

PUBLIC RECORD

Dates: 03/11/2025 - 13/11/2025

Doctor: Dr Josu MENDIGUREN

GMC reference number: 4286301

Primary medical qualification: LMS 1996 Basque Provinces

Type of case	Outcome on facts	Outcome on impairment
New - Conviction / Caution	Facts relevant to impairment found proved	Impaired
New - Misconduct	Facts relevant to impairment found proved	Impaired
XXX	XXX	XXX

Summary of outcome

Suspension, 6 months.
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Jane Kilgannon
Lay Tribunal Member:	Ms Sian Darlington
Registrant Tribunal Member:	Dr Jonathan Davies
Tribunal Clerk:	Mrs Jennifer Ireland

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Colman, Counsel, instructed by Weightmans
GMC Representative:	Ms Jade Bucklow, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 06/11/2025

1. Parts of this hearing were heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules). This determination will be handed down in private due to the confidential nature of matters under consideration. However, as this case concerns Dr Mendiguren's alleged conviction and misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Mendiguren qualified in 1995 in Spain, moving to the UK shortly after his qualification to commence training as a junior doctor. In 2002, Dr Mendiguren joined Townsend Medical Centre ('the Surgery') as a salaried General Practitioner ('GP'), later becoming a Partner, where he remained until September 2024.

3. The Allegation that has led to Dr Mendiguren's hearing can be summarised as follows: On 1 August 2023, at Liverpool Magistrates' Court, Dr Mendiguren pleaded guilty and was convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it in his breath exceeded the prescribed limit, contrary to Section 5 of the Road Traffic Act 1988. This related to an incident which occurred on 11 July 2023. On 5 September 2023, Dr Mendiguren was sentenced to a disqualification from driving for a period of 30 months and a 12-month community order, which included an unpaid work requirement of 160 hours and a requirement to abstain from consuming any alcohol for a period of 80 days (to be monitored by way of an electronic tag).

4. On 10 August 2023, Dr Mendiguren's responsible officer emailed the GMC to report that Dr Mendiguren had been involved in a car accident in which he had been found to be

over the drink driving limit. On 12 August 2023, Dr Mendiguren made a self-referral to the GMC, XXX. On 12 September 2023, the responsible officer advised the GMC that Dr Mendiguren had been convicted of drink driving. Dr Mendiguren notified the GMC on 18 September 2023 of his conviction. It is alleged that Dr Mendiguren failed to notify the GMC without delay that he had been charged with an offence, and/or that he had been convicted of the offence.

5. It is alleged that on 8 November and/or 9 November 2023, Dr Mendiguren attended work whilst under the influence of alcohol. Further, it is alleged that, on 26 June 2024, he attended work whilst under the influence of alcohol, and that he conducted one or more telephone consultations whilst under the influence of alcohol.

6. XXX

The Outcome of Applications Made during the Facts Stage

7. The Tribunal refused an application made on behalf of Dr Mendiguren, pursuant to Rule 41 of the Rules for the hearing to be heard entirely in private. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

8. The Allegation made against Dr Mendiguren is as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 1 August 2023 at Liverpool Magistrates' Court you were convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it in your breath exceeded the prescribed limit, contrary to Section 5 of the Road Traffic Act 1988. **Admitted and found proved.**
2. On 5 September 2023 you were sentenced to:
 - a. a disqualification from driving or holding a driving licence for 30 months; **Admitted and found proved.**
 - b. a 12-month community order with an unpaid work requirement of 160 hours and an Alcohol Abstinence Requirement for a period of 80 days. **Admitted and found proved.**
3. You failed to notify the GMC without delay that you had been:
 - a. charged with; **Admitted and found proved.**

- b. convicted of; **Admitted and found proved.**
the criminal offence detailed at paragraph 1.
4. Whilst working as a General Practitioner at Townsend Medical Centre:
- on 8 November 2023 and/or 9 November 2023 you attended work whilst under the influence of alcohol;
Admitted and found proved in relation to 9 November 2023.
To be determined in relation to 8 November 2023.
 - on 26 June 2024 you:
 - attended work whilst under the influence of alcohol; **Admitted and found proved.**
 - conducted one or more telephone consultations whilst under the influence of alcohol. **To be determined.**
5. XXX
6. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- conviction, in relation to paragraph(s) 1 and 2; **To be determined.**
- misconduct, in relation to paragraph(s) 3 and 4; **To be determined.**
- XXX

The Admitted Facts

9. At the outset of these proceedings, through his counsel, Mr Colman, Dr Mendiguren made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

10. In light of Dr Mendiguren's response to the Allegation made against him, the Tribunal is required to determine whether Dr Mendiguren attended work on 8 November 2023 whilst under the influence of alcohol, and whether, on 26 June 2024, he conducted one or more telephone consultation whilst under the influence of alcohol.

Witness Evidence

11. The Tribunal received evidence on behalf of the GMC from the following witnesses:

- XXX;
- Dr C, GP Partner at the Surgery;
- Ms D, Nurse at the Surgery; and
- Ms E, Practice Manager at the Surgery.

12. The Tribunal also received evidence on behalf of the GMC in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Dr F, GP at the Surgery, dated 22 May 2024; and
- Ms G, Investigation Officer at the GMC, dated 9 May 2025.

13. Dr Mendiguren provided his own witness statement, dated 12 August 2025 and also gave oral evidence at the hearing.

Documentary Evidence

14. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Certificate of Conviction, undated;
- XXX

The Tribunal's Approach

15. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Mendiguren does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred as alleged.

The Tribunal's Analysis of the Evidence and Findings

16. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

Paragraph 4(a) in relation to 8 November 2023

17. The Tribunal first considered whether Dr Mendiguren attended work on 8 November 2023 whilst under the influence of alcohol.

18. The Tribunal first took into account Ms D's statement to the Surgery, which was made on 13 November 2023, in which she stated:

[Ms D] saw immediately that he was not himself, but she could also smell alcohol and asked was he feeling okay.'

19. The Tribunal also took into account Ms D's witness statement to the GMC, dated 10 October 2024, in which she stated:

'I could smell alcohol on his breath, but I didn't think he was drunk. Having known him for years, he didn't come across as being drunk.'

20. The Tribunal also gave consideration to the oral evidence of Ms D. It noted that Ms D had a limited recollection of the events of 8 November 2023, and made appropriate concessions when she did not remember events. It found her evidence to be reliable. She maintained that she could smell alcohol on Dr Mendiguren's breath on 8 November 2023 but that he did not come across as being drunk. She stated that she '*presumed that the smell of alcohol was from the night before*'.

21. The Tribunal also noted Ms E's statement to the Surgery dated 13 November 2023 in which she recorded Ms D informing her in a telephone call at 6:30pm on 8 November 2023 that:

'he was mumbling and she thought she could smell alcohol'.

22. The Tribunal took into account Dr Mendiguren's admission to attending work whilst under the influence of alcohol on two other occasions, and his denial of having done so on this occasion. He told the Tribunal in his oral evidence that he had not had a drink on the previous evening as he had been waiting for a visit from a probation services contractor to reinstall his electronic tag, to continue the monitoring of his requirement to abstain from consuming alcohol.

23. The Tribunal was not satisfied that there was sufficient evidence before it to infer that Dr Mendiguren had attended work under the influence of alcohol. It was of the view that the evidence, when taken at its highest, was that there may have been a smell of alcohol on Dr Mendiguren's breath on 8 November 2023. That was not sufficient for a finding that it was more likely than not that Dr Mendiguren had been under the influence of alcohol at the relevant time.

