

PUBLIC RECORD

Date: 26/05/2026

Doctor: Dr Josu MENDIGUREN

GMC reference number: 4286301

Primary medical qualification: LMS 1996 Basque Provinces

Type of case:	Outcome on impairment:
Review – Misconduct	Impaired
Review - conviction	Impaired
XXX	XXX

Summary of outcome:

Suspension, 12 months, review directed

Tribunal:

Legally Qualified Chair	Ms Jayne Wheat
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Emma Sellars

Tribunal Clerk:	Mr Rowan Barrett
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Mohsin Malik

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 Impairment - 27/05/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 ('the Rules') XXX.
2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the Rules, as amended whether Dr Mendiguren's fitness to practise is impaired by reason of misconduct, XXX and/or a conviction.

The Outcome of Applications Made during the Impairment Stage

3. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules to proceed in Dr Mendiguren's absence. Full reasons for this decision are set out at Annex A.
4. This determination will be read in private. However, as this case concerns Dr Mendiguren's misconduct and conviction a redacted version will be published at the close of the hearing.

Background

5. 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.

6. The facts found proved at Dr Mendiguren’s hearing which took place in November 2025 relate to XXX heads of impairment, XXX, misconduct and a conviction or caution. The Tribunal in 2025 found that the misconduct and conviction matters were XXX. The 2025 Tribunal determined to suspend Dr Mendiguren’s registration for a period of six months.

7. The matters relating to Dr Mendiguren’s conviction amount to his having been 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. In respect of misconduct, Dr Mendiguren was found to have attended work whilst under the influence of alcohol and to have conducted one telephone consultation whilst under the influence of alcohol. Dr Mendiguren was also found to have failed to notify the GMC of his conviction without undue delay.

8. XXX

9. The 2025 Tribunal set out that a future reviewing Tribunal may be assisted if Dr Mendiguren provides the following:

- Evidence of development of his insight;
- XXX;
- 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.

The Evidence

10. The Tribunal has taken into account all the documentary evidence received, which included but was not limited to:

- Correspondence between the GMC and Dr Mendiguren’s legal representatives relating to XXX;
- Determination of the previous Tribunal

11. The Tribunal received no evidence from the doctor in relation to this review.

Submissions

12. On behalf of the GMC, Mr Mohsin Malik submitted that Dr Mendiguren’s fitness to practise remains impaired on all XXX grounds of impairment found by the 2025 Tribunal. Mr Malik submitted that Dr Mendiguren had failed to engage with the GMC’s direction to XXX. Mr Malik submitted that Dr Mendiguren had not provided any of the information suggested as being helpful to a future Tribunal. He submitted that Dr Mendiguren had not demonstrated any insight or remediation since his fitness to practise was found impaired.

The Relevant Legal Principles

13. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal’s judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

14. This Tribunal must determine whether Dr Mendiguren’s fitness to practise is impaired today, taking into account Dr Mendiguren’s conduct XXX at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

The Tribunal’s Determination on Impairment

The Tribunal’s approach

15. In approaching the question of current impairment, the Tribunal has had regard to the relevant guidance provided to MPTS Tribunals and has applied the relevant steps set out in the guidance in approaching its decision. The Tribunal bore in mind that the 2025 Tribunal took place before the introduction of the current MPTS Guidance for Tribunals documents, and therefore a finding about the spectrum of seriousness or the specific level of ongoing risk to public protection was not found. The Tribunal took account of the reasons set out in the 2025 Tribunal’s determination on impairment in making its decision on the level of ongoing risk to public protection today, as well as in deciding where this case now falls on the spectrum of seriousness, but it has not sought to retrospectively apply the current guidance to the 2025 Tribunal’s determination.

16. The Tribunal had regard to the Tribunal circular ‘Guidance for Review Hearings starting on or after 24 November 2025’, dated 26 November 2025, which sets out the current

procedure to be followed with respect to the MPTS Guidance for Tribunals at review hearings. This guidance set out the four questions to consider as follows:

- i. What was the last assessment of current and ongoing risk to public protection resulting in the doctor's fitness to practise being found impaired? (Look back at the previous tribunal's findings)*
- ii. What has happened since the last assessment of risk and what impact does this have?*
- iii. How has the doctor responded to the previous tribunal's findings?*
- iv. Has the risk to public protection requiring restrictive action in response changed and if so, how?*

The Tribunal has also familiarised itself with the approach taken in new hearings at Step 2 a-f of the Guidance.

