

NEWSLETTER

August 2026



SUNSHINE COAST
**LOCAL MEDICAL
ASSOCIATION**

SCLMA.COM.AU

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Vice President and Meetings Convenor	Dr Alex Matthews
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The Sunshine Coast Local Medical Association acknowledges the Traditional Custodians of the land, the Kabi Kabi and Jinibara peoples, and pays respect to Elders past and present. We recognise their ongoing connection to land, waters, and community.



For general enquiries, editorial or advertising contributions and costs, please email:

newsletters@sclma.com.au

Contributions are welcome from members, especially 'Letters to the Editor.' Please address all correspondence to **Dr Steven Lawrie**

newsletters@sclma.com.au



President's Message

Dr Jon Harper

Firstly, a huge thank you to all those who attended the SCLMA Gala Celebration earlier this month. The Maroochydore rooftop venue, Altitude Nine bar, was an ideal space for the event. And wonderfully decorated by SCLMA's Lee-Anne Williams and vice-president Dr Alex Matthews, who also emceed the night.

The SCLMA Gala was fortunate to receive generous sponsorship from a number of local organisations. The Radiology Clinic was the platinum sponsor for the evening. The SCLMA also received support from other sponsors - Sports and Spinal, Travis Schultz and Partners, GenesisCare, and Sunshine Coast Orthopaedic Group.

Those who attended the pre-Gala champagne tasting (on another nearby rooftop!) were treated to some outstanding bubbly courtesy of Market Wines, kindly sponsored by 123Travel and Sunshine Coast Orthopaedic Group.

Guests of the Gala enjoyed live music all night, courtesy of local singer/guitarist Emily Wenham, a roving magician, a caricaturist, free-slowing drinks and delicious canapés.

The fundraising focus for this year's Gala was the charity Gateway Care. Quinton Litchfield, general manager, gave a moving presentation highlighting the need on the Sunshine Coast

for low-cost and no-cost groceries to address widespread food insecurity. Gateway Care provides a food rescue logistics service as well as a grocery outlet in Caloundra. The cost-of-living crisis has pushed more and more people to seek low-cost groceries. The workers and volunteers at Gateway Care are not just shop assistants but come alongside customers to hear their stories and support them as best they can.

If you can support Gateway Care financially, or with your time - donation and contact details are on their website: gatewaycare.org.au

There are other low-cost food outlets on the Sunshine Coast that are also worth supporting - The Hub in Noosaville (thehubnoosa.org.au) and The Everyday Foundation in Nambour (everyday.org.au).

In recent years, the SCLMA Gala has become a real community event with guests from a variety of sectors - medical, allied health, health industry, and other professional groups - all enjoying an evening to dress up, meet new people and express their generosity. We are looking forward to Gala 2027!

Jon Harper

President



WELCOME

to our new members!

One of the greatest strengths of the Sunshine Coast Local Medical Association (SCLMA) is the diversity, talent and collegiality of its members. With each new member who joins, our network grows stronger – creating more opportunities to learn from one another, support each other, and collectively advance health care in our region.

In this issue, we are pleased to welcome the following new members below, to the SCLMA. We look forward to seeing you at upcoming meetings, events and social gatherings, and to the contributions you'll bring to our professional community.

- **Kimberley Henderson**
- **William Fenwick**
- **Sarah Davis**

Membership in the SCLMA offers a range of benefits, including:

- Regular educational meetings with high-quality clinical updates and guest speakers
- Members only access to podcasts of monthly meeting presentations
- Gala dinner and/or other events
- Opportunities for collegial networking and collaboration across specialties
- Advocacy on local medical issues and representation of members' interests
- Access to our newsletter and communication channels for keeping up-to-date with medical news and events
- A strong professional and social support network within the Sunshine Coast medical community

If you know of colleagues who are new to the area, recently commenced practice, or who might benefit from joining, please encourage them to connect with us. The more voices and perspectives we bring together, the more vibrant and effective our Association becomes.

We warmly welcome our new members and look forward to building an even stronger medical community together!



SUNSHINE COAST
RADIOLOGY

Now Open

New Maroochy Private Hospital Clinic

Sunshine Coast Radiology is proud to now be operating our new advanced imaging clinic at Maroochy Private Hospital, Ground Floor, 12 Future Way, Maroochydore.

This clinic is purpose-built within a future-focused healthcare environment, supporting collaboration between imaging, surgical and clinical teams, while also caring for patients in the community.

Sunshine Coast Radiology has been a trusted provider of high-quality imaging services across the region since 2007. This new location extends our commitment to the growing community, while keeping more advanced care local.

