

THE REPUBLIC OF UGANDA

**IN THE MATTER OF AN INQUIRY INTO SUITABILITY OF OPERATIONS OF
MONTANA BAY MEDICAL CLINIC, LIRA CITY AND THE PROFESSIONAL
CONDUCT OF DR. ORECH CHRISTOPHER, THE FACILITY OWNER.**

FINDINGS AND RESOLUTIONS OF THE COUNCIL.

Background

The Uganda Medical and Dental Practitioners' Council (UMDPC) received a whistleblower complaint on 7th August 2024 regarding Montana Bay Clinic in Lira City, following the death of Mr. Charles Owani, who had been managed by Dr. Orech Christopher. It was further alleged that another unidentified elderly patient also died at the same facility around the same time. The whistleblower requested an investigation into the qualification and suitability of the facility and its staff to prevent similar incidents.

On 5th November 2024, the UMDPC Secretariat conducted an inspection of Montana Bay Clinic and submitted its findings to the Inspection, Quality Assurance, and Research Committee, which recommended a full Council inquiry.

The Council subsequently summoned Dr. Orech Christopher on 13th December 2024 to respond to the inspection findings. Dr. Orech appeared for the inquiry with his legal counsel, Mr. Odongo Daniel of M/S Okwir & Co. Advocates. The Council Chairperson presented the reasons for the inquiry and highlighted findings from the impromptu inspection, which revealed that the facility was operating without a valid Operating License (OPL) or Annual Practicing License (APL), had inadequate infrastructure, insufficient staffing, inadequate equipment, and poor medical record keeping. The facility was recommended for immediate temporary closure and summoned Dr. Orech Christopher, the owner to appear before the inquiry on 13th December 2024.

During the inquiry, Dr. Orech confirmed that he is the owner and supervising doctor of Montana Bay Clinic, located in Angwet-Angwet, Lira East Division, Lira City. He stated that the said Clinic provided general surgery, general medicine, and laboratory services. Although he claimed to have paid for his annual practicing license between 2016 and 2019, he only produced a single receipt for 2019, covering arrears and penalty for 2018 and 2019.

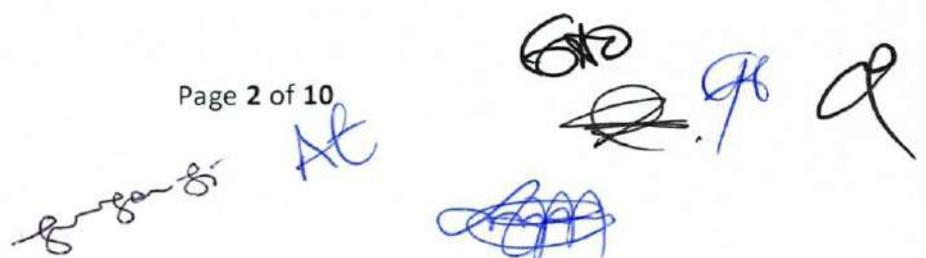
He requested additional time to study the inspection report and prepare defense and also sought permission to access the facility to load electricity units (Yaka) for security lighting. Both requests were granted. The matter was adjourned to 23rd January 2025, and he was instructed to hand over all patient files from January to November 2024 to the Lira City Health Officer.

At the resumed hearing on 23rd January 2025, Dr. Orech stated that the facility remained closed following its closure by the City Health Officer. When asked why he had operated without a license, he attributed the failure to renew his licenses between 2020 and 2023 to financial constraints brought on by the COVID-19 pandemic, despite the facility continuing to operate.

Regarding staffing, he admitted that he worked alone due to low patient numbers but claimed that he hires other doctors for emergencies, including the late Dr. Ollila and Dr. Odong Patrick. He failed, however, to provide any Memoranda of Understanding or agreements to prove these alleged arrangements.

He acknowledged the staff list in the inspection report but produced academic documents bearing different names from those listed. He failed to verify the qualifications and contracts of the staff he had previously declared.

Regarding equipment, he admitted that he had only a weighing scale, despite treating patients requiring monitoring of vital signs—including diabetes and hypertension cases—which require equipment such as a blood pressure machine, thermometer, and glucometer.

