

ADDENDUM to NZGA's 26 June response to Commission's email dated 9 June 2026

We refer to our 26 June 2026 response to the Commission's questions of 9 June 2026 (**response**).

We appreciate there is confusion as to the *scope and objectives of our application*, so further clarify matters raised by the Commission (in its questions) below.

We ask that these be read together with that response. We understand the Commission wishes to publish the response and ask that it be published as part of the response.

To clarify:

1. NZGA seeks engagement with Southern Cross Health Insurance (**SCHI**) so that the model it imposes does not have unintended consequences.
2. There appears to be a perception that our application is seeking collective negotiation of total funding (facility fee + anaesthetist fee + Gynaecologist surgical fee) whereas our application is focused on the collective negotiation around gynaecologists' professional surgical fees with the SCHI. (As noted, it is more accurate to call it *consultation* as ultimately SCHI will *impose* whatever it chooses, in conjunction with hospitals, including its affiliate)
3. We are not against an Affiliated Provider Scheme (APS). We are willing to proceed with an APS.
4. Our primary objective is to establish appropriate surgical coding so that women can receive the procedures they need without requiring multiple operations to address the same problem.
5. As noted, there are a range of APS schemes operated by SCHI. Specialties differ considerably too. The key difference in gynaecology (impacting the ability of hospitals to implement SCHI's proposal) is that, in most other specialties, only one to four procedures are covered under APS. In gynaecology, however, almost every procedure has been placed under APS. That is why the current system is so challenging and why we believe collective negotiations by all gynaecologists are necessary.
6. Our focus is on negotiating / consulting on gynaecologists' surgical fees collectively with SCHI. How SCHI chooses to incorporate those fees into the APS is a matter for SCHI and is not the subject of our application.
7. We are not seeking an increase in fees from current fee for service. Indeed, we would be prepared to accept a small reduction from the current fee for service, but not the approximately [REDACTED] reduction proposed under the APS by SCHI. Overall, our proposal would still result in lower fees than the current fee for service schedule.
8. Ultimately, our aim is to ensure that gynaecology remains a sustainable specialty in New Zealand, helping to retain experienced gynaecologists and encourage future generations to enter the profession. There is already a shortage of gynaecologists, and in particular, laparoscopic gynaecologists (of which there are only 20 in NZ).

NZGA thanks the Commission again for this opportunity to reiterate the purpose of the authorisation application in this response.