Services will include:



MRI



X-ray



CT



Ultrasound



Nuclear
Medicine



Bone Mineral
Density (BMD)



Interventional
Procedures



For more information, please contact your Referrer Relationship Specialists:

Bernie on 0477 444 230 | brushton@scradiology.com.au

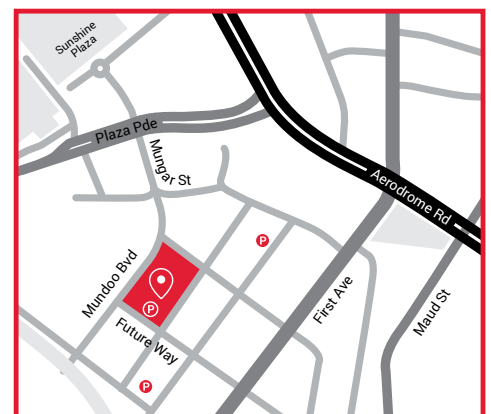
Tremain on 0418 289 686 | tremain@scradiology.com.au

Or contact our Referrer Hotline: 07 5430 3926

Maroochy Private Hospital,

Ground Floor, 12 Future Way, Maroochydore

Ample on-site parking available



GP Liaison

*Your hospital connection, together
we can deliver better healthcare.*

Dr Edwin Kruys and Dr Michelle Johnston



SCLMA Newsletter

The GP Liaison Unit recently attended the SCLMA Annual Health Report. It is always a pleasure to connect with our local medical community at this event.

We highlighted Sunshine Coast Health's key achievements from the past year, strengthening clinical handover between hospital and community clinicians, including electronic referral notifications, handover of imaging and surgical notes, new ED electronic discharge summaries and the expanded Request for Advice service.

SmartReferrals: Request for Advice (RFA) - a digital advice pathway:

- Allows Medical Practitioners working in the community to request electronic clinical advice directly from the hospital Specialty Consultants.
- Asynchronous, documented advice.
- Can be used in place of phone calls and traditional referrals- reducing delays and unnecessary appointments.
- Timely advice to guide clinical care by the GP- within 5 business days.

RFA is currently available in 24 specialties and will continue to expand.

New Electronic Discharge Summaries to GPs

Emergency Departments and Minor Injuries and Illness Clinics

Go-Live date: 4 August 2026

- Faster, electronic delivery of discharge summaries to GPs and nominated health care providers (e.g. specialists) or organisations (e.g. residential aged care facilities) direct from ieMR.
- Discharge Summaries will be sent to The Viewer (Health Provider Portal), & from 2027 will also be sent to My Health Record.

What you need to do now?

To ensure direct electronic delivery of Clinical Handover:

- your individual details must be listed correctly in the Queensland Health Secure Transfer Services (STS) Address Book. Please verify that your profile is up to date. (The hospital is not automatically notified of changes to your practice details, services or medical officers). This helps to ensure discharge summaries reach the right provider, in a timely manner. [STS AddressBook Update Form](#)

GenesisCare, Sunshine Coast

Experts in cancer care, specialists in radiation oncology

At GenesisCare, we aim to deliver a personalised care experience provided by a team of compassionate healthcare professionals. Our team of radiation oncologists have experience across a range of adult tumour types.



Dr Bradley Wong

Radiation Oncologist

Skin, prostate, breast and urological cancers, benign conditions, and palliative radiation therapy



Dr David Schlect

Radiation Oncologist

Neurological, brain and spine, lung, and skin cancers, rare tumours, sarcoma and benign conditions



Dr Sophia Ly

Radiation Oncologist

Gastrointestinal (upper and lower), lung, breast and palliative radiation therapy



Jean Kelly

Breast Cancer
Specialist Nurse



Kirsty Ferguson

Prostate Cancer
Specialist Nurse

On the Sunshine Coast, our services offered include:

- Personalised care, treating the individual, not just the condition
- Radiation therapy for most adult cancer types
- Non-invasive treatment for non-melanoma skin cancer
- Rapid access to radiation therapy treatment in the palliative setting
- Treatment for specific benign conditions e.g., osteoarthritis, Dupuytren's disease, plantar fibromatosis, plantar fasciitis and keloid scars
- Patient transport services between Gympie and Noosa (for eligible patients)
- Stereotactic radiation therapy for cranial, lung, spine, prostate, bone, soft tissue, and liver cancers
- Access to allied health services on site
- Breast Cancer Wellness and Survivorship Clinic with dedicated on site breast cancer specialist nurse
- Prostate Cancer Wellness and Survivorship Clinic with dedicated on site PCFA prostate cancer specialist nurse

Treatment centres:

GenesisCare, Buderim
10 King Street

Tel: (07) 5374 8100 | Fax: (07) 5374 8110
ReceptionOncologyBuderim@genesiscare.com

GenesisCare, Noosa
90 Goodchap Street

Tel: (07) 5377 2200 | Fax: (07) 5377 2210
ReceptionOncologyNoosa@genesiscare.com

Outreach consulting clinic:

Gympie fortnightly clinic – Dr Bradley Wong



Disclaimer: Any procedure including treatments involving radiation carry risks, including skin irritation and associated pain. Before proceeding with a referral for treatment, patients should be advised to seek a second opinion from an appropriately qualified health practitioner. As in any medical procedure, patient experiences and outcomes will vary.



Supporting Queensland doctors,
creating better health.

Queensland Update



**Dr Brett Dale, AMA CEO
and President Associate
Professor Erica Gannon**

The 2026 Queensland Budget was handed down on 23 June, taking a "business as usual" approach to the health sector.

That was AMA Queensland's view of the \$35.5 billion dollar health budget, which represented only a 7.25% increase on last year.

We wanted to see at least a 9% increase to keep pace with increased population growth, demand and CPI. We did however see a \$297 million investment into Surgery Connect, and a modest increase to the fuel component of the Patient Travel Subsidy Scheme. We also met with Health Minister Tim Nicholls at the start of July to continue advocating for the release of a workforce action plan alongside other health priorities.