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He further admitted that the theatre was infested with bats, the laboratory was inaccessible due to alleged missing keys, and the facility lacked a medicine store or pharmacy. He stated that drugs had been stored elsewhere during renovations.

He also confirmed the absence of waste-segregation bins, unlabeled and broken toilet facilities, lack of signage, and absence of a perimeter wall. He argued that the access road was quiet and therefore a boundary wall was unnecessary. He requested leniency and time to upgrade the facility.

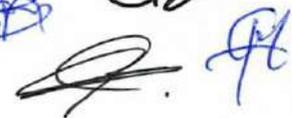
The City Health Officer, Dr. Otucu Bernard, testified that the Lira City Ethics and Standards Committee that conducts quarterly inspections of private and public facilities carried out an inspection on 23rd November 2023 and found Montana Bay Clinic operating without any valid licenses for the facility or staff. The premises were unclean, theatre equipment was improperly stored, waste was disposed of by open burning, and staff refused to sign the inspection report. The LC1 Chairman witnessed the findings, and immediate closure was recommended and this was effected.

On 28th January 2024, a follow-up inspection found that the facility remained operational despite the closure order, and all staff fled upon seeing the inspection team.

The Council established that:

- a) Dr. Orech operated an unlicensed facility from 2015 to 2024;
- b) He did not hold a valid practicing license for the same period;
- c) The facility had critical human resource shortages;
- d) There were no medical records;
- e) He misrepresented himself as a surgeon despite not being qualified as one.

The Council recommended closure of the facility until compliance was achieved and directed Dr. Orech to apply for re-inspection once all gaps were addressed.



On 7th July 2025, the City Health Officer informed the Council that Montana Bay Clinic was fully operational with four in-patients, despite having no license and failing to remedy the previously identified deficiencies.

On 10th September 2025, a verification team comprising Dr. Kisuule Ivan (Deputy Registrar) and Dr. Nyakori Fred (Regional Inspector) inspected the facility and confirmed continued illegal operations. Based on their report, Dr. Orech was invited for an inquiry on 20th November 2025. He declined to attend and through his lawyers, accused the Council of bias.

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, enforce professional ethics, and protect the public.

Section 32 empowers the Registrar or any authorized practitioner to inspect health units and, after giving the owner an opportunity to be heard, take appropriate action.

Section 34(5) provides that where a person summoned for inquiry fails to appear without reasonable cause, the Council may proceed in their absence, provided due notice was served.

The Council complied with these requirements.

In line with this mandate, the Council convened an inquiry on 20th November 2025 to determine whether the Respondent was guilty of professional misconduct and breach of professional ethics by operating an ill-equipped facility which is posing a danger to the unsuspecting members of the public.



Proceedings

The inquiry was conducted in the Council Boardroom. Dr. Orech did not appear, despite proper service. He instead wrote through his lawyers accusing the Council of bias and financial harassment.

Section 34(5) mandates the Council to proceed with the inquiry where a person whose conduct is subject to inquiry fails without reasonable cause to appear and the Council is satisfied that the provisions of subsection 2 have been complied with.

Dr. Orech Christopher through his advocates wrote a letter that he was not going to appear for inquiry citing **deliberate inconvenience maliciously orchestrated by some envious and ill minded staff of the Council to financially drain him and economically drain him**. No supporting evidence was provided. The Council therefore proceeded in his absence as permitted by law.

Witnesses

1. Dr. Kisuule Ivan – Deputy Registrar UMDPC
2. Dr. Nyankori Fred- Regional Inspector Lango Region
3. Dr. Otucu Brenard- Lira City Health Officer

Witnesses' Evidence

1. Dr. Kisuule Ivan- Deputy Registrar UMDPC

Dr. Kisuule Ivan, an adult male, medical doctor and the Deputy Registrar of the Uganda Medical and Dental Practitioners' Council, testified that he deputizes the Registrar, and his key duties include conducting facility inspections, registering practitioners, and managing the day-to-day activities of the Secretariat.

