

**BAUS SECTION OF ENDOUROLOGY  
17<sup>TH</sup> RESIDENTIAL OPERATIVE ENDOUROLOGY COURSE  
Queen Margaret Hospital, Dunfermline - NHS Fife  
Monday 27 – Tuesday 28 October 2025**

## **Course background**

This residential course is aimed at trainees in their final year, post-FRCS Urol, who wish to be appointed to a Consultant post with a sub-specialty interest in Endourology. The course is limited to **4** delegates.

The course enables delegates to operate as the primary surgeon with one-on-one expert Consultant assistance and coaching. Depending on delegates' preference and requirements there will be the opportunity to perform a variety of Endourological procedures e.g. fURS (using TFL and Moses P120) and BPH - including ThuFLEP/HoLEP, GLL, and all MISTs.

Applicants will be selected on the basis of their previous Endourological experience. They should demonstrate evidence of an active interest in the sub-specialty and must be current members of BAUS.

Selection will be by application form, up-to-date CV and summary of logbook along with support from the applicant's AES or TPD.

The successful applicants will be offered a £1,500 travelling fellowship from the BAUS Section of Endourology, which must be taken up by the end of 2026.

**Course Fees**      **£625 - includes 2 nights (Sunday-Monday) accommodation and meals**

**Please complete and return the completed application form to the Section of  
Endourology via e-mail to [admin@baus.org.uk](mailto:admin@baus.org.uk).**

**The application form can be accessed on the BAUS website at the following address –**

**<https://www.baus.org.uk/professionals/sections/endourology/courses/default.aspx?>**

**Deadline for applications is midday Monday 16 June 2025**

## BAUS SECTION OF ENDOUROLOGY RESIDENTIAL SURGICAL COURSE

### REGISTRATION FORM

I would like to attend the Course at Queen Margaret Hospital, Dunfermline  
from 27 October - 28 October 2025

TITLE                      Professor                      Dr                      Mr                      Mrs                      Miss                      Ms

SURNAME

FORENAME

ROTATION

BAUS MEMBER? Yes

No

NTN

HOSPITAL

ADDRESS FOR CORRESPONDENCE

POST CODE

TELEPHONE

E-MAIL

FRCS Urol - date awarded

#### PLEASE ENCLOSE:

- CURRICULUM VITAE
- SUMMARY LOG BOOK
- LETTER OF SUPPORT FROM PROGRAMME DIRECTOR AND PRESENT TRAINER

Signature:

Date

**No refunds will be made on cancellations less than 6 weeks before the course**

**date Please return completed form to [admin@baus.org.uk](mailto:admin@baus.org.uk)**