24. Accordingly, the Tribunal found paragraph 4(a), in relation to 8 November 2023, not proved.

Paragraph 4(b)(ii)

25. Dr Mendiguren admitted at the outset of the hearing to having conducted one telephone consultation whilst under the influence of alcohol on 26 June 2024. The Tribunal therefore had to consider whether he conducted more than one consultation whilst under the influence of alcohol on 26 June 2024.

26. The Tribunal took into account the oral evidence of Dr C. Dr C gave clear evidence to the Tribunal and was open with what she could not recall. Dr C told the Tribunal that she could recall that Dr Mendiguren's list showed three patient telephone consultations scheduled but she could not recall, when checking the list afterwards, whether any of the scheduled appointments were recorded as having gone ahead or were '*failed encounters*' (that is, the patient failed to answer the telephone call). All that Dr C could remember was that there were no concerns arising.

27. In his oral evidence, Dr Mendiguren told the Tribunal that he had conducted one consultation with a patient, but stated that, due to the nature of the patients concern, he had asked the patient to attend a face-to-face appointment. He stated that he had attempted to make two further telephone calls, but those calls had not been answered.

28. The Tribunal noted that there was no evidence before it to confirm the outcome of the calls which took place, and whether contact was made. The Tribunal was therefore not satisfied that more than one consultation had taken place, and accepted Dr Mendiguren's evidence that the two further calls were not successful.

29. Accordingly, the Tribunal determined that paragraph 4(b)(ii) was admitted and found proved in relation to one occasion but not proven in relation to more occasions.

The Tribunal's Overall Determination on the Facts

30. The Tribunal has determined the facts as follows:

That being registered under the Medical Act 1983 (as amended):

1. On 1 August 2023 at Liverpool Magistrates' Court you were convicted of driving a motor vehicle after consuming so much alcohol that the proportion of it in your

**Record of Determinations –
Medical Practitioners Tribunal**

breath exceeded the prescribed limit, contrary to Section 5 of the Road Traffic Act 1988. **Admitted and found proved.**

2. On 5 September 2023 you were sentenced to:
 - a. a disqualification from driving or holding a driving licence for 30 months;
Admitted and found proved.
 - b. a 12-month community order with an unpaid work requirement of 160 hours and an Alcohol Abstinence Requirement for a period of 80 days.
Admitted and found proved.
3. You failed to notify the GMC without delay that you had been:
 - a. charged with; **Admitted and found proved.**
 - b. convicted of; **Admitted and found proved.**the criminal offence detailed at paragraph 1.
4. Whilst working as a General Practitioner at Townsend Medical Centre:
 - a. on 8 November 2023 and/or 9 November 2023 you attended work whilst under the influence of alcohol;
Admitted and found proved in relation to 9 November 2023.
Not proved in relation to 8 November 2023.
 - b. on 26 June 2024 you:
 - i. attended work whilst under the influence of alcohol;
 - ii. conducted one or more telephone consultations whilst under the influence of alcohol.
Admitted and found proved in relation to one occasion.
Not proved in relation to more occasions.

5. XXX

6. XXX

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. conviction, in relation to paragraph(s) 1 and 2; **To be determined.**
- b. misconduct, in relation to paragraph(s) 3 and 4; **To be determined.**
- c. XXX

Determination on Impairment - 11/11/2025

31. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Mendiguren's fitness to practise is impaired by reason of his conviction, misconduct XXX.

The Outcome of Applications Made during the Impairment Stage

32. On day 4 of the hearing, the Tribunal, of its own volition, determined to adjourn the hearing for one day under Rule 29 of the Rules. The Tribunal's full reasons for that decision are included at Annex B.

33. On day 5 of the hearing, the Tribunal determined to adjourn the hearing for one day under Rule 29 of the Rules. The Tribunal's full reasons for that decision are included at Annex C.

34. On day 6 of the hearing, the Tribunal determined not to adjourn for a further period but to proceed with the hearing with Dr Mendiguren represented but not present. The Tribunal's full reasons for that decision are included at Annex D.

Submissions

35. On behalf of the GMC, Ms Bucklow submitted that the Tribunal should find impairment on grounds of conviction, misconduct XXX in this case. Throughout her submissions, she referred the Tribunal to the principles set out in Good Medical Practice (2013) ('GMP'), Good Medical Practice (2024) and relevant caselaw on impairment.

36. Ms Bucklow submitted that the Tribunal will need to consider misconduct in respect of paragraphs 3 and 4 of the Allegation. She stated that the seriousness of Dr Mendiguren's conduct is relevant to the Tribunal's assessment of misconduct and impairment.

37. In respect of paragraph 3 of the Allegation, Ms Bucklow stated that Dr Mendiguren had failed to notify the GMC that he had been charged with and subsequently convicted of a criminal offence. She submitted that this conduct does represent a significant departure from the guidance set out in GMP, and that amounts to serious misconduct. She stated that the guidance on reporting arrests and convictions for a doctor is clear and unequivocal. Further, she stated that it was also a matter of common knowledge for those in the profession that criminal proceedings may affect registration. She submitted that the seriousness of the failure to declare this arrest and conviction is aggravated in this case by the type of criminal offence for which Dr Mendiguren was arrested XXX, and a failure to report prevents a GMC

risk assessment being carried out. Ms Bucklow reminded the Tribunal that Dr Mendiguren had failed to notify the GMC of his arrest and conviction within his self-referral XXX on 12 August 2023, a referral which may have come after some prompting from NHS England.

38. In relation to paragraph 4(a), Ms Bucklow submitted that attending work intoxicated on 9 November 2023 does amount to serious misconduct. She stated that the Tribunal does not need to find whether Dr Mendiguren was intending to treat any patients on that day, although it may consider that his colleagues could not be sure that he was not intending to work as normal that day because he was found by Dr F switching on his computer at the start of his clinic time, and she had to ask him to stop. Further, she stated that Dr Mendiguren had not indicated that he had no intention of working that day so there was a clinic list waiting for him. However, Ms Bucklow submitted that regardless of his intention to work, Dr Mendiguren's attendance at the Surgery during opening times, in a state of intoxication, amounted to serious misconduct. She stated that he risked patients observing him intoxicated. Further, his actions took other staff away from their duties to deal with the situation created by Dr Mendiguren. She stated that this does represent a serious departure from GMP and does amount to misconduct.

39. In respect of paragraph 4(b), Ms Bucklow submitted that this conduct was serious misconduct because Dr Mendiguren attended work under the influence of alcohol, and he consulted with a patient and attempted to consult with two more patients. She stated that the fact that those two calls may not have connected is not mitigation because had those patients picked up the telephone consultation, Dr Mendiguren would have consulted with them. She stated that this does pose a risk to patient safety. Further, Ms Bucklow stated that Dr Mendiguren had lied to another colleague, a partner in the practice, in order to XXX,. She stated that this was a serious departure from the standards set out in Good Medical Practice (2024). Ms Bucklow submitted that it does put patient safety at risk but also undermines trust in the profession.

40. Turning to impairment, Ms Bucklow submitted that all paragraphs of the Allegation as have been admitted and found proven in this case require a finding of impairment to address the overarching objective.

