

The British Association of Urological Surgeons Limited

*Annual Report and Financial
Statements*

31 December 2025

Charity Registration Number 1127044 Company
Limited by Guarantee

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Reference and administrative details of the Society, its trustees and advisers

President	I Pearce
President Elect	J Philip
Vice President Membership	I Shergill (until June '25) / MS Ahmad (from June '25)
Deputy Vice President Membership	MS Ahmad (until June '25) / S Venguopal (from June '25)
Vice President Education	J Philip (until June '25) / M Belal (from June '25)
Deputy Vice President Education	M Belal (until June '25) / R Calvert (from June '25)
Co-opted Trustees	M Sahu T Nitkunan RM Morrison (until June '25) L Dodgshon (until December '25)
Registered/Principal office	The Royal College of Surgeons England 38 - 43 Lincolns Inn Fields London WC2A 3PE
Charity registration number	1127044
Company registration number	06054614
Auditor	Buzzacott Audit LLP 130 Wood Street London EC2V 6DL
Bankers	National Westminster Bank 250 Bishopsgate London EC2M 4AA
Investment managers	CCLA Investment Management Limited (until March '26) One Angel Lane London EC4R 3AB Cazenove Capital (from March '26) 1 London Wall Place EC2Y 5AU

The Trustees, who are also the directors of the charitable company for the purposes of company law, are pleased to present their annual report with the financial statements of The British Association of Urological Surgeons Limited (BAUS or The Association) for the year ended 31 December 2025.

This report has been prepared in accordance with Part 8 of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out therein and comply with the charitable company's Articles of Association, applicable laws, Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) second edition, effective from accounting periods commencing 1 January 2020 or later.

Objectives and activities

Charitable objectives

The charitable objective for which the charity was established is:

To promote the highest standard in the practice of urology for the benefit of patients by fostering education, research, and clinical excellence.

Urology deals with specific diseases and disorders of the male genitourinary and female urinary tract and urologists are medical and surgical specialists who treat men, women and children with kidney, bladder, prostate, and urinary problems, covering benign and malignant disease. Urologists also care for men's sexual and reproductive health.

BAUS remains committed to delivering clear value for its members while advancing its charitable objectives for the benefit of patients and the wider urological community. Throughout the year, we have prioritised initiatives that enhance return on investment for members, from high-quality educational programmes and events to meaningful networking opportunities that foster collaboration, knowledge exchange, and professional development. By strengthening connections across the urology community, we enable shared learning and collective progress.

Education continues to sit at the heart of our work, with a focus on accessible, relevant, and evidence-based resources that support clinicians at every stage of their careers. Importantly, we strive to translate this activity into real-world impact - supporting best practice, innovation, and improved patient outcomes.

The Association's primary objectives in 2025 were to:

- ◆ Conduct a full review of the educational offer to members and develop an Education Strategy;

- ◆ Achieve PIF TICK Accreditation;
- ◆ Review the Investment Strategy for the Charity;
- ◆ Develop a Sustainability 10 Point Plan;
- ◆ Embed Member Wellbeing in BAUS' membership benefit;
- ◆ Review the range of membership benefits and pricing models; and
- ◆ Develop a coordinated digital strategy.

Public benefit

The Trustees have taken the Charity Commission's general guidance on public benefit into consideration in preparing their statements on public benefit contained within this Trustees' Report.

Benefits and beneficiaries

As stated above, in accordance with its charitable objectives, the Association strives to support education, research and clinical excellence in the specialty of urology. In so doing it seeks to improve the quality of medical care for the benefit of patients. The charity's ultimate beneficiaries are therefore patients, and benefits to patients are provided through advancing knowledge of, practice in and setting standards for, the specialty.

Urologists treat a broad spectrum of conditions across all age groups but, particularly with an ageing population, demand for care has been steadily increasing. Urologists and their teams treat three of the ten commonest cancers, prostate, kidney, and bladder, as well as a wide range of benign conditions such as lower urinary tract symptoms, urinary tract stones, and incontinence. BAUS provides ongoing professional and educational support to urologists to assist them in delivering high standards of care to their patients.

Achievements and performance

80th Anniversary Celebrations

2025 marked the 80th anniversary of the founding of BAUS and this was celebrated throughout the year. The anniversary year was launched in January with a lunch in London attended by important figures, past and present, including a significant number of past Presidents of the Association.