We enjoyed some fun in the sun with a series of well-attended AMA Queensland events in Cairns and are now preparing for our popular annual Junior Doctor Conference in Mackay.

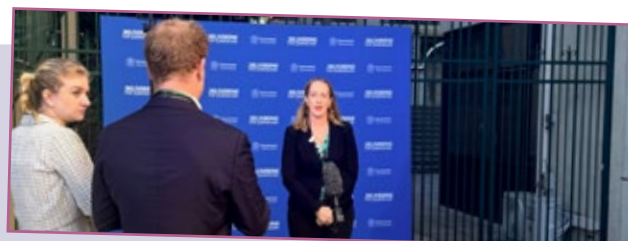
Advocacy

2026 Queensland Budget

There was little fanfare around the 2026 state budget, the second from the current LNP government.

While the \$35.5 billion health funding envelope was hailed as a "record" spend, it only represents a 7.25% increase from last year, falling short of what AMA Queensland believes is needed to keep pace with population growth, demand and inflation.

We welcome the increase to the Patient Travel Subsidy Scheme fuel rebate, which will provide some relief for rural and regional Queenslanders who must travel long distances for care. However, we believe greater investment in public hospital capacity is needed to ensure more patients can access treatment closer to home.



We are disappointed the government's health workforce plan was not released with the budget, particularly given projected workforce shortages in the coming years. The government did reiterate its pledge to spend the mental health levy on boosting mental health services, but we want greater clarity on how and when revenue will be invested to improve access to preventive and community-based mental health services.

Overall, we believe stronger long-term investment is needed to ensure Queenslanders can access timely healthcare when and where they need it.

[Read more here](#)

Meeting the Minister

We were pleased to begin the month with a meeting with Health Minister Tim Nicholls.

We discussed key issues facing doctors and the health sector, such as the need to grow our workforce and improve maternity services. We also talked about the importance of promoting preventive health measures such as the free flu vaccination program and encouraging more parents to take up the FluMist nasal spray vaccine for under-18s. Being a member of AMA Queensland ensures your voice is represented where it counts, and we look forward to continuing to engage with the Minister and his department.

e-Mobility Devices

New legislation governing the use of e-mobility devices came into force in Queensland on 1 July. While there are some welcome measures such as speed limits, helmet requirements and tougher penalties for using e-bikes or e-scooters while affected by alcohol, we remain disappointed the government's decision to walk back a ban on under 16s using this equipment.

The parliamentary inquiry into e-mobility devices had recommended such a ban in line with our submission. We still believe this is the simplest and clearest way to prevent injuries, reduce confusion about who can ride and when, and protect our young people.

In a meeting with Transport Minister Brett Mickelberg, we urged the department to consider a 12-month review of the new laws to monitor emergency presentations and accident reports involving these devices.

Past President Dr Maria Boulton appeared on Channel Nine's Today show to discuss the kinds of injuries doctors are seeing regularly which have given us such cause for alarm, and the need for more education and better infrastructure to support safe riding.

[Read more here](#)

Assignment of Medicare benefit changes

AMA Queensland's federal advocacy had a significant win in June with the delay of controversial assignment of Medicare benefit changes.

Our representatives met with the Federal Health Minister at a government roundtable in Brisbane on 17 June, describing the move to require electronic consent from 1 July as not allowing medical practices enough time to implement new systems.

The next day Minister Butler announced a 12-month pause to allow for a smoother transition.

We also raised concerns over other concerns around reducing verbal consent, particularly for patients without easy digital access and for vulnerable patients in residential aged care.

[Read more](#)



News

AMA Queensland Education and Training Institute

Whether you're looking to upskill your workforce, develop your own leadership capability, access nationally recognised training, meet compliance requirements or explore tailored training solutions, AMAQETI can help.

Our team works closely with AMAQ members and their employees to understand their unique needs and connect them with practical, industry-relevant training and development opportunities. If you have a specific challenge, skills gap or training requirement, we encourage you to get in touch to discuss how AMAQETI can support you, your team and your business goals.

[DISCOVER OUR COURSES](#)

Events

Annual Conference

AMA Queensland remains unique in our yearly offering of an incredible annual conference in a fantastic overseas destination. In 2026 we're heading to Copenhagen for six days of expert talks, site visits, historical intrigue and plenty of smørrebrød. Join us from 20-26 September in the remarkable Danish capital.

[Read more](#)



Women in Medicine Breakfast

AMA Queensland is the only national organisation that runs annual Women in Medicine breakfasts, and we urge you to join us on Thursday 29 October for this year's event in Brisbane.

With a theme of "balance", this year's speakers will discuss everything from managing demanding clinical roles and leadership responsibilities to caring for families, supporting loved ones and maintaining personal wellbeing.

Reflect, connect and learn from those who have navigated these challenges with honesty, resilience and purpose. Guests may reserve tables of 10 to celebrate with colleagues and friends, or join mixed tables and connect with peers from across the profession.

[Read more](#)



Cairns Events

Cairns turned on great weather and greater company for a series of AMA Queensland events in mid-June, including our Member Networking evening and Roadshow for GPs and non-GP specialists.