41. Ms Bucklow submitted that the conviction in this case engages the second and third limb of the overarching objective, and a finding of impairment is required. She stated that, at the time of his arrest, Dr Mendiguren was approximately four times the legal limit for driving. She reminded the Tribunal of the sentence imposed, including the onerous unpaid work requirement and alcohol abstinence requirement, which was indicative of the seriousness of

the offending. She reminded the Tribunal that Dr Mendiguren was involved in a collision with other vehicles and a wall and submitted that the conduct was aggravated by the fact that a member of the public had to intervene and take the keys to Dr Mendiguren's car. She stated that the conviction brings the profession into disrepute and would undermine public confidence in the profession and requires a finding of impairment to uphold public confidence, maintain standards and send out a signal to other members of the profession that criminal conduct of this nature is likely to result in action on their registration.

42. In regard to paragraph 3, Ms Bucklow submitted that the failure to report the charge and conviction does undermine public confidence. She stated the reasons provided by Dr Mendiguren for why he did not report the conviction do not absolve him from having to comply with the provisions of GMP. She stated that a finding of impairment is also required to signal to the profession that they must follow their obligations under GMP to report such matters, and it is not sufficient to say they did not know or thought that somebody else would report it. She submitted that a doctor has a duty to know and familiarise themselves with their requirements under GMP.

43. In relation to paragraph 4(a), Ms Bucklow submitted that the risk of seeing a doctor arriving at work intoxicated would undermine public confidence and patient confidence. Further, there was a clear impact on Dr Mendiguren's colleagues that day who were disrupted by needing to assist him and also patients who did not have advanced warning that they would need to be reassigned. She stated that there was no actual harm to a patient on this occasion directly, but it did impact the Surgery's ability to function that day and was entirely avoidable had he simply stayed away that day.

44. Turning to paragraph 4(b), in relation to 26 June 2024, Ms Bucklow submitted that this incident engages all three limbs of the overarching objective. She stated that the most serious aspect of Dr Mendiguren's conduct is putting patient safety at risk as he did consult with a patient that day and attempted to consult with two others. She stated that the risk of harm to those two patients was not mitigated by something that Dr Mendiguren did, but simply that they did not answer. Dr Mendiguren's actions interrupted patient care and indirectly caused a risk of harm if those patients could not be seen or reallocated, and put a strain on other services. She submitted that a finding of impairment is required to reflect the patient safety issues that arise and to uphold public confidence in the profession.

45. XXX

46. XXX

47. Ms Bucklow reminded the Tribunal of Dr Mendiguren's oral evidence and stated that he can be credited for being full and frank with the Tribunal in his own admissions about the risk of repetition. She stated that the underlying issue is a lack of insight because Dr Mendiguren XXX. She submitted that Dr Mendiguren's fitness to practice should be found impaired on all XXX grounds.

48. On behalf of Dr Mendiguren, Mr Colman accepted that Dr Mendiguren's fitness to practice is impaired by virtue his conviction. Further, he accepted that his failure to report the conviction could amount to misconduct and impairment. He stated that the failures to notify were not deliberate, but it was accepted that the requirements of GMP are clear, and doctors should be familiar with them.

49. In respect of 9 November 2023, Mr Colman stated that Dr Mendiguren was not intending to work on that day, nor was Ms E, the Practice Manager, expecting him to work that day given the concerns raised by Ms D about the doctor on the previous day.

50. In respect of 26 June 2024, Mr Colman accepted that Dr Mendiguren's conduct amounted to misconduct. He also accepted that there was a proper basis for a finding of impairment on the basis of that misconduct.

51. XXX

The Relevant Legal Principles

52. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal should, throughout, have regard to the need to uphold the overarching objective of the GMC in exercising its functions to ensure the protection of the public.

53. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first, whether the facts as found proved amounted to one of the alleged grounds of impairment – conviction, misconduct XXX; second, whether the doctor's fitness to practise was currently impaired by reason of one or more of those grounds.

54. In relation to misconduct, the Tribunal reminded itself that misconduct is not defined in section 35C of the Medical Act 1983 but that there was helpful guidance in *Roylance v GMC (No. 2)* [2000] 1 AC 331 where Lord Clyde said that misconduct is:

'a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word "professional" which links the misconduct to the profession of medicine. Secondly, the misconduct is qualified by the word "serious." It is not any professional misconduct which will qualify. The professional misconduct must be serious.'

55. When considering what professional standards applied to Dr Mendiguren at the relevant times, the Tribunal should have reference to the standards set out in Good Medical Practice.

56. If one or more of the alleged grounds of impairment is found, then the Tribunal must move on to determine whether Dr Mendiguren's fitness to practice is currently impaired on those grounds. The Tribunal reminded itself that this assessment involves deciding whether Dr Mendiguren poses a current risk to members of the public, to the upholding of proper professional standards and to maintaining public confidence in the profession.

57. In undertaking this risk assessment, the Tribunal must look back at Dr Mendiguren's previous conduct and also consider what has happened since then. In relation to conviction and misconduct, the Tribunal should consider whether the conduct is remediable, has been remedied and whether it is likely to be repeated. Relevant factors to take into account will include the Tribunal's assessment of the seriousness of the conduct and whether Dr Mendiguren has demonstrated insight and remediation. XXX

The Tribunal's Determination on Impairment

Impairment by reason of conviction

58. The Tribunal took into account that Dr Mendiguren was convicted on 1 August 2023 of driving a motor vehicle after consuming so much alcohol that the proportion of it in his breath exceeded the prescribed limit, contrary to Section 5 of the Road Traffic Act 1988.

59. The offence related to an incident on 11 July 2023, on which Dr Mendiguren had driven his car into collision with some parked vehicles and a wall, causing damage. The conduct had, by the nature of driving under the influence of alcohol, put members of the public at risk of harm. On arrest, Dr Mendiguren was found to be four times over the legal limit for alcohol. The Tribunal noted that the sentence of the court reflected the seriousness

of the offence. It included a driving disqualification of 30 months, an unpaid work requirement of 160 hours and a requirement to abstain from alcohol for 80 days.

60. The Tribunal considered that any conviction brings the profession into disrepute. It also had regard to paragraph 65 of GMP which provides:

'65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

61. Tribunal concluded that behaviour such as this breached a fundamental tenet of the profession, namely that doctors should act with integrity and within the law. It further concluded that, by his conviction, Dr Mendiguren has brought the profession into disrepute.

62. The Tribunal noted that Dr Mendiguren accepted, through his counsel, that his fitness to practise is impaired by reason of his conviction. The Tribunal considered that the conduct that was the subject of the conviction was capable of remediation. However, it noted that evidence of insight and remediation in relation to the conviction was very limited.

63. The Tribunal noted that Dr Mendiguren pleaded guilty to the offence. That indicated some level of acceptance and the potential beginnings of insight for Dr Mendiguren. There was also no evidence before the Tribunal that Dr Mendiguren had repeated the conduct of driving whilst under the influence of alcohol. However, it noted that Dr Mendiguren was disqualified from driving for a period of 30 months.

64. However, whilst Dr Mendiguren appears to have completed the criminal sentence imposed, the fact that he attended work under the influence of alcohol on 9 November 2023 means that he did not fully comply with the 80-day abstinence requirement which ran from 5 September 2023 to approximately 24 November 2023. Furthermore, in his oral evidence, Dr Mendiguren appeared to blame his offending behaviour on an argument with his partner and he appeared to attempt to minimise the seriousness of the collision by reference to the road layout and the proximity of the parked cars.

65. The Tribunal concluded that there was no evidence of any meaningful insight or remediation, and therefore there remained a risk of repetition at the current time.

66. In applying Dr Mendiguren's conviction against the test as set out in *CHRE v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin), the Tribunal was satisfied that limbs (b) and (c) of the test for impairment were engaged, in that his conviction had brought

the medical profession into disrepute and had breached a fundamental tenet of the profession. In the absence of any evidence of sufficient insight or remediation, and with the assessed risk of repetition, the Tribunal considered that these limbs currently remained engaged.

