practice.

The evidence before the Council established that Ambrose Tsemali, who at the time of the incident was not a registered practitioner, independently attended to the patient and managed him without supervision by a registered practitioner. The Council notes that Dr. Ambrose Tsemali had completed his MBChB training on 20th December 2020 at Kampala International University.

He obtained provisional registration from the Council on the 11th January 2021.

The Council further notes that the patient developed clinical features consistent with acute compartment syndrome following application of the plaster of paris (POP) by Tsemali Ambrose at Kiryandongo hospital theatre. The condition was mismanaged leading to tissue necrosis necessitating an amputation.

Kiryandongo General Hospital superintended over by Dr. Kisembo Robert failed to ensure 24-hour duty coverage by registered practitioners, failed to prevent unauthorised access to patients and facilities by Tsemali Ambrose thus exposing the public to harm.

The Council therefore finds that the management of the patient fell below acceptable medical standards and amounted to professional negligence and misconduct.

Findings and Conclusion

The Council makes the following findings:

1. That Ambrose Tsemali was not a registered medical practitioner and was therefore not authorized to independently treat patients.
2. That Ambrose Tsemali improperly applied a POP cast and failed to recognize and manage the resulting complications in a timely manner.
3. That the negligence and improper management substantially contributed to the deterioration of the child's condition leading to amputation of the arm.
4. That Kiryandongo General Hospital failed to ensure adequate supervision of medical students and failed to maintain proper emergency staffing and oversight during the public holiday period.
5. That Dr. Kisembo Godfrey, as Medical Superintendent, bears supervisory and administrative responsibility for the systemic failures that enabled the incident to occur.

Resolution of Issue No. 2

The Council finds that Dr. Tsemali Ambrose is liable for the mismanagement of the patient. Kiryandongo General Hospital is vicariously liable for not protecting the patient against unregistered and unauthorised practitioner. primary responsibility for the negligent treatment of the patient lies with Ambrose Tsemali, who unlawfully undertook medical procedures beyond his competence and authority.

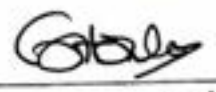
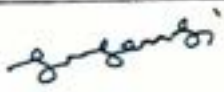
However, the Council further finds that Kiryandongo General Hospital and its administration bear vicarious and institutional responsibility for failure to supervise medical trainees, failure to ensure adequate staffing, and failure to safeguard patients from unauthorized medical practice.

Recommendations by the Council

The Council therefore recommends as follows:

1. That Ambrose Tsemali be referred to Criminal Investigations Department of police for further investigation and possible prosecution for impersonation and unlawful medical practice causing grievous bodily harm.
2. Kiryandongo General Hospital administration should ensure 24-hour supervised duty coverage by registered practitioners.
3. Kiryandongo General Hospital should strengthen systems that are able to identify unauthorized access to the hospital by intruders.
4. Teaching hospitals should strengthen mechanisms of identifying and supervising students in collaboration with the training institutions.
5. Kiryandongo General Hospital management shall be summoned by the Council for a professional talk.

Signed on this 25th day of May 2026 by Council members hereunder:

NUMBER	NAME	POSITION	SIGNATURE
1.	Assoc. Prof. Joel Okullo	Chairperson	
2.	Prof. Joseph Ngonzi	Member	
3.	Dr. Okello Maxwell	Member	
4.	Dr. Owaraganise Asiphas	Member	
5.	Dr. Tumwine Daniel	Member	
6.	Dr. Muyanga Mark	Member