



October 2026

Greetings to you all

It is hard to believe that we are already approaching the end of the year, and what a year it has been for SASOG. We have just completed our final Exco and Council meetings for 2026 in Cape Town, and I would like to share the key outcomes and strategic developments.

In this update, I reflect on SASOG's growth since 2024, report on the PPBU, the Protection Fund and medicolegal strategy, ADR workshop, SAGRA, subspecialty collaboration, and the 2027 CPD programme.

The SASOG I inherited in 2024 is not the SASOG we have today. During the first six months of my tenure, we had to address an unclear contractual arrangement linking SASOG to GMG, a smaller independent company, which we believed was seriously affecting SASOG's ability to function. After the separation with GMG in October 2024, we experienced an unsettled two to three months. With the support of our excellent service providers and the efficient stewardship of the treasury under Dr Peet Potgieter we established debit-order and payment systems de- novo from the ground up. Today, SASOG has more than 1,000 members (which has exponentially increased since 2024 when we had approximately 400 members), a strong financial position, and one of the most successful periods in its history. This growth reflects the vision of SASOG articulated after the separation from GMG, the hard work, support and enthusiasm of Exco and Council in executing that vision, and the exceptional energy and enthusiasm of our Executive Officer, Mrs Cathy Bezuidenhout, in leading the recruitment drive. My thanks and congratulations go to Exco, Council and Cathy for this ground-breaking achievement. Our expansion reflects strong confidence in SASOG's leadership, direction and growing role across academic and private practice, policy engagement, crisis response, innovation and subspecialty coordination. Membership growth is not merely a positive metric: it shows that members increasingly value a society that is visible, relevant and active on the issues that matter. It gives SASOG a stronger mandate and a stronger platform from which to lead.



Private Practice Business Unit: progress and priorities

The Private Practice Business Unit (PPBU) is one of the most consequential structural reforms in SASOG's nearly 80-year history. It advances sustainable, ethical and clinically appropriate private obstetric and gynaecological care. During 2026, its priorities included engagement with funders, protection of appropriate specialist clinical decision-making, coding integrity, practice support, member education and preparation for the 2027 remuneration discussions. Under the astute leadership of Dr Sagie Naidu and Dr Peet Potgieter the PPBU has flourished and excelled becoming the foremost entity in the country representing private practice interests for OBGYN's

Key developments in 2026

- GEMS withdrew restrictions affecting authorisation for elective repeat caesarean sections.
- SASOG held a strategic engagement with GEMS on 29 September and responded to a time-sensitive communication concerning designated service providers (DSPs).
- Reported concerns about Discovery Health referral and ultrasound authorisation processes were identified for formal clarification.
- SASOG terminated its HealthMan contract and began planning alignment with SAPPF.
- PPBU met with representatives of private midwives and began forming a joint committee to develop guidance for safe, collaborative maternity care.

GEMS engagement on elective repeat caesarean sections

The urgent GEMS–SASOG PPBU meeting addressed a directive affecting elective caesarean sections for women who had previously undergone a caesarean section. The directive applied a blanket funding and authorisation approach that restricted individualised clinical decision-making. Many colleagues reported that authorisation for an elective repeat caesarean section had been refused.



Following a constructive meeting with senior GEMS leadership, the policy was withdrawn, and GEMS agreed to collaborate with SASOG on future policy guidance. The mode of delivery after a previous caesarean section should remain an individual clinical decision based on the circumstances of the previous procedure, suitability for vaginal birth after caesarean (VBAC), factors in the current pregnancy and an informed discussion with the patient.

Collaboration with private midwives

PPBU met with representatives of private midwives to discuss shared concerns in maternity care and the need for clear, practical guidance that supports safe, collaborative practice.

A joint guideline-development committee, comprising representatives from SASOG and the midwifery profession, will develop guidance on:

- appropriate scopes of practice;
- referral and escalation pathways;
- communication and collaboration between midwives and obstetricians; and
- patient safety.

Proposed guidance will proceed through the appropriate SASOG review and approval processes before implementation.

Remuneration and policy priorities for 2027

- Build evidence-based remuneration submissions that reflect practice overheads, indemnity costs, staffing, clinical complexity and sustainable specialist service provision.
- Maintain scheduled engagements with GEMS, Discovery Health, Medscheme and other funders, supported by action logs and clear escalation pathways.
- Address coding discrepancies, tariff interpretation, rejected claims and delayed payments.



- Contribute to clinically defensible policies on caesarean sections, specialist ultrasound and access to appropriate care.
- Complete the PPBU–SAPPF operating model and ensure continuity following the transition from HealthMan.
- Deliver a coding workshop, a practice technology and AI workshop, and an ongoing webinar programme.

SASOG Protection Fund: a new approach to professional protection

Purpose and launch. The SASOG Protection Fund is an innovative project that has been developed to reflect our vision for SASOG as a representative organisation for the future. Developed in response to years of medicolegal strain on the obstetric and gynaecological community, it aims to change that trajectory, promote ethical practice and create a fund that serves the best interests of the O&G community. We hope to launch it later in 2026 or early in 2027.

Member value and sustainability. The fund would give us greater control over our future. A dynamic subscription model could recognise compliance with SASOG practice guidelines and a strong claims history. Any surplus could be retained to strengthen the fund or returned to members through lower future premiums, rewarding good practice while reducing risk.

Risk-management focus. By removing a profit component estimated at approximately 25-30% in current insurance arrangements and replacing it with a risk-management focus, the fund aims to support better patient outcomes and generate savings for members.

This is an exciting and strategically significant development in SASOG's commitment to members' professional protection and long-term interests.