67. The Tribunal considered and had regard to the statutory overarching objective. It was satisfied that Dr Mendiguren's conviction had the potential to damage public confidence in the medical profession and undermine proper professional standards and conduct for the members of the profession. The Tribunal was of the view that given the serious nature of Dr Mendiguren's conviction and the risk of repetition, public confidence in the profession would be seriously undermined if a finding of impaired fitness to practise were not made.

68. The Tribunal also considered that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

69. The Tribunal therefore determined that Dr Mendiguren's fitness to practise is currently impaired by reason of his conviction.

Misconduct

70. The Tribunal considered whether the facts which have been admitted and found proved amount to misconduct.

Paragraph 3

71. The Tribunal had regard to paragraph 75(b) of GMP which provides:

'75 You must tell us without delay if, anywhere in the world:

a ...

b you have been charged with or found guilty of a criminal offence

c ...'

72. The Tribunal had regard to the timeline of events, and noted that Dr Mendiguren was arrested on 11 July 2023, convicted on 1 August 2023, and sentenced on 5 September 2023. It noted that Dr Mendiguren contacted the GMC to self-refer on 12 August 2023, but did not mention the conviction. Dr Mendiguren informed the GMC of his conviction on 18 September

2023. The Tribunal noted that there was therefore a two-month delay between his initial arrest and informing the GMC. It was not clear when Dr Mendiguren was charged with the offence, but the Tribunal noted that he was convicted on 1 August 2023 so the delay in reporting the conviction was a period of approximately seven weeks.

73. The Tribunal was of the view that Dr Mendiguren's actions were serious as they had caused a delay to the regulatory process which could have had an impact on patient safety.

74. Dr Mendiguren, in his oral evidence, told the Tribunal that his delay in reporting was unintentional, as he did not know the rules. The Tribunal was of the view that ignorance of the rules was not a good excuse for the delay in reporting as it was Dr Mendiguren's professional obligation to be aware of them.

75. The Tribunal was XXX. However, the Tribunal noted that Dr Mendiguren had been able to contact the GMC on 12 August 2023 so had the opportunity on that occasion to report his conviction but failed to do so.

76. The Tribunal has concluded that Dr Mendiguren's conduct fell so far short of the standards reasonably to be expected of a doctor as to amount to misconduct.

Paragraph 4(a)

77. The Tribunal next considered whether attending work on 9 November 2023 under the influence of alcohol amounted to misconduct. In making its decision, the Tribunal had regard to paragraph 65 of GMP, as set out above.

78. The Tribunal took into account that Dr Mendiguren's conduct in attending work whilst under the influence disrupted the running of the Surgery, as his colleagues had to take steps to make sure that he got home safely. Dr Mendiguren maintains that he had attended work to complete a task (to ensure that a patient appointment was rescheduled), but that he did not intend to see any patients. However, the Tribunal did not accept there was a justifiable reason to attend work when in an unfit state. The task in question could have been dealt with by telephone without attending the Surgery.

79. The Tribunal was satisfied that Dr Mendiguren's actions put the reputation of himself, the surgery and the medical profession at risk.

80. The Tribunal was satisfied that Dr Mendiguren's actions would undermine public confidence and that he had breached GMP. The Tribunal decided that such conduct was so

serious that it would be considered ‘deplorable’ by fellow members of the medical profession.

81. The Tribunal has concluded that Dr Mendiguren’s conduct fell so far short of the standards reasonably to be expected of a doctor as to amount to misconduct.

Paragraph 4(b)

82. The Tribunal next considered whether attending work on 26 June 2024 under the influence of alcohol, and conducting a telephone consultation with a patient, amounted to misconduct.

83. The Tribunal had regard to paragraphs 78, 81, 88 and 89 of Good Medical Practice (2024), which provide:

‘78 *You should try to take care of your own health and wellbeing, recognising if you may not be fit for work. You should seek independent professional advice about your fitness for work, rather than relying on your own assessment.*

...

81 *You must make sure that your conduct justifies patients’ trust in you and the public’s trust in your profession.*

...

88 *You must be honest and trustworthy, and maintain patient confidentiality in all your professional written, verbal and digital communications.*

89 *You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:*

a you must take reasonable steps to check the information is accurate

b you must not deliberately leave out relevant information

c you must not minimise or trivialise risks of harm

d you must not present opinion as established fact.’

84. The Tribunal was satisfied that Dr Mendiguren's actions had put patients at risk of harm, particularly the patient he conducted a telephone consultation with. The Tribunal noted that Dr Mendiguren acknowledged that although he had conducted only one telephone consultation, he had attempted two more but those two further patients had not answered the telephone. The Tribunal was satisfied that Dr Mendiguren knew that he was unfit to be consulting at the relevant time because he knew he had consumed alcohol.

85. The Tribunal took into account that Dr Mendiguren's conduct in attending work whilst under the influence put strain on the Surgery, as his list had to be reallocated. Further, it took into account that Dr Mendiguren had attempted to conceal his intoxication by lying to colleagues about his reason for needing to leave the Surgery that day, XXX.

86. The Tribunal was satisfied that Dr Mendiguren's actions would undermine public confidence and that he had breached Good Medical Practice (2024). The Tribunal decided that such conduct was so serious that it would be considered 'deplorable' by fellow members of the medical profession.

87. The Tribunal has concluded that Dr Mendiguren's conduct fell so far short of the standards reasonably to be expected of a doctor as to amount to misconduct.

Impairment by reason of misconduct

88. Having determined that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Mendiguren's fitness to practise is currently impaired. The Tribunal noted that Dr Mendiguren does not dispute that his fitness to practise is impaired by reason of misconduct.

89. The Tribunal considered whether Dr Mendiguren's conduct was capable of being remedied, has been remediated, and any likelihood of repetition. In so doing, the Tribunal looked for evidence of remorse, insight and remediation.

In relation to paragraph 3

90. The Tribunal considered that the misconduct in respect of paragraph 3 was capable of remediation. However, Dr Mendiguren has not provided any evidence of remediation, particularly any activities to demonstrate a good understanding of GMP and regulatory requirements.

91. Further, the Tribunal was of the view that Dr Mendiguren has not demonstrated insight into his conduct. While it was satisfied that he now knows that he should report a conviction without delay, it was concerned about Dr Mendiguren's attitude towards more general compliance with his regulator. The Tribunal took into account Dr Mendiguren's approach to engagement with the GMC and XXX. Further, it noted that while Dr Mendiguren gave an explanation as to why he had not reported his conviction to GMC until 18 September 2023, he had demonstrated little insight into his lack of familiarity with the principles of GMP and the importance of complying with those principles and any regulatory orders imposed on him.

92. The Tribunal considered and had regard to the statutory overarching objective. It was satisfied that Dr Mendiguren's conduct had the potential to damage public confidence in the medical profession and to undermine proper professional standards and conduct for the members of the profession. It considered that a member of the public in full knowledge of the facts of the case would be concerned about a doctor acting in the way Dr Mendiguren did, particularly given his ongoing failure to fully comply with the regulatory process. The Tribunal was also of the view that public confidence in the profession would be seriously undermined if a finding of impaired fitness to practise were not made.