Vice President Dr Sarah Coll was among the speakers at our Women in Medicine breakfast on 19 June, which brought together attendees from across North Queensland to celebrate the achievements, leadership and contributions of women in medicine.

Guests enjoyed a morning of networking, inspiring presentations and meaningful conversations, with speakers sharing their experiences, insights and practical strategies for navigating the challenges and opportunities of a medical career.

[Read more](#)

Can fish oil omega-3 help your heart and blood vessels?

Join a 12-week study testing individualised fish oil doses for people with heart disease.

What we're studying:

- Test if an individualised omega-3 dose can:
 - improve vascular health
 - lower inflammation in the body.
- Find the optimal dose based on your omega-3 level.

Who can join:

Adults with diagnosed coronary artery disease (previous heart attack, heart vascular surgery or angina).

Benefits to you:

- Personalised feedback on your omega-3 levels and advice for a healthy diet
- Learn about your blood vessel health.

What is involved:

- Four visits to UniSC
- Take daily capsules (omega-3 or placebo) for 12 weeks
- Quick blood tests and cardiovascular checks
- Questionnaire to assess your diet.

Location:

UniSC Sunshine Coast campus,
90 Sippy Downs Drive, Sippy Downs.

University of the Sunshine Coast | CRICOS: 01595D | TEQSA PRV12082



Interested? Contact us today to learn about eligibility and next steps.

Farzad Nikaein, Trial Coordinator
Email: nikaein.f@research.usc.edu.au
Tel: +61 451 134 418

Ethics approvals: 117780 (MNHHS), S262229 (UniSC)

Infusion Care, Closer to Home

Supporting your patients with safe, convenient and specialist-led infusion services across the Sunshine Coast

Our infusion services provide a safe, effective and accessible treatment option for patients requiring management of *iron deficiency, bone conditions and a range of autoimmune diseases*.

Be confident your patients will receive timely, personalised care in a supportive environment, with a focus on safety, comfort and clinical excellence throughout their treatment journey.

Infusion Services Available For:



Deficiency States



Bone Conditions



Autoimmune Conditions



Neurological/Immune-Modulating Therapies

Please note that available services differ between CCA centres.

Our friendly team at a convenient location for your patients can provide more information or help book an appointment.

Sunshine Coast Haematology & Oncology Clinic

 10 King St, Buderim QLD 4556

 **07 5479 0000**

 reception@schoc.com.au

 www.schoc.com.au

Cancer Care Noosa

 36-40 Hofmann Drive
Noosaville QLD 4566

 **07 5293 7200**

 admin@cancercarenoosa.com.au

 www.cancercare.com.au

Cancer Care Moreton Bay

 128 McKean Street
Caboolture QLD 4510

 **07 5212 3000**

 admin@cancercaremoretonbay.com.au

 www.cancercare.com.au

Exploring more options for people with depression

Discover the EMBRACE trial for Major Depressive Disorder (MDD)

The EMBRACE trial is exploring a different kind of investigational study drug to learn how effective it might be at reducing symptoms of MDD.

The investigational study drug will be combined with several psychological support sessions with a licensed therapist who has training in EMBARK, a psychological support model for MDD. You would also continue taking your current antidepressant drug.

It is hoped that the investigational study drug given with psychological support may help people reach deeper into their thoughts to promote healing and potentially treat MDD.

Who can take part?

We are enrolling people aged 18 to 85 who:



Have been diagnosed with MDD and don't feel their current medication is treating their depression well enough



Have been taking a single antidepressant drug at a consistent dose for at least 4 weeks



Do not have any psychotic disorder, such as schizophrenia or bipolar disorder

There are other requirements to join this study.

Study commitments



About 4½ months



8 clinic appointments



8 video call appointments



9 psychological support sessions by video call or at the clinic



Website

bamh.org.au



Phone

07 5220 8793



Email

admin@tbmh.org.au


**Brain
& Mind**
Hub



Cybin



Introducing: The Solace Clinic

Specialist Haematology, Oncology and Hepatology services on the Sunshine Coast

The Solace Clinic opened its doors on 20 July 2026, bringing dedicated haematology, medical oncology and hepatology services to Level 7, the new Maroochy Private Hospital, 12 Future Way, Maroochydore.

The clinic is led by an experienced specialist team: Dr Sorab Shavaksha (Clinical Haematologist), Dr Alice Livings (Clinical Haematologist) Dr Jacinta Perram (Clinical Haematologist), and Prof James O'Beirne (Hepatologist).

Dr Sorab Shavaksha has been in full-time private haematology practice on the Sunshine Coast since 2013, treating malignant and non-malignant blood disorders including myeloma, lymphoma and leukaemia, alongside myeloproliferative disorders, myelodysplastic syndromes and rarer blood conditions. He also runs a dedicated intravenous iron and immunoglobulin infusion service.

Dr Alice Livings is a Clinical and Laboratory Haematologist in private practice on the Sunshine Coast since 2021, with a particular clinical interest in haematological conditions affecting pregnancy and the postpartum period, as well as malignant conditions such as chronic lymphocytic leukaemia, myelodysplasia and myeloproliferative neoplasms.

Dr Jacinta Perram is a Clinical Haematologist who has recently relocated to the Sunshine Coast, with extensive experience in the diagnosis and management of malignant and non-malignant blood disorders. An experienced allogeneic transplant doctor, she trained at Westmead and St Vincent's Hospitals and has a strong clinical and academic interest in myeloproliferative neoplasms and related disorders.