17. The Tribunal, being satisfied that it has a legal basis for determining impairment by virtue of being a review Tribunal directed by the 2025 Tribunal at the sanction stage of the original hearing, addressed the questions of seriousness of the case and the level of current and ongoing risk to public protection by taking all XXX heads of impairment as a whole. The Tribunal noted that the 2025 Tribunal considered that Dr Mendiguren was impaired on all three limbs of the overarching objective (now referred to as 'the three parts of public protection') in relation to each of the XXX grounds of impairment, XXX, conviction and misconduct. It also noted that, whilst the term was used more broadly at the time of the 2025 Tribunal's decision, Dr Mendiguren's conduct and XXX were considered at that time to be 'serious' and there was found to be a risk of repetition.

18. The Tribunal considered that, overall, Dr Mendiguren's lack of engagement with the regulatory proceedings and the absence of further information to demonstrate insight or remediation or any information about XXX increases the risk of repetition and the level of current and ongoing risk to public protection to a high risk. The Tribunal further considered that, as matters currently stand in respect of the proven facts and events since those findings were made, the case should be considered at the higher end of the spectrum of seriousness.

XXX

19. XXX

Misconduct

20. The Tribunal considered that the misconduct found by the 2025 Tribunal, XXX, was serious and had the potential to cause harm to patients. It considered that no evidence has been presented to it to demonstrate that Dr Mendiguren has developed his insight into his misconduct and has increased awareness of the potential impact on patients as well as on the reputation of the medical profession. The Tribunal considered that none of the evidence of remediation suggested by the 2025 Tribunal has been provided by Dr Mendiguren due to his non-engagement. In these circumstances, the Tribunal considered that Dr Mendiguren's fitness to practise remains impaired by reason of misconduct, on the basis of all three parts of public protection being engaged.

Conviction or Caution

21. For the same reasons set out above in respect of Dr Mendiguren's non-engagement with the regulatory process, the Tribunal could not be satisfied that Dr Mendiguren's conviction no longer poses a significant risk to the three parts of public protection. The Tribunal determined that Dr Mendiguren's fitness to practise remains impaired as a result of his conviction.

22. This Tribunal has therefore determined that Dr Mendiguren's fitness to practise is impaired by reason of misconduct, a conviction or caution for a criminal offence and XXX.

Determination on Sanction 26/05/26

23. Having determined that Dr Mendiguren's fitness to practise is impaired by reason of his misconduct, conviction and XXX, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Mendiguren's registration.

Submissions

24. On behalf of the GMC, Mr Malik outlined the reasons that the 2025 Tribunal imposed a period of suspension. He submitted that it was concerning that there was an apparent lack of progress. In light of Dr Mendiguren's lack of engagement and the increased risk of

repetition, risk to the public and level of seriousness, Mr Malik submitted that a further period of suspension was necessary and proportionate.

25. The Tribunal accepted the advice of the Legally Qualified Chair in respect of sanction.

The Tribunal's Determination

26. The Tribunal had regard to the MPTS Guidance for Tribunals, which sets out the various sanctions bandings for specific case types. The Tribunal considered that, as this case was first considered before the introduction of sanctions bandings, it would not be appropriate to retrospectively engage in this exercise in this case. The Tribunal has had regard to its findings about current impairment, the level of seriousness of this case and the current level of ongoing risk to public protection, in determining the appropriate sanction to impose.

The Tribunal again had regard to the circular 'Guidance for review hearings starting on or after 24 November 2025', published 26 November 2025, in particular the relevant bullet points in deciding what sanction to impose:

...

- *How the registrant has responded to the previous tribunal's sanction*
- *What is the necessary and proportionate regulatory action to take at this stage to address the level of current and ongoing risk to public protection.*

No action

27. The Tribunal first considered whether to conclude the case by taking no action, and allowing the current sanction of suspension to lapse or to revoke it early. It noted that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

28. 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 impairment found.

Conditions

29. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Mendiguren's registration.

30. This Tribunal shares the 2025 Tribunal's concerns about Dr Mendiguren's ability and willingness to comply with conditions, which have increased due to the lack of engagement by the doctor in the intervening period.

