

DR PHILIP G. TRUSKETT

GENERAL SURGERY

MB BS, FRACS, FACS

QUALIFICATIONS

M.B. B.S. University of New South Wales (1974)
FRACS Fellow Australasian College of Surgeons (1981)
FACS Fellow American College of Surgeons (2006)
Fellow of the Australian Institute of Company Directors(2015)

ACCREDITATIONS

Assessor for the Workers Compensation Commission
The Motor Accident Authority
Comcare.

SUB-SPECIALTIES

Upper Gastrointestinal, Hepatic, Pancreatic. Trauma and Emergency surgery.
Sub-Specialty

CURRENT POSITIONS

Consultant Surgeon.(1997-Present)
Prince of Wales Private Hospital

PROFESSIONAL EXPERIENCE

Senior Staff Specialist (1993-Nov 2019)
Prince of Wales Hospital

Consultant Surgeon (1992-1997)
St Luke's Private Hospital

Supervisor of 3rd Year Surgical Training(1990)

Staff Specialist (1987-1993)
Prince of Wales / Prince Henry Hospitals

Honorary Associate Professor (1987-1993)
University of NSW

Chief Surgical Registrar (1985-1986)
Prince of Wales / Prince Henry Hospitals

Research Fellow in Surgery (1984)
Prince of Wales / Prince Henry Hospitals
Senior Surgical Registrar (1982-1983)
Prince of Wales / Prince Henry Hospitals

Surgical Registrar (1977-1981)
Prince of Wales / Prince Henry Hospitals

Surgical Resident (1976)
Prince of Wales / Prince Henry Hospitals

Resident Medical Officer(1975)
Prince of Wales / Prince Henry Hospitals

Intern(1974)
Prince of Wales / Prince Henry Hospitals

BIOGRAPHY

LOCATION

Sydney

ADDITIONAL INFO

TEACHING EXPERIENCE:

For 18 years I was the principal surgical tutor for Third Year medical students at Prince of Wales Hospital. During this period, I focused on the training skills in history taking and physical examination. I also tried to foster students' knowledge of anatomy, pathology, and physiology are applied to patient problems. I am also engaged in training all students till final year. I have been continuously involved in the preparation of Surgical Trainees for the Fellowship examination. I also am involved in tuition in surgical technique and supervise trainees in the operating theatre. I supervise an Advanced Surgical Trainee and a Fellows.

ADDITIONAL INFO

CLINICAL EXPERIENCE:

My fellowship training was undertaken at the Prince of Wales Hospital and Prince Henry Hospital, Sydney. After gaining my Fellowship in 1981, I continued in the HPB/Upper GI unit With Professor John Ham as a Research Fellow, and as Chief Surgical Registrar. The clinical workload consisted of complex upper and lower gastrointestinal disease, with many tertiary referrals from other surgeons. In this environment I have become particularly interested in oesophageal, gastric and hepato-biliary pancreatic surgery.

I was appointed to the Prince of Wales Hospital in 1985 to the Upper GI Surgical Unit where I undertook my post fellowship experience. I am now a senior surgeon in this unit.

I continue to have a strong interest in the management of patients with severe trauma. At Prince of Wales Hospital many patients are managed with multi-system injury. I am involved in the supervision of management of these patients through my involvement in the Trauma Committee as well as my clinical involvement. I also have an active teaching involvement through the EMST (ATLS) course I teach or direct 3 to 4 courses per year. I am also involved in instructor training.

I became interested in the management of Emergency Surgery because of my Trauma involvement. When I became President of GSA, I felt it was important to define the "General Surgeon" as opposed to defining what the General Surgeon did not do. In an environment of subspecialisation many felt that the General Surgeon no longer had a place. I strongly opposed this view. It was my belief that for efficient patient care there was a great need to define the core competencies of a general surgeon and to encourage surgeons to maintain this. It was clear to me, and others, that the provision of Emergency General Surgery was the thing that really defined the general surgeon. I made this the focus of GSA. From this base other thing followed. We were then able to:

Develop the concept of Acute Surgery Units (ASU)

Define the 12-point Plan of developing an ASU

Advocate for the appropriate recognition and support of surgeons providing general surgical emergency services.

This has been a great benefit to the identity of the general surgeon and the improvement of consultant lead surgical services has, more importantly, led to better patient outcomes and shorter hospital stay.. This philosophy has now been

DR PHILIP G. TRUSKETT

GENERAL SURGERY

embarrassed by other specialties including orthopaedics.