He stated that on 10th September 2025, he travelled to Lira City to inspect and verify concerns raised by the City Health Officer regarding allegations that Dr. Orech was conducting clinical



operations while his facility remained in poor condition. He also intended to follow up on whether the Council's earlier recommendations had been implemented.

He testified that he met with Dr. Nyankori Fred, the Council's Regional Inspector for the Lango Region, and together they inspected Montana Bay Clinic located in Lira City. He stated that the Council had previously recommended that the facility remain closed until renovations were completed, vital equipment procured, qualified staff with valid contracts recruited, and the facility re-applied for re-inspection and licensing before resuming operations.

He testified that they found the facility open and established that although Dr. Orech was practicing as a general surgeon, the Council's register indicated that he is a Medical Officer. They also found a license in his office issued in 2015 by Dr. Katumba Ssentongo (former Registrar – UMDPC), which they confiscated because it was displayed on the wall as though it were current. He added that the facility was licensed only as a clinic, yet major surgical operations were being performed, contrary to the terms of the license.

He further stated that they found a male individual, not in uniform, who identified himself as Mr. Opio, reported to be an enrolled nurse. The walls of the facility had been repainted but were dusty; there were no mattresses or bedsheets on several admission beds; and the few beds with mattresses were very dirty and clogged with dry urine. There were foodstuffs and firewood stored in some wards, no adjustable theatre bed, no recovery room, and no sterilization room.

According to Dr. Kisuule, when asked why he had failed to adhere to the Council's recommendations, Dr. Orech claimed that the City Health Officer, Dr. Otucu, had allowed him to re-open the facility and resume operations—an assertion the City Health Officer denied.

He also testified that Dr. Orech threatened them, stating that if the Council closed his facility, Dr. Nyankori, the Regional Inspector for the Lango Region, would be the first person he would "deal with." It was his evidence that Dr. Orech did not take the Council's

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recommendations seriously, thereby posing a serious danger to patients and the wider community.

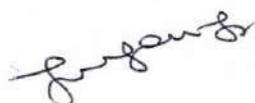
Dr. Nyankori Fred- Regional Inspector (Lango Region)

Dr. Nyankori Fred, an adult male, a dental surgeon and the Regional Inspector for Lango Region duly appointed by the Uganda Medical and Dental Practitioners Council (UMDPC), testified that his duties, among others, include inspecting health facilities within the Lango Region to ensure compliance with the required Standard of operating clinical service and reporting his findings to the Council. He added that he also undertakes other assignments given to him by UMDPC from time to time, including participating in curriculum development activities for training institutions.

He testified that he has conducted several inspections at Montana Bay Clinic and established that Dr. Orech's operations at the facility have been unsatisfactory, with serious gaps noted. These include lack of adequate human resources, operating without an operating license, conducting surgical procedures in an ill-equipped theatre with no operating light, absence of a dispensary, lack of vital monitoring machines—conditions which compromise patient safety. He stated that he has been reporting these findings to the Council through periodic inspection reports.

He further stated that on 10th September 2025, he, together with Dr. Kisuule Ivan, inspected Montana Bay Clinic to verify whether Dr. Orech had complied with the Council's earlier recommendations, which required him not to attend to patients but only renovate the facility, purchase vital monitoring equipment, recruit staff, and thereafter invite the Council for re-inspection and licensing before resuming operations.

During the inspection, they found four (4) patients admitted at the facility after undergoing operations. The facility was very untidy and lacked an operating license. It had no vital monitoring equipment, and surgical instruments were found scattered in small spaces, some rusty and covered with dust. The theatre had no running water, no



sterilizer, and the facility was using ordinary boiling on a charcoal stove for sterilization. There were no arrangements for blood transfusion in case a patient required it, and there were no patient files, among other deficiencies detailed in the report submitted to the Council.