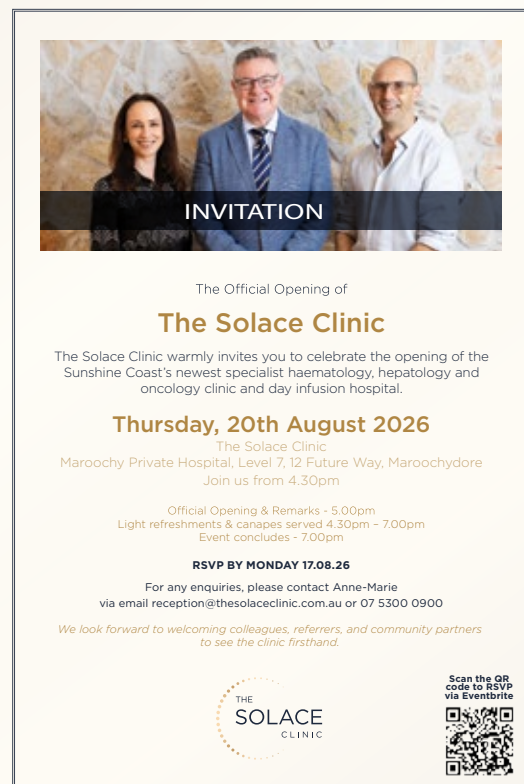
Prof James O'Beirne leads the only private liver cancer service on the Sunshine Coast, supported by onsite FibroScan - the only private FibroScan service on the Coast. With over 30 years of clinical and academic experience, Prof O'Beirne offers assessment and management of complex liver conditions, including MASLD/fatty liver disease, viral hepatitis, cirrhosis, portal hypertension and hepatocellular carcinoma.

The facility includes 8 specialist consulting suites, a 15-chair & 4 bed licensed day infusion unit and a licensed commercial kitchen.

We are proud to have Wesley Pharmacy onsite, providing a dedicated compounding pharmacy along with an onsite pharmacist for patient education and support. Referrals are welcomed via Medical Objects. We are proud to have contracts with all private health insurers, meaning patients receiving treatment with insurance will have no out-of-pockets, except for any applicable annual excess or copayment.

Our doctors are happy to discuss a patient, abnormal results or a potential referral. GPs and specialists can reach our team directly via our GP & Specialist Priority Line on 07 5300 0902.

For referrals or enquiries, please contact The Solace Clinic on 07 5300 0900 or www.thesolaceclinic.com.au



NOW OPEN

Specialist Cancer Care on the Sunshine Coast



DR SORAB SHAVAKSHA

MBChB, FRACP, FRCPA (2013)
CLINICAL HAEMATOLOGIST
Provider # 2762447F



DR ALICE LIVINGS

BSc(Hons), MBBS(Hons), FRACP, FRCPA
CLINICAL HAEMATOLOGIST
Provider # 449568BX



DR JACINTA PERRAM

MBBS(Hons), BMedSc, BA(Psych), MPH,
FRACP, FRCPA
CLINICAL HAEMATOLOGIST
Provider # 463771BA



PROF JAMES O'BEIRNE

MBBS (Hons) FRCP FRACP MD
HEPATOLOGIST
Provider # 5296936W

THE SOLACE CLINIC SERVICES INCLUDE:

- Personalised haematology, oncology and hepatology care for patients, combining the latest treatments and research built around each patient and their individual needs
- Sunshine Coast's only private liver cancer service
- Onsite FibroScan technology
- 15-chair and 4-bed licensed day infusion unit providing chemotherapy, immunotherapy, targeted therapy, blood and blood products, IVIg and iron infusions
- Supervised infusion services for patients under other specialists, including neurology and gastroenterology
- Onsite compounding pharmacy and pharmacist onsite for patient support and education
- Contracts with all major private health insurers

ACCEPTING REFERRALS

Need to discuss a patient or unsure whether to refer? Speak to one of our Specialists via our GP Priority Line on 07 5300 0902

Level 7, 12 Future Way, Maroochydore, QLD 4558

P: 07 5300 0900 | **F:** 07 4456 0009

reception@thesolaceclinic.com.au | www.thesolaceclinic.com.au



How precise is our understanding of neuro-receptors?

Dr Wayne Herdy

Over the first few years of prescribing long-acting injectable buprenorphine (LAIB), I consistently observed unexpected consequences. Mostly I noticed that unrelated addictions were reduced in intensity. Not only other chemical substance use of nicotine, alcohol, and marijuana, but also the behavioural addictions like gambling and gaming.

Why is this so?

Is it because the LAIB was occupying, stimulating and blocking other receptors that we did not predict? Is it because keeping the predicted receptors occupied reduced the apparent demand from other receptors? Is it because a return to mainstream society after leaving the drug-using sub-culture was accompanied by changing values and practices? Was it simple a placebo effect?

My working hypothesis is that any OST or other receptor blockade therapy affects not only the receptors that we expect, but cross-reacts to other receptors. My alternative hypothesis is that any addiction, indeed any receptor-mediated psycho-social behaviour, works through multiple receptors, not quite as cleanly as our usual image of drugs and their remedies working through a single receptor. Or a mix of these and other mechanisms. Whatever the mechanism, the LAIB's produced an unpredicted outcome that I had not observed over a decade or more of prescribing the oral forms of buprenorphine.