93. The Tribunal also considered that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

In relation to paragraph 4(a) and (b)

94. In relation to paragraph 4(a) and (b), the Tribunal considered that this conduct was difficult to remediate, but not impossible. However, the Tribunal was of the view that Dr Mendiguren had not demonstrated sufficient insight, nor had he made clear attempts to remediate his conduct. XXX. It noted that Dr Mendiguren stated that he had gone to work on 9 November 2023 as he needed to complete a task, but has not acknowledged that he should not have attended work at all, as he was not fit to do so.

95. XXX

96. At the current time, the Tribunal cannot be satisfied that Dr Mendiguren has sufficient insight XXX, such that it could consider the risk of repetition of the misconduct to be low. The Tribunal was of the view that until Dr Mendiguren XXX, the risk of repetition in this case is high.

97. The Tribunal had regard to the overarching objective and was of the view that all three limbs were engaged in respect of this conduct. Dr Mendiguren's actions, in attending work whilst under the influence of alcohol put patients at risk of harm. Further, it was satisfied that Dr Mendiguren's conduct had the potential to damage public confidence in the medical profession and to undermine proper professional standards and conduct for the members of the profession.

98. Accordingly, the Tribunal determined that Dr Mendiguren's fitness to practise is impaired by reason of his misconduct.

XXX

99. XXX

100. XXX

101. XXX

102. XXX

103. XXX

104. XXX

105. XXX

Determination on Sanction - 13/11/2025

106. Having determined that Dr Mendiguren's fitness to practise is impaired by reason of misconduct, conviction XXX, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

Submissions

107. On behalf of the GMC, Ms Bucklow submitted that the appropriate and proportionate sanction in this case was one of suspension. She directed the Tribunal to relevant sections of the Sanctions Guidance (2024) ('the SG') and the Tribunal's previous determinations.

108. Ms Bucklow stated that, XXX, the Tribunal are considering whether a sanction is required for the conviction and misconduct allegations in this case. She submitted that whilst

the Tribunal may consider those matters XXX, they are nevertheless serious in their own right. She stated that the conviction and failure to report the conviction do raise issues of public confidence which should be considered. In respect of XXX and Dr Mendiguren's attendance at work, she submitted that there is the consideration of what sanction is sufficient to ensure patient safety, in addition to the issues of public confidence and maintaining proper standards.

109. Ms Bucklow stated that taking no action would not be sufficient to maintain patient safety or public confidence. She submitted that Dr Mendiguren's insight is a crucial factor at this stage when determining what sanction is appropriate, as is the risk of repetition. She stated that without insight, there can be no meaningful remediation, and in this case, it will have a significant impact on compliance and a risk of repetition. XXX

110. Ms Bucklow submitted that there has been a passage of time since the conviction, and the sentence in itself has now passed. However, she stated that the Tribunal should have in mind the seriousness of that conviction, which includes the degree to which Dr Mendiguren was over the limit, the fact that it involved collisions with other parked vehicles and a wall, and the fact that a passer-by intervened. She submitted that, as part of his sentence, Dr Mendiguren was required to abstain from alcohol, which ultimately he did not do, having the monitoring tag removed for the purposes of going on a pre-booked holiday and using the opportunity to resume drinking. She stated that this gives a view of Dr Mendiguren's insight into what was behind his conviction and the seriousness of it, XXX.

111. Ms Bucklow reminded the Tribunal of its conclusions at the impairment stage into Dr Mendiguren's insight and remediation. She stated that Dr Mendiguren's insight into the conviction itself was limited XXX. She stated that it was only in his recent witness statement, dated 12 August 2025, that Dr Mendiguren acknowledged that he drank more than initially stated, but that he still focused on situational factors, such as the presence of bins and parked vehicles, rather than the fact that his driving was significantly impaired because of the degree of intoxication. She submitted that these factors meant that Dr Mendiguren's insight into the conviction and the underlying causes of it are low, and there is a risk of repetition.

112. XXX

113. Ms Bucklow referred the Tribunal to Dr Mendiguren's oral evidence, and stated that XXX, there was a high risk of repetition.

114. Ms Bucklow stated that Dr Mendiguren had limited insight into his behaviour XXX. Further, she stated that he appears to be focused on what he considers to be an unreasonable response to his drinking, rather than XXX. She submitted that there has not been remediation but it would be difficult to take steps to remedy something if he does not consider there to be an issue.

115. Ms Bucklow stated that Dr Mendiguren has been truthful and frank in his evidence and advised that XXX. She stated that XXX appeared to depend on whether any conditions that might be placed on him were agreeable, and that he had told the Tribunal that there would be no point complying with the conditions if they did not work for him. She submitted that this should be a concern to the Tribunal as this was not a negotiation process.

116. Ms Bucklow submitted that the Tribunal would need to be satisfied that Dr Mendiguren will comply with any conditions. She reminded the Tribunal that Dr Mendiguren has not complied with pre-existing conditions imposed by an Interim Orders Tribunal, and in those circumstances it is difficult to justify why conditions remain an appropriate option. She submitted that the Tribunal could have very little confidence in Dr Mendiguren's ability or willingness to comply with conditions as he has told the Tribunal that he might not, depending on multiple factors, such as whether there is anything in it for him, or whether he decides to continue to practice as a doctor. She stated that if Dr Mendiguren is not going to comply with conditions, then they serve no purpose, and imposing conditions would be '*setting him up to fail*'. Further, she stated, in light of the compliance concerns, imposing conditions would also significantly undermine public confidence, not only in the profession, but also in the regulatory process as it would provide no reassurance to the public that conditions were going to be sufficient to protect patient safety.

117. Ms Bucklow stated that erasure was not appropriate as there is potential for Dr Mendiguren to remediate the concerns in this case and to develop full insight, so it was not a case of his conduct XXX being fundamentally incompatible with remaining on the register. She submitted that this case fits squarely in suspension, because of the lack of insight and remediation and the high risk of repetition. Further, she stated that the indication of equivocal compliance with conditions leaves a risk to patient safety, and undermines public confidence in the profession. She stated that these risks that can only be properly mitigated by suspension and by keeping Dr Mendiguren from practice until such a time that he has developed the appropriate level of insight and XXX. Ms Bucklow made no submissions as to the length of suspension but submitted that there should be a review in this case.

118. On behalf of Dr Mendiguren, Mr Colman submitted that the Tribunal should carefully consider the appropriate sanction in this case.

119. Mr Colman reminded the Tribunal of XXX. He stated that the Tribunal has before it a registrant who expressed with disarming frankness an unusually transactional approach to conditions. He acknowledged the Tribunal's conclusions about Dr Mendiguren's insight, but stated that Dr Mendiguren's thoughts and answers were more fluid than fixed and he is capable of change.

120. Mr Colman submitted that Dr Mendiguren, at the current time, has only retained registration as he had paid the annual fee up until May 2026 and may consider an application for voluntary erasure at that time. He stated that, in the meantime, the Tribunal has to decide what is the appropriate and proportionate sanction now, whether that be conditions or suspension. He submitted that the public interest is not monolithic and includes not depriving patients of the much-needed services of an '*absolutely brilliant*' doctor. XXX.

121. Mr Colman stated that a suspension could cause Dr Mendiguren to XXX and that would be a loss to Dr Mendiguren, his family, his friends and to society. He stated that there had not been any actual harm to patients, although there was some element of risk. Further, XXX.

122. Mr Colman stated that it was always the case with conditions that a doctor can choose whether or not to comply with them. He stated that, although Dr Mendiguren has not unreservedly expressed a willingness to comply with conditions, that does not mean that they will be unworkable, as if he does not comply, he will not meet the requirements for returning to practice. He submitted that conditions, unlike suspension, could encourage Dr Mendiguren to XXX and public service. He stated that a suspension would be denying him the opportunity to succeed.