During the year, BAUS showcased the developments of individual aspects of urological care over the last 80 years, by means of a monthly blog series. Written by BAUS Museum staff, practicing Consultant Urologists and retired urologists, the blog series tackled topics such as a brief history of how BAUS was founded, managing stones in the kidney and ureter to looking at developments in the management of bladder cancer and progress in managing male-factor infertility, amongst other condition-specific content and historical-based technology advancements in urology.

Posted across the BAUS website, BAUS WebApp and social media; the blog content resonated with every layer of the urological community from trainees to consultant urologists – also sparking appeal and interest from those in the wider healthcare sector.

At the Annual Scientific Meeting, the 80th anniversary took centre stage, with broad appeal marketing including specially commissioned branded merchandise, a timeline history infographic and a pictorial breakdown of the BAUS coat of arms.

During the meeting, a celebratory dinner took place with invited guests from the field of urology, overseas guests and Association members. Attended by over 200 people, this evening was a success and coincided with the simultaneous publication of a hard cover book on the History of British Urology, and a special commissioned issue of the Journal of Clinical Urology.

As a lasting commemoration of the 80th anniversary, a new medal was minted. The Legacy medal is to be awarded on an annual basis to an individual whose contribution to BAUS has left an enduring legacy.

In association with Urolink, funding was granted for the creation of up to four 80th anniversary Urolink fellowships to enhance opportunities for overseas colleagues and promote global urological practice and collaboration.

As a last parting gift for the 80th celebrations, the BAUS Presidents Book was rebound and placed on permanent display to commemorate the anniversary.

Education

BAUS Specialty Sections

BAUS Specialty Sections play a central role in delivering clinical leadership, advancing best practice, and shaping the future of urology across the UK.

The four established sub-specialty Sections - Andrology and Genito-Urethral Surgery (AGUS), Endourology, Functional and Reconstructive Urology (FRU), and Oncology - are complemented by the Section of Trainees (BSoT), established in 2018, and the Section of SAS and Trust Urologists (SSTU), launched in 2024. Together, these Sections ensure that expertise is represented across all career stages and areas of practice.

Each Section is led by an elected and co-opted Executive Committee, whose members volunteer their time to provide specialist insight, leadership and direction. Section Chairs also sit as ex-officio members of BAUS Council, ensuring that sub-specialty perspectives are embedded within the organisation's strategic decision-making. This structure enables the Sections not only to support their own memberships, but also to act as a trusted source of expert advice to BAUS HQ and the wider urology community.

A core function of the specialty Sections is the development and dissemination of high-quality clinical guidance. This includes leading on consensus statements, best practice recommendations, and responses to emerging clinical advancements. By working

collaboratively across Sections - and with external partners where appropriate - BAUS continues to support the evolution of evidence-based care, ultimately improving patient outcomes.

BAUS Section of Oncology highlights

◆ **Policy and advocacy**

BAUS Oncology has taken a leading role in shaping national policy, particularly in prostate cancer diagnosis and management, driving improvements in early detection, patient pathways, and system efficiency.

◆ **Prostate Cancer Screening**

Working closely with the All-Party Parliamentary Group (APPG) on Prostate Cancer, BAUS Oncology has played an important role in informing parliamentary discussions and influencing national policy direction. This has included contributing clinical expertise to debates around targeted screening, risk stratification, and the readiness of the NHS to deliver safe and effective screening programmes at scale.

Through this engagement, BAUS has ensured that the voice of frontline urologists is represented in policy development, highlighting the need for coordinated workforce planning, investment in diagnostic capacity including MRI and pathology services, and a truly system-wide approach involving primary care, radiology, oncology and specialist nursing.

This work has also emphasised reducing inequalities in access and outcomes, particularly for higher-risk populations, and ensuring that any future screening programme is evidence-based, sustainable, and delivers meaningful benefit to patients.

◆ **Supporting the streamlining of DRE pathways for suspected prostate cancer**

Digital rectal examination, or DRE, has long been a part of how we assess prostate health, but with modern tools like PSA blood tests, and MRI scans, offering far more accurate insight, the DRE is increasingly redundant in prostate cancer diagnosis.