I also observed that patients spontaneously reported emotional stability with LAIB's. "I never knew what it was like to feel normal." "My psychiatrist says "I have never seen you so stable"". I attributed these reports, a contrast from the older oral forms of buprenorphine OST, to the known pharmacokinetics that LAIB's deliver uniform blood levels over a 24/7 period without the peaks and troughs of once-daily dosing. But is there something else happening with the receptors because of the consistency of blood levels over time?

I don't pretend to know the answer to these questions, but the observations did lead me to enquire more deeply into neuro-receptor pharmacology, if only to try to answer the question

about what was really happening here, and the related question about whether LAIB's might have a role to play in treating non-opioid addictions. The neurotransmitter landscape in addiction, and in ordinary life, is extremely complex. Addiction is historically described as a dopaminergic disorder, but research shows it is really a multisystem neurochemical condition. The chemistry of moods and behaviours involves distributed networks across reward, stress, motivation, and learning circuits. Dopamine is only one instrument in a much larger orchestra.

Dopamine is the neurotransmitter most famously associated with addiction. It drives reinforcement learning, reward prediction, and motivation. Drugs of abuse produce large, rapid dopamine surges, far exceeding natural rewards.

To illustrate the complexity, D1 receptors are generally excitatory, promoting reward linked learning; D2 receptors are generally inhibitory, involved in impulse control and aversion; and D1/D2 "heteromers" are receptor complexes that behave differently from either receptor alone. Heteromers illustrate how receptor mechanics are not simply "on/off switches" but dynamic molecular assemblies with emergent properties. And that is a brief summary of just one of the known neuro-transmitters.

The endogenous opioid system has three main receptors, the mu, delta, and kappa receptors, which regulate pain, reward, and stress. The mu receptors mediate euphoria and analgesia; most addictive opioids target them. The kappa receptors produce dysphoria and stress responses; chronic drug use upregulates kappa activity, contributing to withdrawal misery. The delta receptors modulate mood and resilience. These opioid receptors interact heavily with dopamine pathways, amplifying reward signalling and reinforcing compulsive use.

Gamma-aminobutyric acid (GABA) is the brain's primary inhibitory neurotransmitter. Sedatives, alcohol, and benzodiazepines share a role in enhancing GABA activity, reducing anxiety and causing sedation. Chronic use leads to receptor downregulation, making withdrawal dangerous due to rebound excitability.



Glutamate drives learning and memory. In addiction, glutamatergic projections from the prefrontal cortex to the nucleus accumbens become dysregulated, reinforcing drug seeking habits.

Serotonin modulates mood, impulse control, and satiety. Most anti-depressants prescribed today are selective serotonin re-uptake inhibitors (SSRI's) which increase the effect of natural serotonin at nerve connections. MDMA, LSD, and some stimulants profoundly alter serotonergic signalling. Serotonin's role in addiction is less direct than dopamine's but strongly influences vulnerability, compulsivity, and mood instability.

Endocannabinoids regulate reward, appetite, and stress. Cannabis, synthetic cannabinoids, and even behavioural addictions modulate this system.

Our heads start spinning when we try to calculate the potential interactions of these few neuro-transmitters, dopamine, opioid receptors, GABA, glutamate, serotonin, and endocannabinoid receptors, let alone try to factor in a dozen or more lesser brain chemicals that are added to the soup.

How accurate is our understanding of receptor mechanics?

Sit back, because when we consider receptor dynamics, the talk gets a lot more technical than other topics occupying our attention in this volume.

In the laboratory, our molecular understanding of individual receptors is actually quite detailed. What we understand well is the catalogue of the receptor families and subtypes. Drug receptor interactions (agonism, antagonism, partial agonism) are well studied for major addictive substances. We have strong evidence for network level interactions such as dopamine glutamate cross talk.

In clinical practice, our understanding of how receptors behave in a living breathing body is much more limited. When we look at mixed chemistry, I mentioned that dopamine "heteromers" and complexes behave differently from isolated receptors.

Many other receptor complexes probably exist but remain poorly characterised. To further complicate our thinking, their behaviour varies across brain regions and states.

Receptors are dynamic; their behaviours shift between active and inactive conformations influenced by intracellular conditions. While we can measure these in laboratory conditions, these states are difficult to measure in living humans.

Addiction is not a single pathway disorder. Dopamine interacts with other chemicals, including histamine and metabolic hormones, in ways not predictable from receptor level data. It is not surprising that scientists identify individual variability. The risk factors that we already know as contributors to addiction potential, genetics, trauma, environment, and developmental history alter receptor density and responsiveness. Two people with the same drug exposure may have vastly different neurochemical responses.

Applying what we know about receptors to clinical conditions, to real time human neurochemistry, is not yet feasible. Most receptor studies rely on animal models or indirect human imaging. We cannot yet observe receptor behaviour moment to moment during craving, relapse, or withdrawal.

The Bottom Line? Our receptor level knowledge is precise in isolation but messy in practice. Addiction emerges from network level dysfunction, not single receptor abnormalities. The science is accurate enough to guide treatment, but not yet complete enough to fully explain why one person becomes addicted and another does not.

