We all have a narrative about why we became doctors. I was influenced by my father, who taught me from a young age to love medicine. His career started as a medical officer of health in Nigeria and ended, 45 years later, working as a volunteer with the blood transfusion service. In the time between he was a GP, with an initial list of 1500 patients in 1964, which expanded to what today would be considered a multipractice, with seven partners and 30 000 patients across three sites.

When he died, I inherited two box files of his papers, which gave details of a complaint he received after the death of a patient, allegedly through my father’s negligence. The papers spanned a four year period, from the initial complaint to his appearance at the General Medical Council’s headquarters in Hallam Street. The boxes contained legal letters, handwritten notes, and testimonials from colleagues, patients, and local dignitaries, describing my father’s care and the position of influence and esteem he held as a family doctor in his community.

A letter from the GMC was short, just detailing the charges, telling him to attend on such and such date “to determine whether or not they should direct the registrar to erase your name from the register or to suspend your registration therein or to impose conditions on your registration” (so much for a presumption of innocence). Although I was a junior doctor by then, Dad didn’t confide in me about this complaint. I can only wonder what he must have felt. I suspect predominantly shame and anxiety.

His story resonates with doctors I’ve cared for at Practitioner Health—a free, confidential NHS mental health treatment service with expertise in treating healthcare professionals. Many, like my father, trained overseas, work in underfunded areas with challenging communities, and face a higher risk of receiving complaints than doctors working in more affluent areas or trained in the UK. I’ve written before on how the GMC has improved its processes, and this is welcomed, but being involved in a disciplinary process is still painful and can understandably leave a doctor feeling depressed and even suicidal.1,2

Fortunately, unlike in my father’s day, help is at hand, from Practitioner Health (www.practitioner-health.nhs.uk) and through the BMA’s doctor support service (https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/gmc-investigation-support-doctor-support-service).

My father retired from practice in January 1989—a month before his GMC hearing, which I imagine precipitated his decision. In his resignation letter to the family practitioner committee he talked of his long service, hard work, memories of patients he’d cared for, and the courage they gave him to work as a doctor.

The box contained no concluding letter from the GMC, only a small cutting from the local paper, with my father’s face smiling at the camera and the headline: “Misconduct case—doctor is cleared.”