It's important that NHS pathways continue to evolve in line with the latest evidence, ensuring men receive the most accurate and effective care. By focusing on modern, evidence-based approaches, we can reduce unnecessary anxiety and encourage more men to come forward for assessment.

◆ **Research and practice-changing impact**

BAUS Oncology has supported and delivered high-impact, multicentre research that is directly influencing clinical practice and national policy:

◆ **I-DUNC (Improving the Diagnosis of Urological Cancers)**

This national collaborative programme has delivered important real-world evidence on diagnostic pathways in upper tract urothelial cancer, particularly the role and impact of diagnostic ureteroscopy prior to radical nephroureterectomy. The findings have highlighted variation in practice, informed risk stratification, and contributed to more refined, evidence-based diagnostic pathways - supporting improved oncological outcomes and more efficient use of NHS resources.

◆ **EMPAST (Evaluating the Management Pathway for Suspected Testicular Cancer)**

This national BAUS audit has provided robust data on the management of patients with suspected testicular cancer, including referral patterns, time to orchidectomy, and variation across centres. The results have identified key delays and inconsistencies in care, helping to drive improvements in pathway efficiency, promote standardisation of best practice, and enhance outcomes in this time-critical and predominantly young patient population.

Together, these programmes demonstrate BAUS Oncology's ability to deliver impactful, data-driven research that directly translates into service improvement, guideline development, and better patient outcomes.

◆ **National guideline development**

The Committee have aligned national educational delivery with Getting It Right First Time (GIRFT) priorities, including:

Development and dissemination of upper tract urothelial cancer pathways;

- ◆ Advancing education in robotic-assisted radical prostatectomy; and
- ◆ Promoting best practice in bladder cancer management.

◆ **Educational innovation and collaboration**

BAUS Oncology has actively fostered national and international collaboration to drive innovation, standardisation, and multidisciplinary excellence in uro-oncology, by:

- ◆ Establishing French-British uro-oncology educational initiatives, strengthening international collaboration and exchange of best practice;
- ◆ Contributing to the development of national guidance on bone health management in men with prostate cancer, working in partnership with the Royal College of Radiologists, supporting a coordinated, multidisciplinary approach to long-term cancer care; and
- ◆ In collaboration with the British Association of Urological Nurses (BAUN), developing the National framework for Local Anaesthesia Transperineal Prostate Biopsy.

◆ **BAUS Oncology Fellowship**

The Committee introduced the BAUS Oncology and Section of Trainees (BSoT) Travelling Fellowship, supporting trainee development, international exposure, and the cultivation of future leaders within urology.

BAUS Section of Functional and Reconstructive Urology (FRU) highlights

◆ **Publications**

The FRU committee worked alongside other partners – including the British Society of Urogynaecology (BSUG), the British Association of Urological Nurses (BAUN) - in collaboration with GIRFT to produce a Best Practice Academy publication in relation to **'Improving Functional Reconstructive Urology and Urogynaecology Service Delivery'**.

◆ **National committee and programme representation**

The Section continues to play a vital role in representing the specialty at a national level, ensuring that expert clinical insight informs policy, service design and patient care initiatives. Over the past year, the Section has provided significant input into key programmes including the NHS Digital Online Programme.

In addition, the Section has been actively engaged in the Specialised Services Mesh Complications Management Training Pathway – which is coordinated by the Royal College of Obstetricians and Gynaecologists - to equip doctors in regional specialised centres with the clinical skills needed to manage patients presenting with a wide range of mesh implant complications originally inserted for urinary incontinence, pelvic organ prolapse and rectal prolapse.

◆ **Consensus documents**

The Section led the production and publication of a number of important consensus documents throughout 2025, reinforcing its role in setting national standards and guiding best practice.

This included the development of statements on the management of post-prostatectomy incontinence, specifically stress urinary incontinence, as well as guidance on the assessment and treatment of benign female urethral lesions.

These evidence-based outputs provide clarity for clinicians working across a range of settings, supporting consistent, high-quality care and improved patient outcomes. By bringing together expert opinion and the latest clinical evidence, the Section continues to drive forward excellence in functional and reconstructive urology practice.