We are getting there, but there is a long way to go. Pharmacology in other fields is basing leading-edge research on genetics, aiming to tailor medications for everyday conditions according to the patient's gene pool. We will see the same sort of research aiming to tailor psycho-active medications according to the patient's measurable receptor pool.

My generation has seen ideas that were the province of science fiction become reality. We have self-driving cars. We have pocket-sized computers that can retrieve practically any information from almost anywhere in the world, and send real-time photographs and messages to our families from twelve time zones away. Maybe one day we will see a chemical created as a distant cousin of buprenorphine, delivered as a monthly injection, to control gambling or gaming addiction.



Karla Macpherson
Senior Associate
Travis Schultz & Partners

MAIC's New Guidelines

Key Considerations for Health Professionals

For many patients who have sustained physical injuries in road accidents or at work, the focus can be initially on how their physical injuries are going to impact them long term.

For some, it is not until a few months down the track that they may begin reporting frustration if their physical gains are not progressing how they had hoped. This can then develop into reflections on their lives pre-injury and whether the pain they are experiencing is something they will have to live with long term. The progression of symptoms can then extend into deeper emotional responses tied to loss, identity, and fear about the future. Recognising these early indicators can play an important role in supporting your patients with overall recovery outcomes.

Importance of Documenting Secondary Psychological Injuries

Your patients may develop secondary psychological injuries as a result of adapting to the physical injuries they have sustained on the road or in the workplace.

Under both CTP ("Compulsory Third Party") and WorkCover schemes, eligible participants are entitled to funding of their psychological treatment where it can be established that the motor vehicle or workplace incident resulted in the injury. This includes psychological symptoms that develop secondary to physical injuries.

For such treatment to be funded by the insurers however, early documentation and acknowledgement of psychological symptoms is highly beneficial. This can range from initial reports of frustration with rehabilitation progress through to more developed psychological responses.

If a patient is reporting psychological symptoms, medical practitioners play a central role in assessing whether these symptoms are related to the injury. This includes documenting the condition and facilitating appropriate referrals (e.g. to a psychologist, psychiatrist, or pain specialist), as well as completing a CTP medical certificate or work capacity certificate to assist insurers in considering funding for treatment.

Timely provision of medical records is also a key part of supporting your patient's claim. The claims process relies on clear and complete clinical records to understand the patient's injury progression, including any emerging psychological symptoms. Delays in responding to record requests can slow access to treatment funding and prolong the claims process. Where possible, providing prompt and comprehensive records can assist in ensuring patients receive the support and care they need without unnecessary delay.

It is also important to note, under both WorkCover Queensland and CTP schemes, patients generally have the right to choose their own treating medical providers. They are not required to see an insurer-nominated psychologist and can seek care from practitioners they trust, which is often central to psychological safety and recovery.

It is however, not uncommon for the insurers to arrange independent assessments (for example, with a psychiatrist) for reporting purposes.

Clear documentation, timely records and being able to recognise early indicators of secondary psychological injuries are all part of the overall picture when it comes to supporting patients and their recovery journey.

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Our Team



Dr Hong Shue
Medical Oncologist
MBBS (Monash), FRACP



Dr Brenton Seidl
Medical Oncologist
MBBS, BSc, FRACP



Dr Sorab Shavaksha
Clinical Haematologist
MBChB (Leeds), FRACP,
FRCPA (2013)



Dr Joshua Richmond
Clinical Haematologist
MBBS(Hons), FRACGP,
FRACP, FRCPA



Dr Alice Livings
Clinical Haematologist
BSc(Hons), MBBS(Hons),
FRACP, FRCPA



Dr Katie Trusewicz
Psychologist
B.A. (Psych.), Postgrad. Dip. App.
Psych., D. Hlth Psych., MAAPi



Samantha Clutton
Clinical Psychologist
MPsychClin, FCCLP



Sarah Bloomfield
Dietitian & Nutritionist
APD, APN



Jesse Goldfinch
Exercise Physiologist
BClinExSc, ESSAM, AEP



Tania Shaw
Massage Therapist
DipRM, CLT, OMT



GP/Specialist Priority Line:
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Student-centred learning for patient-centred care

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GP Supervisors can apply for academic titles. Academic Titleholders are valued affiliate members of the University and enjoy access to the University's library and information technology facilities.

Visit: griffith.edu.au/griffith-health/academic-titles

Additionally, most accredited general practices will be eligible for Teaching Practice Incentives Program through Services Australia.

Visit servicesaustralia.gov.au/teaching-payment-for-practice-incentives-program

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We value your expertise and ongoing support of medical education, a vital contribution to the maintenance and continuity of the medical workforce. We invite you to partner with us in training the next generation of health professionals.