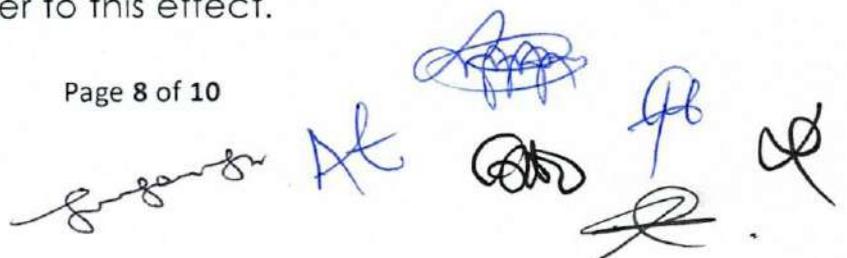
He further stated that when asked about the ongoing operations, Dr. Orech informed them that the City Health Officer had allowed him to operate. However, upon contacting the City Health Officer, he denied this and clarified that he had only permitted Dr. Orech to open the facility for renovations but not to treat patients, in accordance with the Council's recommendations. Dr. Nyakori added that upon learning of this, Dr. Orech became furious, accused him of harassment, and stated that if the Council closed his facility, he (Dr. Nyankori) would be the first person to be Dealt with.

Dr. Otucu Bernard- Lira City Health Officer

Dr. Otucu Bernard, an adult, medical doctor and the City Health Officer of Lira City, testified that he is responsible for overseeing health services in Lira city, ensuring that all health facilities provide quality care to patients. He stated that Montana Bay Clinic falls within his area of jurisdiction.

He testified that he received a letter from the Uganda Medical and Dental Practitioners Council instructing him to work closely with Dr. Orech to ensure that the facility remained closed for clinical operations until Dr. Orech completed all the required renovations, procured new equipment—including vital signs monitoring equipment, and new hospital beds—and addressed all other gaps identified during previous inspections.

He further stated that Dr. Orech was required to recruit qualified and licensed healthcare staff, ensure that each staff member had a clear contract and personnel file, and meet all other minimum standards necessary for operating a private health facility. Only after doing so to re-apply to the Council for re-inspection. He confirmed that he had received the Council's letter to this effect.

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However, when his team went to inspect the facility, they found it fully operational and admitting patients without a license, despite the directive to first implement the required improvements and invite the Council for re-inspection. He clarified that he never authorized Dr. Orech to resume operations, but only to undertake renovations, structural improvements, and implement the Council's recommendations.

Upon discovering that the facility had resumed operations, he wrote to the Council informing them that Dr. Orech had defied the Council's orders and was not receptive to professional advice. He expressed concern that the continued operation of the facility posed a danger to the public.

Findings of the Council

After reviewing the City Health Officer's communication of 10th June 2025, the inspection report of 10th September 2025, and witness testimony, the Council finds that:

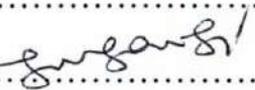
1. Dr. Orech Christopher defied Council directives and continued to operate the facility without an Operating License, contrary to the Medical and Dental Practitioners Act.
2. The facility remains critically understaffed, with unverified staff qualifications and no employment records.
3. The facility is severely ill-equipped, lacking vital-signs monitoring devices, sterilization facilities, and theatre infrastructure and appropriate theatre equipment.
4. There are no patient records, contrary to professional standards.
5. Sanitation is grossly inadequate, posing a danger to patients and the community.
6. He misrepresented himself as a surgeon, which is unethical and potentially dangerous.
7. His conduct is unprofessional, unethical, and endangers public safety.
8. Dr. Orech deliberate refusal to appear before the Council as summoned constitutes highest form of disrespect of the authority of the Council.

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Recommendations of the Council

1. Montana Bay Medical Centre shall remain closed with immediate effect, as it poses a danger to patients and the unsuspecting public.
2. Dr. Orech Christopher's license is hereby suspended for two (2) years for failure to adhere to Council directives and for operating an ill-equipped facility without an Operating License, in violation of the fundamental code of ethics.

Signed on this^{30th}.....day of December 2025 by

1. Assoc. Prof. Joel Okullo (Chairperson) 
2. Dr. Ayub Twaha (Vice Chairperson) 
3. Dr. Okello Maxwell (Member) 
4. Prof. Joseph Ngonzi (Member) 
5. Dr. Asiphas Owaraganise (Member) 
6. Dr. Daniel Tumwine (Member) 
7. Dr. Muyanga Andrew Mark (Member) 