◆ **Tackling the ketamine crisis**

We are seeing a worrying rise in young people taking ketamine for recreational use across the UK – and now the knock-on impact we are seeing in urology, and in A&E departments, is a spike in numbers presenting with severe bladder damage because of long-term ketamine abuse.

The Section have curated new content across various platforms – including the BAUS website – providing key information on topics such as ketamine uropathy from a clinician perspective, patient perspective and an allied health practitioners perspective.

To further support this work, a brand-new Patient Information Leaflet was produced with input from the FRU Executive Committee to provide a much-needed spotlight on the emerging healthcare issues concerning ketamine.

In addition, a three-part podcast series was designed to support UK urologists in translating the latest BAUS consensus guidance into everyday clinical practice. It brought together leading experts in urology and addiction psychiatry to explore the pharmacology of ketamine, patterns of misuse, assessment strategies, and evidence-based management approaches.

◆ **Teaching courses and educational activity**

The Section has continued to deliver a strong programme of teaching courses and educational activity throughout 2025, supporting skills development and knowledge exchange.

Key highlights included the Female Urology, Urinary Incontinence & Reconstruction Cadaveric Surgery Course held in Cambridge in May 2025, which provided hands-on surgical training in a highly specialist setting, and the Robotic Surgical Simulation Course in London, which was designed to enhance proficiency in advanced robotic techniques. In addition, the Section played a pivotal role in the Joint FRU & Andrology & Genito-Urethral Surgery (AGUS) Section Meeting in Manchester in March 2025.

Collectively, these activities demonstrate the Section's ongoing commitment to high-quality education, multidisciplinary collaboration and the advancement of surgical excellence across the UK.

BAUS Section of Andrology & Genito-Urethral Surgery (AGUS) highlights

◆ **Penile Fracture (SNAP) Audit**

Penile fracture remains a rare and unique urological emergency with high rates of erectile dysfunction, curvature and pain if not managed promptly. With changes and advances in centralisation and imaging, the current state of national practice remains unclear.

The analysis identified a mean interval of 21 hours between presentation and surgery, with evidence demonstrating that operative repair within this timeframe was associated with a significantly reduced risk of subsequent erectile dysfunction.

Collectively, this highlights BAUS Andrology's capacity to deliver impactful, data-driven research that informs service improvement, supports guideline development, and contributes to improved patient outcomes.

◆ **BAUS consensus document production**

The production of a consensus document which sought to critically analyse the safety and efficacy of male genital augmentation and enhancement produced with a view to formulation recommendations for urologists and medical professionals at a time where there is a marked increase in men seeking these types of procedures.

The audit concluded that the evidence quality remains poor, heterogenous, and methodologically limited. As such, five key recommendations were generated on genital augmentation and enhancements with either injectable fillers or surgical procedures.

◆ **Andrology Fellowship sponsorship**

BAUS has continued its support for the Andrology Fellowship programme, investing in the development of future specialists and strengthening expertise across the discipline. This ongoing sponsorship helps ensure high-quality training opportunities and supports the delivery of advanced, patient-centred andrological care across the UK.

◆ **Expansion of patient resources**

We have continued to expand our andrology patient information resources, ensuring patients have access to clear, evidence-based guidance across a range of conditions, including penile cancer. New and updated materials also reflect advances in post-cancer care, with dedicated information on penile reconstruction and augmentation following treatment. This work supports informed decision-making and helps patients better understand their options and outcomes at every stage of their care pathway.

◆ **Foreskin health project**

In collaboration with the British Fertility Society, the AGUS Executive Committee has supported a foreskin health awareness project aimed at improving understanding of preventative care and early intervention. Through the development of accessible video content, the initiative seeks to engage a wider audience, reduce stigma, and promote informed conversations around men's health.

◆ **Penile cancer education module**

Working alongside Nexus Healthcare Education, the AGUS Executive Committee has led

the development of a dedicated penile cancer e-learning module, designed to support urologists and healthcare professionals in the accurate diagnosis and staging of the disease. This resource provides practical, evidence-based guidance to enhance clinical decision-making and promote consistent, high-quality care across services.

BAUS Section of Endourology highlights

◆ **Launch of Endourology Fellowship**

The Section launched a one-year Fellowship – due to take place in 2026 – focused on an aspect of endourology relating to urinary tract stone disease, upper tract obstruction, upper tract urothelial cancer or benign prostatic enlargement – with an award of £10,000 to support the proposed research.