To become a GP Supervisor, contact:

Associate Professor Bryan Palmer

Associate Professor in Primary Care and Academic Lead in General Practice, Sunshine Coast
School of Medicine and Dentistry
b.palmer@griffith.edu.au
(07) 5202 0333

Associate Professor Alyson Hee

Associate Professor in Primary Care and Academic Lead in General Practice, Gold Coast
School of Medicine and Dentistry
a.hee@griffith.edu.au
(07) 5678 0355

Associate Professor Robert Heffernan

Clinical Sub-Dean Rural
School of Medicine and Dentistry, Toowoomba
r.heffernan@ruralmeded.org.au
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Train the next generation: become a GP Supervisor

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Evaluating the Role of General Practitioners in the National Lung Cancer Screening Program



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Sunshine Coast Neurosurgery use their extensive experience to treat many common conditions such as:

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E: info@scneuro.com.au

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NOTICE BOARD

The Notice Board may include:

- Rooms for lease
- Medical equipment for sale
- Notice of retirement, cessation of practice or practice closure

All notices are subject to the Editor's discretion.

- **Current SCLMA Members: No charge**
- **Non-members: \$100 + GST**

Maximum length: 120 words

Photos: Not permitted

Any listing that exceeds these guidelines will be treated as a paid advertisement. Submissions are due by the first business day of the month.

Sessional rooms available in Maroochydore

- Available M-F with great flexibility
- Currently specialist use and suited for the same (non-procedural).
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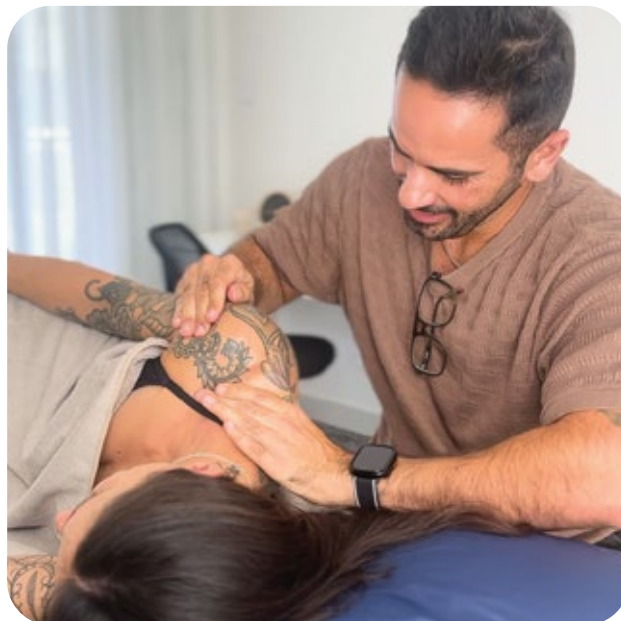
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- Department of Veterans' Affairs (DVA)
- GP Referrals (Medicare/EPC plans)
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SCLMA Newsletter Advertising Kit 2026

- **Full page ad:** \$500 + GST
210mm x 297mm
- **Half page ad:** \$400 + GST
210mm x 148mm
- **Quarter page ad:** \$200 + GST
30mm x 95mm
- **Advertorials:** \$400 + GST

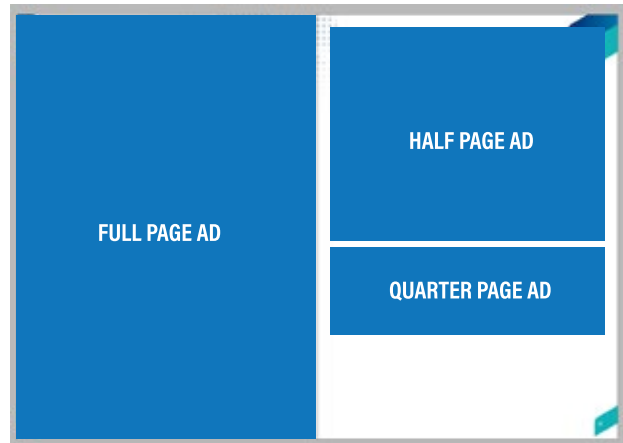
Please note the following discounts:

- 3 months - 10% discount
- 6 months - 17% discount
- 12 months - 30% discount

Full payment is required prior, to be eligible for offer.

CLASSIFIEDS

- All classifieds are subject to the editor's discretion.
- No charge to current SCLMA members.
- Non-members: \$100.
- Word count no more than 120 words.
- The Sunshine Coast Local Medical Association's Newsletter is a monthly publication.
- All newsletters are uploaded to our website: sclma.com.au and our Facebook page, both attracting strong traffic.



- The newsletter has a electronic distribution to over 1,500 recipients in Sunshine Coast and areas of Qld and NSW, including specialists, GPs, hospital and retired doctors, doctors in training, allied health workers, practice managers, local councillors and politicians.
- The newsletter size varies between 20 and 40 pages. The cut-off date for advertisements and advertorials is the 1st of the month for that month's newsletter. The newsletter is distributed on the last week of each month.
- All content has to be approved by the Newsletter Editor.
- Please note that advertising guidelines apply. These are published in each newsletter.

Contact: Lee-Anne Williams
newsletters@sclma.com.au

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SCLMA Advertising Guidelines

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

- Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"
- Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"
- Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

PLEASE NOTE THE FOLLOWING:

The anti discrimination commission of Queensland has the following statement on job advertising:

Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply.

References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, e. g. foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc.

Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.



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September 2026 NEWSLETTER

Content deadline:

Tuesday 1 September 2026

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- Would you like to comment or suggest articles to be published?
- What would you like to see in the newsletter?
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- Newsletters are posted to our website

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- You will need two proposers to sign your
- application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself.

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