123. Mr Colman submitted that conditions would be a more proportionate, less punitive and potentially more productive sanction than suspension. He stated that conditions could protect the public and the public interest without risking serious damage to Dr Mendiguren's wellbeing.

The Relevant Legal Principles

124. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgment. In reaching its decision on sanction, the Tribunal had regard to the SG.

125. The Tribunal bore in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it noted that any sanction imposed may have a punitive effect. It reminded itself that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

126. Throughout its deliberations, the Tribunal had regard to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Mendiguren's interests with the public interest. It was mindful that the reputation of the profession as a whole is more important than the interests of an individual doctor.

The Tribunal's Determination on Sanction

127. The Tribunal identified what it considered to be the aggravating and mitigating factors in this case.

Aggravating factors

128. With reference to paragraph 162 of the SG, the Tribunal noted that aggravating features of this case were the fact that Dr Mendiguren's alcohol use had resulted in intoxication in the workplace, putting patients at risk of harm, and a criminal conviction for drink driving.

129. The Tribunal took into consideration the circumstances of Dr Mendiguren's conviction, which was aggravated by the collision, the damage to property and the level of the blood alcohol reading which was approximately four times the legal limit.

130. The Tribunal found that Dr Mendiguren's insight in relation to XXX his conduct was very limited and that this was a significant aggravating factor in this case.

131. XXX

132. In relation to the misconduct, the Tribunal found that Dr Mendiguren lacked insight into the impact of his conduct on others and the reputation of the profession.

133. Dr Mendiguren's failure to comply with formal requirements XXX was an aggravating factor. It indicated that Dr Mendiguren's level of insight appeared to have remained very limited across the whole period from his conviction to the hearing today. XXX.

134. The Tribunal considered that Dr Mendiguren's conduct in lying to a colleague to seek to conceal his intoxication on 9 November 2025 was an aggravating feature of this case. This behaviour appeared to be indicative of an attitudinal issue, and another example of Dr Mendiguren's low level of insight XXX.

135. The Tribunal noted that, consistent with Dr Mendiguren's poor level of insight, the extent of any steps taken to remediate his conduct and put things right was negligible.

Mitigating factors

136. The Tribunal acknowledged that there is no evidence that Dr Mendiguren has re-offended since his conviction in August 2023, therefore more than two years have passed without a repetition of that conduct. It also noted that he pleaded guilty to the offence at an early stage.

137. In relation to the failure to report his charge and conviction to the GMC, the Tribunal took into account that this did not appear to be a deliberate choice by Dr Mendiguren not to report his conviction, but rather an ignorance of, or a misunderstanding of, the requirements.

138. The Tribunal took into account that the conviction and misconduct matters all occurred in a relatively short period of time (July 2023 to June 2024 - less than 12 months), and that this ought to be seen in the context of a relatively long career in medicine, and more than 22 years at the Surgery. Further, there was some evidence that, XXX, Dr Mendiguren is an effective and well regarded doctor.

139. The Tribunal also noted that during the period in question, Dr Mendiguren had experienced a number of challenges in his personal and family life, XXX.

140. XXX

141. The Tribunal balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

142. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

143. The Tribunal was satisfied that there were no exceptional circumstances in Dr Mendiguren's case which could justify it taking no action. Further the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public, the wider public interest, and it would not mark the seriousness of the regulatory concerns in this case.

Conditions

144. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Mendiguren's registration. The Tribunal had regard to paragraphs XXX, 82 (a), (c) and (d), 84 (a), (c) and (e), and 85 of the SG, which state:

XXX

...

82 *Conditions are likely to be workable where:*

a the doctor has insight

b ...

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or training, or to their work being supervised.

84 *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

a no evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage

b ...

c willing to respond positively to retraining, with evidence that they are committed to keeping their knowledge and skills up to date throughout their working life, improving the quality of their work and promoting patient safety...

d ...

XXX'

85 *Conditions should be appropriate, proportionate, workable and measurable.'*

145. XXX

146. The Tribunal took into account XXX. The Tribunal considered that Dr Mendiguren had been frank and open with the Tribunal about his current state of mind. In relation to the possibility of an order of conditions, he appeared to take a transactional approach, in that he stated he could comply with conditions but that it would only be worth it if he got something '*in return*'. He expressed concerns that restricting locum contracts to longer periods only would prevent him from working, as he did not want to be away from his family in Spain for periods longer than a couple of weeks.

147. The Tribunal had regard to the types of conditions it considered would be necessary to address the risks in this case, and whether those conditions would be workable.

148. The Tribunal accepted XXX. Given its finding that Dr Mendiguren had put patients at risk by attending work whilst intoxicated, and Dr Mendiguren's very limited level of insight, the Tribunal considered that more stringent conditions would also be needed to reassure it that patient safety would not be compromised. XXX. The Tribunal considered that a high level of supervision (direct supervision) and a restriction on short term locum positions would also be necessary both as a safeguard for patient safety and as a mechanism to provide a sufficient level of support for Dr Mendiguren if he were to return to practice after this two-year period away from practice.

149. The Tribunal then considered Dr Mendiguren's ability and willingness to comply with any conditions imposed. The evidence before the Tribunal was that Dr Mendiguren had failed to comply with an Interim Order of Conditions, deliberately breaching it as recently as July 2025. It also took into account that Dr Mendiguren had failed to fully comply with abstinence requirement of his criminal sentence. Considering those issues alongside Dr Mendiguren's oral evidence and the Tribunal's assessment of Dr Mendiguren's insight, the Tribunal had a

real concern that Dr Mendiguren would not be able or willing to comply with an order of conditions at this time.

150. In the light of the Tribunal's real concern about Dr Mendiguren's ability and willingness to comply, it concluded that conditions would be unworkable in this case. As such, they would not provide sufficient protection to the public, maintain public confidence in the profession and to promote and maintain proper standards of conduct.

Suspension

151. The Tribunal then went on to consider whether a period of suspension would adequately protect the public, maintain public confidence in the profession and uphold proper standards for its members. In considering whether to impose a period of suspension on Dr Mendiguren's registration, the Tribunal had regard to paragraphs 91, 92 and 97(a), XXX and (e), of the SG which provide:

- '91** *Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*
- 92** *Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
- ...
- 97** *Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
- a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the*

public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

XXX

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

...'

152. XXX

153. The Tribunal found that the regulatory concerns in this case were serious and amounted to serious departures from the principles of GMP. However, the Tribunal decided that this case was not one where Dr Mendiguren's conduct is '*fundamentally incompatible with continued registration*' at this time. It considered that erasure would not be appropriate or proportionate, nor would it be in the public interest. In weighing the balance between Dr Mendiguren's interests and the public interest, it noted that erasure would deny the public an otherwise competent and compassionate doctor.

154. The Tribunal noted its earlier findings that the conduct was remediable but that Dr Mendiguren had not been able to demonstrate an ability and willingness to develop sufficient insight and to remediate.

155. The Tribunal therefore considered that a period of suspension was required to mark the seriousness of the conduct and to address the ongoing risks to the public and the wider public interest.

156. The Tribunal considered that a period of suspension would allow Dr Mendiguren time to reflect on his actions, to develop insight XXX and to take appropriate steps towards remediation and XXX. It would also allow time for him to formulate a plan for how to demonstrate an ability and willingness to comply with conditions should they be a possibility in the future.