The research may include laboratory-based translational studies, clinical trials, innovative care pathways or development of novel equipment or techniques.

◆ **Endourology Residential Operative Course**

We are delighted to have partnered with NHS Fife for the 2025 Residential Operative Endourology Course which took place in October.

The course is dedicated to supporting the next generation of urological surgeons through high-quality, hands-on training that reflects the evolving landscape of endourology. It demonstrates the value of collaborative learning environments, where experienced trainers and motivated trainees can come together to refine skills that ultimately enhance the care delivered to patients across the UK.

The BAUS residential course is a unique course – and a genuine one-of-a-kind in the surgical specialties sphere – where experienced surgical faculty train outside of their normal environment and gain invaluable skills and experience.

◆ **Section meetings**

Attendance at Endourology Section meetings continues to rise year-on-year, driven by programmes featuring high-profile UK and internationally based speakers. Renowned faculty presenting cutting-edge research, live case discussions, and global perspectives have significantly enhanced delegate engagement and perceived educational value.

BAUS Section of Trainees (BSOT) highlights

◆ **BSOT ST3 Interview course**

We held a virtual simulated Urology NTN Interview preparation for 32 candidates, with 1:1 mock examination with faculty. The course was aimed to support applicants to the ST3 national selection interviews, with a carefully designed, and managed, programme of scenarios with effective feedback mechanisms to ensure progression in the future.

◆ **BAUS & KARL STORZ Endoscopic Skills Simulation Course**

A hands-on day for core urology trainees (ST1-3, CT, and early SAS/LED doctors) focusing on cystoscopy, bladder biopsy, TURBT, TURP, HoLEP, Urolift/Rezum, and suprapubic catheter insertion. Held at Storz Training and Technology Centre with state-of-the-art facilities designed for clinical simulation.

◆ **BAUS X BSoT podcast | Burnout in Surgery**

We launched the first in a series of BSOT podcast, discussing openly about burnout in surgery, and the realities of life beyond the cystoscope. Featuring Michael Ahn (West Midlands SpR), and Lilli Cooper (Performance Coach).

◆ **Evaluation of the Urology ST3 Recruitment Process: A National BSoT Survey**

The Section supported and facilitated the national selection survey looking into trainees' experience and perceived stresses. Results will be presented at BAUS 2026.

◆ **ASiT x BSOT course and conference**

The Core Skills in Urology Course – in collaboration with Association of Surgeons in Training (ASiT) - was a hands-on pre-conference course during the ASiT annual conference designed for early-stage trainees (e.g., Core Trainees, ST1–ST3). It included Wet lab simulation training in scrotal exploration, flexible cystoscopy, difficult catheterisation, and suprapubic catheter insertion.

This was aligned with the MRCS curriculum, offering guidance on emergency urology and ST3 applications.

◆ **Support of VALUE study**

ASiT and the Joint Committee on Surgical Training (JCST) launched the VALUE Study which sought to audit how much funding NHS Trusts receive from work conducted by surgical trainees. The Section of BAUS Trainees supported the launch and provided vital data which is an essential insight for shaping future workforce planning.

BAUS Section of SAS & Trust Urologists (SSTU) highlights

◆ **Expanding presence**

We have continued to expand the presence of Specialty and Associate Specialist (SAS) and Locally Employed Doctors (LEDs) at regional meetings, helping to raise awareness of their vital contribution to urological services. This increased visibility strengthens engagement, highlights available support, and ensures a more inclusive approach to meeting the needs of our diverse membership.

We have also taken active steps to involve SSTU members in other sub-speciality committees with preliminary discussions on having a SSTU representative in each.

◆ **SSTU Mock Viva course**

We have maintained the SSTU FRCS (Urol) Mock Viva Day, delivered on a six-month rotational basis and closely aligned to the format of the FRCS (Urol) examination.

The continued expansion of faculty support has enhanced the quality and reach of the programme, providing candidates with valuable, high-fidelity preparation.

◆ **Member census**

A comprehensive SSTU member-based census has been undertaken to better understand the needs, experiences and priorities of our membership. The insights gathered will play a key role in shaping future strategy, ensuring our work remains relevant, responsive and aligned to member expectations.