31. The Tribunal noted that Dr Mendiguren has in the past failed to comply with previous conditions imposed on his registration. It bore in mind that, the last time he communicated with an MPT Tribunal, Dr Mendiguren did not consider that XXX. The Tribunal has seen no evidence to suggest that Dr Mendiguren has changed his perspective on this matter or that he now has more insight XXX. The Tribunal considered that, given Dr Mendiguren's lack of engagement with the GMC and with these proceedings, there is nothing to suggest that Dr Mendiguren would comply with any conditions imposed on his registration by this Tribunal.

32. The Tribunal concluded that conditions would be unworkable in this case. It also bore in mind the evaluations of seriousness and risk at the impairment stage and determined that conditional registration would not provide sufficient protection to the public, maintain public confidence in the profession or promote and maintain proper standards of conduct for members of the profession.

Suspension

33. The Tribunal went on to consider imposing a further period of suspension. The Tribunal considered that, in circumstances where a doctor is not engaging with the regulatory process, there may be little to gain from subsequent suspensions. It did give consideration to a direction for a sanction of erasure. However, it also considered that XXX, a further period of suspension would allow Dr Mendiguren to re-engage with the process and to take steps to demonstrate improvements in XXX, to remediate his conduct and to develop insight.

34. The Tribunal considered that a further period of suspension was the appropriate sanction to impose at this review. The Tribunal considered that erasure, at this time, would be disproportionate, taking into consideration XXX and given that the initial suspension imposed was relatively short. The Tribunal considered that a further period of suspension would allow Dr Mendiguren time to reflect on his actions, to develop insight into XXX and conduct, as well as to take appropriate steps towards remediation and XXX.

Length of suspension

35. The Tribunal was mindful that when considering the appropriate length of suspension, it ought to be for a sufficient period for Dr Mendiguren to re-engage with the GMC, develop insight and take steps to XXX and to begin to remediate his conduct and demonstrate XXX.

36. The Tribunal considered that a 12 month period of suspension would mark the seriousness of the impairment found in this case in respect of Dr Mendiguren’s misconduct and conviction. The Tribunal was satisfied that this period is sufficient to protect the public, to satisfy the need to promote and maintain public confidence and to send out a clear message to the profession that engaging in such conduct is unacceptable, so as to maintain proper professional standards for member of the profession.

37. 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 into XXX and conduct and how he has remediated. It therefore may assist the reviewing Tribunal if Dr Mendiguren provides:

- Evidence of development of his insight;
- XXX;
- 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.

38. The Tribunal have directed to suspend Dr Mendiguren’s registration for 12 months. The MPTS will send Dr Mendiguren a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

ANNEX A – 26/05/2026

Service and proceeding in absence

39. The Tribunal considered the proof of service bundle provided by the GMC on the morning of the hearing, which showed that Dr Mendiguren and his legal representatives at Weightmans were sent the required documents to ensure that proper notification of the hearing had been served by the MPTS. The Tribunal was satisfied that Dr Mendiguren had been notified of this hearing in accordance with the Rules.

40. The Tribunal had regard to an acknowledgement from Dr Mendiguren’s representatives sent on 17 April 2026, confirming receipt of the notice of hearing letter.

41. The Tribunal considered that Dr Mendiguren was not present or represented at today’s hearing. The Tribunal made attempts through the MPTS administrative staff to contact Dr Mendiguren and Weightmans on the morning of the hearing, which were unsuccessful. The Tribunal invited submissions on this from the GMC, which were to the effect that notification had been properly served on Dr Mendiguren and he had not requested to adjourn the hearing or provided a reason for his non-attendance.

42. The Tribunal accepted the advice of the Legally Qualified Chair of the relevant legal principles.

43. The Tribunal considered that no reason has been provided for Dr Mendiguren’s absence today. It considered that there is evidence to suggest that Dr Mendiguren has effectively disengaged from the regulatory process, XXX. The Tribunal considered that no request has been made to adjourn or postpone today’s hearing on behalf of Dr Mendiguren. The Tribunal was not satisfied, in circumstances where the doctor is not engaging with the proceedings and has not provided a reason for not attending, that it would be appropriate to adjourn the case. The Tribunal did not consider that doing so would be likely to secure the doctor’s attendance in future. The Tribunal was mindful of the need to act expeditiously and review the substantive order prior to its expiry. It determined that it was in the public interest to proceed with the review in the absence of the doctor.

44. The Tribunal therefore determined to proceed with today’s review hearing in the absence of Dr Mendiguren.