Integrated support model. The Protection Fund will be supported by three complementary components:

- The Protection Fund, providing the central structure for professional protection;
- BetterObs and BetterGynae, supporting members through practice guidelines and clinical benchmarks; and
- the Expert Opinion Panel, providing independent and impartial opinions to the fund.

Membership criteria. The trustees have reviewed and provisionally accepted a Membership Acceptance Criteria document. It establishes the framework for evaluating applications and explains the factors that will be considered during the review process.

Claims and dispute resolution. The fund's initial response to a claim or summons will be mediation, rather than the approach generally used by current insurers. The fund will require a pre-mediation clause in consent forms to address adverse events from the initial consultation. By combining stronger clinical practice, improved patient outcomes, ethical incentives and alternative dispute resolution, the Protection Fund offers a new strategy for managing medicolegal risk.

Alternate Dispute Resolution Workshop: lessons for the Protection Fund

Workshop overview

We held a successful ADR workshop in Johannesburg on 10 October 2026. Representatives of the major indemnifiers—MPS, PPS and Ethiqua—outlined their approaches to mediation and its role in resolving claims, while lawyers and mediators contributed legal and practical perspectives. The impression we got from insurers regarding mediation was yes...but.



Legal context and the Protection Fund

The workshop was particularly timely because the Gauteng Department of Justice has mandated mediation as the principal form of dispute resolution in medical-negligence cases before court proceedings. Speaking on behalf of the Protection Fund, I explained that mediation would be its primary route for resolving cases. Rule 41A should be implemented in every case, with litigation following only when mediation fails.

Evidence presented

- International experience: reveals that 90% of cases were settled through mediation in Australia, Ireland and Singapore—countries with high levels of medical litigation but dramatically changed when mediation was mandated.
- Potential benefits: Mediation can offer plaintiffs and defendants faster resolution and closure at a fraction of the cost of conventional court proceedings.
- Early Gauteng results: Since April 2024, 10 cases have been mediated and five resolved, giving an initial resolution rate of 50%.
- All five resolved Gauteng cases were in favour of the plaintiffs. Substantially more data will therefore be needed before any reliable trends can be identified.

Strategic direction

I expect mediation to become more established as familiarity with its procedures grows. It is the approach we intend to strictly follow through the Protection Fund.



Robotic surgery and the launch of SAGRA

SAGRA was launched on the 09/05/2026 with Prof Leon Snyman elected as President of SAGRA, an EXCO elected and a constitution passed. This is a major step in organising and uniting robotic surgeons and would-be robotic surgeons in the country so that these colleagues can speak with one consensual voice enabling it to set practice guidelines, address accreditation and regulatory issues as well as promote inclusive, accessible development of robotic surgery. To this end the KZN team of SAGRA under the auspices of SASOG and DOGS put up a live robotic surgical event in Umhlanga on the 11/10 – I thought it was an extremely successful symposium, went flawlessly and was a great promotion of Robotic surgery. We however need to work on accessibility and pressure not only private hospital but state institutions to invest in the robot so registrars empower themselves and the robot becomes part of their training. In the next 5-10 years open surgery, laparoscopy and robotics will all become all part of the repertoire of the gynaecological surgeon with each modality reserved for specific cases and we should aim towards that.

Subspecialty engagement and shared services

Congratulations to the 2 new elected chairs of our subspecialties-Dr Lusanda Shimange – Matsose of SASGE and Dr Khumbo Jerry of SAUGA. They automatically become members of the SASOG Council. SASOG has created the SASOG Subspecialist Affiliates Committee (SSAC) and is co- led by Dr Sagie Naidu from the SASOG Executive. The leadership of SSAC consists of 2 co-chairs- a chair from SASOG and the other chair who will be a representative from the subspecialties.

The objectives of SSAC are to:

- Identify and address unique challenges faced by subspecialists
- Strengthen collaboration and unified representation between SASOG and the subspecialties
- Align PPBU initiatives with subspecialty needs



SSAC will support subspecialty societies with shared administrative functions, including accounting, financial management, website development, and logistics, while preserving their independence and academic focus. By strengthening interaction between our subspecialties and affiliated societies, SSAC will reduce operating in silos, improve alignment, and strengthen SASOG's collective representation. We have helped SASUOG establish its website and membership database, and the SASOG accountant will soon manage SASUOG's accounting at a fraction of its previous cost.

SASREG has also been assisted with their accounting logistics. SOOMSA's secretariat will soon be taken over by SASOG at minimal or no cost.

As SSAC gets further established I am sure more daughter societies will make use of the services offered by SASOG which will achieve further alignment with SASOG, promote smooth functioning of our daughter societies and reduce their financial burden, who can then concentrate on the academic and research aspects of their societies, which is their core function

Coordinated CPD programme for 2027

At the Exco meeting we discussed the CPD programmes for 2027 and how to plan the programme and integrate sponsorship. The Chair of the CPD programme Dr Haynes van der Merwe and Cathy Bezuidenhout our Executive Officer will lead the planning. What we envisage is that over 10 months SASOG CPD programmes will be featured online once a month alternating with PPBU CPD programmes – in effect there will be approximately 2 CPD meetings allocated to each region per year – the Council members representing each region will co-ordinate with the CPD committee and the scientific content of the programme will be determined by each region. In this way we will be able to coordinate with sponsors that cover both the regional CPD meetings and PPBU meetings. This does not obviate the CPD in-person workshop meetings if the local branches want to host that- sponsors for the workshops will be left to the local branches.



Conclusion

SASOG is becoming more strategic, more coordinated, and more influential. SASOG is strengthening its foundations while also positioning itself to respond to future challenges with greater authority and coherence. I believe this is a positive trajectory for our society and for the profession we serve.

Yours sincerely



Prof Ismail Borat
President of SASOG