◆ **Replicating the "Portfolio Pathway Rotation Jobs" across all deaneries**

We are working to replicate the "Portfolio Pathway Rotation Jobs" model across all deaneries, widening access to structured training and career development opportunities.

This initiative aims to support a more consistent and equitable pathway for doctors pursuing alternative routes to specialist registration, while strengthening the future urology workforce.

Collectively, the Specialty Sections remain integral to BAUS' mission - driving clinical excellence, fostering collaboration, and supporting a vibrant, inclusive urological community.

Education Steering Group

The remit of the BAUS Education Steering Group (ESG) to provide leadership and strategic oversight across all educational activities undertaken by the Association.

Working with the BAUS Sections, BAUS Educational Leads and co-opting additional expertise as required, the ESG facilitates an educational programme for all levels of practitioner involved in providing urological clinical care (including urology trainees, medical students seeking a career in urology and Allied Healthcare Professionals) to ensure its appropriateness, relevance and quality, and to avoid duplication.

The ESG engaged in significant education investment activity in 2025. Nexus Healthcare, an independent medical educational provider, was commissioned to deliver an Educational Atlas of existing BAUS educational content items, and to advise on which high value content might be repurposed into more engaging and accessible formats. The Educational Atlas was delivered in June 2025.

An e-learning module and series of podcasts covering prostate cancer screening, management of ketamine uropathy and penile cancer were also commissioned from the Educational Atlas; alongside selected recordings from BAUS Annual Scientific Meetings being curated 'BAUS on Demand'.

In the latter part of the year (December 2025), Nexus delivered the BAUS Educational Roadmap for 2026 - 2027.

This roadmap brings together the full strategic picture: the clinical priorities identified across the membership, the gaps and inconsistencies highlighted through both qualitative and quantitative insights, and the benchmarking of educational approaches used by other professional bodies.

Using this evidence base, BAUS has a coherent, forward-looking three-year plan that strengthens diagnostic capability, surgical proficiency and MDT decision-making while modernising BAUS' digital education infrastructure.

Patient Information

In December 2025, BAUS achieved **PIF TICK accreditation**. The PIF TICK is the UK's only assessed quality mark for print and online health and care information.

This accreditation, governed by the Patient Information Forum (PIF), is recognised across the NHS and signifies that an organisation meets 10 evidence-based criteria for producing high-quality, accessible, and inclusive patient-facing materials.

BAUS demonstrated its commitment to meeting the PIF TICK standards for creation and review of patient information by:

- ◆ Updating existing BAUS patient information leaflets to ensure that the content is adjusted to the national reading age, standardised in language, tone and structure to suit a general public audience, is accessible and inclusive, and that the visual design and layout is in line with BAUS branding;
- ◆ Creating a Trustee role for oversight and governance of Patient and Public Involvement (PPI); appointing a Chair to establish the BAUS Patient Information Review Panel; and creating a dedicated patient information and involvement manager role.

Patient Involvement

BAUS recognises the vital importance of patient engagement and to this end commissioned a You Gov survey in the early part of 2025 showing, for the first time, the impact of urological issues on the population in terms of presentation delay, avoidance of discussion and personal awkwardness.

Audit

Audit Steering Group

The remit of the ASG is to provide leadership and strategic oversight across all data and audit activity within BAUS.

In 2025, work focused on:

- ◆ Relationship building, networking and partnering with national programmes for quality improvement including Getting it Right First Time (GIRFT) and the National Consultant Information Programme (NCIP);
- ◆ Development of projects using existing data to inform development of BAUS audits and pathway development through GIRFT;
- ◆ Support for development and delivery of new audits; and
- ◆ Engagement with the membership, promotion of audit as a tool for quality improvement and dissemination of best practice.

Audits

There is a rolling programme of BAUS snapshot audits, with clear criteria for assessment of audit proposals based on safety, efficacy and accessibility criteria. The audits are developed by the Sections with the support of the Audit Steering Group (ASG) and BAUS Head of Education.

Audits are selected to address common problems where differences in practice are perceived and where changes in practice can benefit patients. National data is reported, but the focus of the audits is to provide individual feedback to units for benchmarking and quality improvement.