157. In light of the above, the Tribunal determined that a period of suspension would be an appropriate and proportionate sanction when considering Dr Mendiguren's interests alongside the public interest. The Tribunal took into account the negative impact that this

sanction may have upon Dr Mendiguren. However, in all the circumstances the Tribunal concluded that his interests were outweighed by the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

Length of Suspension

158. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 to 102 of SG and the table following paragraph 102.

159. The Tribunal was mindful that when considering the appropriate length of suspension, it ought to be for a sufficient period for Dr Mendiguren to develop insight into his XXX misconduct, and to begin to remediate his conduct and demonstrate XXX. The Tribunal was satisfied that imposing a period of suspension of six months was appropriate and necessary for this purpose.

160. Further, a six months period of suspension would mark the gravity of the conviction and misconduct elements of the case. In the Tribunal's view this would be sufficient to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that this type of conduct is unacceptable, so as to maintain proper professional standards.

161. Accordingly, the Tribunal determined to suspend Dr Mendiguren's registration for a period of six months.

Review

162. The Tribunal determined to direct a review of Dr Mendiguren's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Mendiguren to demonstrate how he has developed insight, remediated and XXX. It therefore may assist the reviewing Tribunal if Dr Mendiguren provides:

- Evidence of development of his insight;
- XXX;
- Evidence of familiarisation with Good Medical Practice (2024);
- Evidence he is keeping knowledge and skills up to date;
- Anything else he feels may assist.

Determination on Immediate Order - 13/11/2025

163. Having determined that Dr Mendiguren's registration should be suspended for a period of six months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

164. On behalf of the GMC, Ms Bucklow submitted that an immediate order should be imposed. She stated that there would a risk to patient safety, and it would undermine the public confidence if there was a period of time where Dr Mendiguren was not subject to restriction. She submitted that the interim order should be revoked.

165. On behalf of Dr Mendiguren, Mr Colman made no submissions.

The Tribunal's Determination

166. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

- '172** *The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. ...*
- 173** *An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
- ...
- 178** *Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'*

**Record of Determinations –
Medical Practitioners Tribunal**

167. The Tribunal determined that an immediate order was necessary to protect patients, uphold public confidence in the medical profession and is otherwise in the public interest. It also took the view that it was in the best interests of Dr Mendiguren to impose an immediate order XXX.

168. This means that Dr Mendiguren's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

169. The interim order is hereby revoked.

170. That concludes this case.

ANNEX A – 06/11/2025

Application for the hearing to be heard in private

171. On day one of the hearing, Mr Colman, on behalf of Dr Mendiguren, made an application, pursuant to Rule 41 of the General Medical Council (Fitness to Practise) Rules, as amended ('the Rules'), for the hearing to be held entirely in private.

Submissions

172. On behalf of Dr Mendiguren, Mr Colman submitted that more than one of the paragraphs of the Allegation XXX. He submitted that paragraph 4 of the Allegation is about attending work while under the influence of alcohol, XXX.

173. Turning to the remaining paragraphs, Mr Colman stated that XXX Dr Mendiguren's conviction. Further, he stated that, at the time Dr Mendiguren contacted the GMC, he was XXX. Mr Colman stated that the public would get a '*one sided picture*' if part of the evidence relating to those paragraphs was heard in public and it would be better, fairer and more appropriate to hear the whole of the matter in private.

174. On behalf of the GMC, Ms Bucklow stated that XXX. Further, she stated that paragraph 4 should also be heard in private as Dr Mendiguren would not be able to meaningfully respond to those allegations XXX.

175. Ms Bucklow stated that the GMC objected to the remaining paragraphs being heard in private, except where necessary. She stated that XXX, but they are standalone allegations in relation to a criminal conviction and the requirement to report a charge and criminal conviction. She submitted that those matters predate the later conduct and XXX. Further, she stated that XXX. She submitted that paragraphs 1 to 3 should remain in public.

The Tribunal's Decision

176. In making its decision, the Tribunal first had regard to Rule 41 of the Rules, which provides:

'(1) ...hearings before ... a Medical Practitioners Tribunal shall be held in public.'

'(2) The ...Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider

that the particular circumstances of the case outweigh the public interest in holding the hearing in public.

XXX

177. The Tribunal had regard to the submissions of both parties and considered carefully the nature of the Allegation before it. It recognised the public interest in hearings being held in public, as is the general rule.

178. XXX

179. In relation to paragraph 4 of the Allegation, the Tribunal was satisfied that there was XXX and the alleged misconduct. It accepted that moving frequently between public and private could present practical difficulties that could impact on the efficient running of the hearing. It could also present a distorted picture of the relevant events to the public. Therefore, for practical reasons and fairness to Dr Mendiguren, the Tribunal determined to hear matters relating to paragraph 4 of the Allegation in private.

180. With regard to paragraphs 1 to 3 of the Allegation, the Tribunal accepted there was a XXX and that any such relevant matters should be heard in private. However, it formed the view that the allegations relating to the conviction and failure to notify GMC about the charge and conviction do not XXX. It therefore determined that a proportionate approach would be to hear in public as much of the evidence and submissions relating to paragraphs 1, 2 and 3 of the Allegation as possible XXX.

181. The Tribunal therefore refused Mr Colman's application for the entirety of the hearing to be heard in private.

ANNEX B – 10/11/2025

Tribunal's decision to adjourn for 1 day

182. On day 4 of this hearing, the Tribunal was due to reconvene at 12:00pm to hand down its determination on Facts. Dr Mendiguren had previously attended the hearing virtually but did not attend at the expected time today. Attempts were made by the MPTS to contact Dr Mendiguren, both by email and by telephone, but these were not successful.

183. The Tribunal reconvened the hearing. Dr Mendiguren's representatives were present and were unable to explain his absence. The Tribunal allowed a short break to allow enquiries to be made by Dr Mendiguren's representatives, but these were unsuccessful as they were unable to reach Dr Mendiguren.

184. With the agreement of Mr Colman, the Tribunal handed down its determination on the facts at approximately 12:30pm, without Dr Mendiguren in attendance but with his representatives present. The Tribunal then decided to adjourn and reconvene at 2:00pm, allowing further time for contact to be made with Dr Mendiguren over the lunch period.

185. At 2:00pm, Mr Colman confirmed that further attempts to contact Dr Mendiguren (which included by telephone, text message and email) had not been successful.

186. The Tribunal, of its own volition, invited submissions on whether it should adjourn the hearing for the remainder of the day, to allow further time for enquiries to be made as to XXX and whether he wished to attend the remainder of the hearing.

187. Counsel for both parties adopted a neutral position and submitted that the decision on whether to adjourn for the day was a matter for the Tribunal.

The Tribunal's determination

188. The Tribunal had regard to Rule 29 which provides that the Tribunal has a discretion to adjourn the hearing (whether on an application by a party or on its own volition) to a time that it thinks fit.

189. The Tribunal took into consideration that Dr Mendiguren's absence has been abrupt and unexplained. It noted that there have been extensive efforts by the MPTS and Dr Mendiguren's representatives to contact him without success.

190. The Tribunal formed the view that a short adjournment was unlikely to impact the overall timetable of the hearing.

191. Therefore, the Tribunal considered that a short adjournment was reasonable and proportionate in the circumstances to allow more time for further attempts to contact Dr Mendiguren.

192. Accordingly, the Tribunal decided to adjourn the hearing to 09:30am on Friday 7 November 2025.

ANNEX C – 10/11/2025

Tribunal's decision to adjourn for 1 day

193. On day 5 of this hearing, the Tribunal was due to reconvene at 09:30am to commence the impairment stage of the hearing, following an adjournment because of Dr Mendiguren's unexplained absence the previous day. The hearing reconvened at 09:30am and Mr Colman confirmed that further attempts to contact Dr Mendiguren had not been successful.

