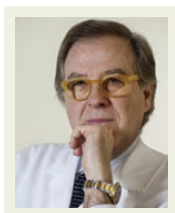


## Personal experiences of émigré cardiologist Paolo G. Camici

# Get the most out of a foreign country by learning the system

## Moving to the UK early in his career helped Paolo Camici become a professional scientist



**Paolo G. Camici at San Raffaele Hsp, Milan**

Prof. Paolo G. Camici's move to London, UK, was prompted by an earlier Fellowship. From January 1983 to July 1984 he worked at the Hammersmith Hospital and became friends with the head of the Cyclotron Unit.

Originally from Italy, Camici trained in cardiology and nuclear medicine at the CNR Institute of Clinical Physiology at Pisa University. Following an invitation from Hammersmith to start a new cardiovascular group, in 1991 he became director of the Cardiac PET programme at the Medical Research Council (MRC) Clinical Sciences Centre. In 1994 he also became professor of cardiovascular pathophysiology at Imperial College School of Medicine, Hammersmith Campus.

In the UK, Camici was exposed to a different grants system. At that time in Italy, some grants were available, but the system was not organized. Cardiologists could get funding from the National Research Council or the pharmaceutical industry. Today, state grants are provided by the Ministry of Education and Ministry of Health and by a larger number of charities.

In London Camici received an MRC grant with his job. It was renewed every 5 years for almost 20 years and enabled him to make long-term research and financial plans and employ staff.

Another new aspect was the multidisciplinary make-up of the Cyclotron Unit. In addition to his cardiovascular group, there were groups dedicated to neurology, psychiatry, and physics. Just two similar units existed worldwide at that time, in Los Angeles, California, and Paris. 'This was innovative and cutting edge', says Camici, who had published good papers, but says that until this point he 'was not a professional scientist'.

He explains: 'I was a good scientist but in need of consolidating my career. This led me to organise my work and my group so I matured very quickly'.

But if he were to do it again, Camici would study the complex British system more intensely instead of being entirely taken by the new responsibilities, enthusiasm, and novelties. He says: 'This was a mistake because if you know the system well you can exploit it much better'.

In the early days, Camici enjoyed living in London with all its cultural offerings, but by the end found it expensive and a difficult place to live. Getting older may also have influenced his perspective. If he were to do it again, he would get a house in the country in the later years, which is what many English friends did.

Moving abroad was tough on his personal life, but on the bright side his children attended school in London for a number of years and are both bilingual.

Camici returned to Italy in 2010. 'I had reached the most I could in the UK and professionally speaking I was starting to descend', he says.

The unit's emphasis changed from clinical to basic science and this led to conflict. Clinical imaging was said to be very expensive and eventually the unit was shut down. 'It was very expensive but for about 15 years the Cyclotron Unit produced about half of all the papers from the Royal Postgraduate Medical School', says Camici. 'The scientific return was very high'.

In May 2010 Camici became professor of cardiology and director of the Postgraduate School for Cardiovascular Diseases at the Vita-Salute San Raffaele University in Milan. He is now also consultant cardiologist and head of the Primary Myocardial Diseases Centre at the San Raffaele Hospital.

Camici needed a final new challenge and Milan is fulfilling that role. He says: 'In the beginning it was not easy to adapt but now I'm happy because I have started to see the results of my work over the past three years'.

There are aspects of life he misses in Britain, where people who know and follow the rules can get on in life. In Italy the rules are less clear and the politics are more complicated.

Today, he is involved more in clinical work and believes that the bespoke training in Italy can produce better Fellows if they are lucky to have a good professor and hospital. He says: 'This system can produce excellence whereas in the UK you have a better average'.

The quality of Fellows in the UK has deteriorated during his last 5–10 years, when he struggled to find quality applicants. Interest in clinical research has waned and there is too much emphasis on practical work. He says: 'Some things have changed for the better and some for worse - that's part of the game'.



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