194. The Tribunal received submissions from the parties on whether to adjourn the hearing, before taking a short break to allow the MPTS to XXX. A further email to Dr Mendiguren was sent and a voicemail message was left by the MPTS Tribunal Clerk during the break.

195. After the break, the Tribunal, of its own volition, invited submissions on whether it should adjourn the hearing for a further day, to 9:30am on Monday 10 November 2025, to allow further time for enquiries to be made as to XXX and whether he wished to attend the remainder of the hearing.

Submissions

196. On behalf of the GMC, Ms Bucklow indicated that the GMC were neutral on whether the hearing should adjourn. She stated that this was primarily due to the lack of information on XXX, particularly in the circumstances of this case.

197. Ms Bucklow stated that if the Tribunal was to adjourn for a day, it would allow time over the weekend for Dr Mendiguren to make contact.

198. Ms Bucklow submitted that, even with an adjournment to Monday, there was likely to be sufficient time to complete the hearing within the scheduled timetable.

199. Mr Colman submitted that he could not make submissions on an adjournment as he had no instructions to that effect. However, he stated that Dr Mendiguren had expressed frustration about the length of time that the proceedings have taken. He stated that Dr Mendiguren had previously indicated that he had another appointment on Monday morning and was content for the hearing to proceed in his absence at that point. Mr Colman also stated that he did not intend to call Dr Mendiguren to give any further evidence.

200. Mr Colman agreed that there remained plenty of time available within the listing for the hearing to conclude if the Tribunal was to adjourn for the day and continue on Monday.

The Tribunals determination

201. The Tribunal had regard to Rule 29 which provides that the Tribunal has a discretion to adjourn the hearing (whether on an application by a party or on its own volition) to a time that it thinks fit.

202. The Tribunal was mindful that there is a public interest in ensuring that regulatory matters conclude in a reasonable amount of time. The Tribunal formed the view that a further short adjournment was unlikely to impact the overall timetable of the hearing.

203. The Tribunal was also mindful of the importance of fairness to Dr Mendiguren. The Tribunal had regard to the fact that XXX. Given the ongoing lack of information as to the reason for Dr Mendiguren's absence and XXX, the Tribunal considered that an adjournment over the weekend, to 9:30am on Monday 10 November 2025, was reasonable and proportionate in the circumstances. This would allow more time for further attempts to contact Dr Mendiguren XXX and establish whether he intends to continue participation.

204. The Tribunal was of the view that allowing some further time to make enquiries XXX outweighed the public interest in continuing this case in his absence today.

205. Accordingly, the Tribunal decided to adjourn the hearing to 09:30am on Monday 10 November 2025.

ANNEX D – 11/11/2025

Proceeding in Dr Mendiguren's absence

206. On day 5 of this hearing (Friday 7 November 2025), the Tribunal adjourned to allow time for contact to be made with Dr Mendiguren, following his unexpected and unexplained absence. Further attempts were made by the MPTS, GMC and Dr Mendiguren's representatives to contact Dr Mendiguren, but these were not successful. The Tribunal invited parties to make submissions on whether to adjourn for a further period or to proceed with Dr Mendiguren represented but not present at the hearing.

207. Counsel for both parties adopted a neutral position and submitted that the decision on whether to continue in Dr Mendiguren's absence was a matter for the Tribunal. They each referred to the submissions that they had made in relation to this issue on 7 November 2025.

The Tribunal's Decision

208. In making its determination the Tribunal noted that the decision as to whether or not the hearing should be adjourned, or should proceed with Dr Mendiguren represented but not present, was a matter for its discretion under the Rules and that such discretion was to be exercised with great care and caution.

209. The Tribunal had regard to the criminal case of *R v Hayward, Jones & Purvis* [2001] QB 862 CA, which states that a defendant has a right to be present at a trial and a right to be legally represented but that those rights can be waived where a defendant voluntarily absents themselves from a trial and/or withdraws instructions from those representing them. The Tribunal also had regard to the regulatory case of *General Medical Council v Adeogba* [2016] EWCA Civ 162 in relation to the factors relevant to the decision on whether to adjourn or to proceed in the absence of the doctor.

210. The Tribunal noted that Dr Mendiguren had attended the hearing on previous days (3, 4 and 5 November 2025) and had given oral evidence to the Tribunal on 5 November 2025. It also noted that Dr Mendiguren had indicated at the outset of the hearing that he had another commitment on the morning of 10 November 2025 and he was content for the hearing to proceed without him present on that morning. Further, the Tribunal noted that Dr Mendiguren is represented by experienced counsel and has given instructions such that Mr Colman is in a position to be able to continue to represent him in his absence.

211. The Tribunal reminded itself that doctors are under a professional obligation to cooperate with the GMC, to engage with proceedings, and to keep contact details up to date.

212. The Tribunal was concerned about Dr Mendiguren's unexpected and unexplained absence from proceedings, XXX. The Tribunal took into account that Dr Mendiguren had expressed frustration with the length of the GMC investigation and MPTS proceedings.

213. The Tribunal considered whether an adjournment might result in Dr Mendiguren attending the hearing on a future date. Noting that there had been no application for an adjournment from either party, the Tribunal also found that there was no evidence before the Tribunal to indicate that an adjournment made of the Tribunal's own volition was likely to result in Dr Mendiguren attending at a future date. The Tribunal noted that there was no

evidence before it to indicate that Dr Mendiguren was involuntarily absent – XXX. Given that Dr Mendiguren had expressed frustration at the overall length of the GMC investigation and MPTS proceedings, that he had already completed his oral evidence and was not intending to give further evidence at any later stages of the proceedings, and that he was represented by counsel with sufficient instructions to represent him, the Tribunal found that it was more likely than not that Dr Mendiguren had simply decided not to attend the remaining days of the hearing. In light of all of the information before it, the Tribunal was satisfied that Dr Mendiguren had voluntarily absented himself from this hearing.

214. The Tribunal noted that any decision to proceed in Dr Mendiguren's absence may result in prejudice to him including that it may not necessarily have all of the information that he would wish to present. However, the Tribunal considered that any such prejudice must be balanced against other factors including the statutory overarching objective and the public interest. The Tribunal noted that the public interest included ensuring that a hearing should take place within a reasonable time of the events to which it related and the need for a fair, economic, expeditious and efficient disposal of the hearing. These matters should be balanced against any prejudice to Dr Mendiguren.

215. The Tribunal noted that part of its role was to ensure a fair hearing notwithstanding Dr Mendiguren's absence. The Tribunal observed that all reasonable efforts had been made to contact Dr Mendiguren, and XXX, since he failed to attend on day 4 (6 November 2025). The Tribunal also noted that no application has been made to adjourn and there was no evidence to indicate that an adjournment would result in his attendance. Further, given Dr Mendiguren's expressed frustration with the length of proceedings, it is likely to be in Dr Mendiguren's interests for the hearings to continue in his absence, so that proceedings can conclude within the current listing. In addition, any prejudice to Dr Mendiguren could be mitigated by him being represented by counsel with the benefit of his instructions. The Tribunal balanced all of these factors, together with the public interest in there being a fair, economic, expeditious and efficient disposal of the proceedings.

216. Having considered each of the relevant factors, the Tribunal determined that the balance fell against adjourning the hearing for a further period and in favour of proceeding with the hearing with Dr Mendiguren represented but not present.