Penile Fracture (SNAP) Audit

Unit-level anonymised data was collected on all patients undergoing surgical repair for a suspected, or confirmed, penile fracture between 1 April 2022 and 31 March 2024. Data submission took place from 1 March to 14 April 2025.

282 complete datasets were captured from 74 centres across the UK, making this the second largest case series globally.

The preliminary results were presented at the BAUS Annual Scientific Meeting in June 2025. The key finding was that the mean time from presentation to theatre was 21 hours, but that surgical repair in less than 21 hours significantly lowered the risk of subsequent erectile dysfunction.

Evaluating the Management Pathway for Suspected Testicular Cancer (EMPAST) Audit

Unit-level anonymised data was collected for consecutive patients undergoing radical orchidectomy between 1 April 2023 and 31 March 2024, and for consecutive patients who were referred on the suspected testicular cancer pathway regardless of outcome between 1 May and 31 May 2025 inclusive. Data submission took place between 1 September to 14 October 2025.

1,720 cases were submitted from 99 units across the UK. The audit demonstrated strong national participation, excellent early-stage diagnosis, and widespread MDT integration, but also exposed consistent shortfalls in achieving NHS 7-day and 21-day pathway standards.

In addition, there was substantial variation in access to fertility preservation, prosthesis provision, and advanced surgical care. These findings highlighted the need for improved diagnostic efficiency, perioperative coordination, and holistic patient support to standardise testicular cancer pathways across the UK.

British Audit of the Investigation and Referral of Women with Recurrent Urinary Tract Infection using recent Guidance (BOOMERANG)

Unit-level anonymised data was collected on female patients referred with recurrent urinary tract infections (rUTI) presenting as first or follow up appointment between 17-30 November 2025 inclusive. For five patients from each unit seen between 17-30 November and who were included in the audit, a completed Recurrent UTI Impact Questionnaire (RUTIIQ) was included. Data submission took place between 17 November and 27 December inclusive.

The results of this audit will be presented at the joint BAUS/BJUI/USANZ session at the AUA in Washington in May 2026 and at the BAUS Annual Scientific Meeting in June 2026.

National Consultant Information Programme (NCIP) - Urology Vanguard

BAUS continued its partnership with NCIP to provide urologists with access to routinely collected data, in a format which gives them high quality supporting information, for appraisal and professional development. It also enables local and national benchmarking to help improve quality and patient safety.

All consultant urologists in England have access to their individual and unit level data in the NCIP portal. BAUS also continued to work with GIRFT on the co-development and publication of coder and clinician guidance for a range of urological procedures to improve the conformity of coding nationally.

NCIP applies to England only, but BAUS is supporting its members in the devolved nations by sharing learning from the Association's collaboration with NCIP, that can be applied to data collection projects in Wales, Scotland and Northern Ireland.

Events

In 2025, the BAUS events team delivered eight events – the Annual Scientific Meeting, four standalone courses and three BAUS Section meetings – alongside supporting Karl Storz to deliver three skills-based courses.

Annual Scientific Meeting

The Annual Scientific Meeting took place in Manchester Central, 16-18 June and was attended by 1,328 in-person delegates and 163 virtual attendees. For the first time during BAUS history, the event exceeded £1million in income across delegate ticket sales and sponsorship income. The annual meeting delivered over 75 hours of educational content spread across 85 scientific sessions with five guest lecturers, five satellite symposia, and 18 e-poster sessions.

In addition to the scientific programme on-site, we ran 17 teaching courses, three of which were hands-on skills courses and an additional 5 courses were available on line. These courses give delegates an opportunity to learn soft skills and practice in-person on technical equipment.

Abstract presentations were also a key element of the meeting and are an opportunity for delegates to showcase research and findings within urology. 444 abstracts were submitted in 2025, seeing a 20% increase in submissions compared to the previous year.

In 2025, the annual meeting welcomed invited dignitaries from India, USA, Europe and Australia in addition to speakers from 16 overseas countries.

Out of those that gave feedback (440 delegates), 95% said the programme sessions met their requirements and guideline updates were considered the most important and / or of most interest. 98% said they could apply information and knowledge gained to their clinical practice.

The Annual Scientific Meeting remains one of the cornerstones of BAUS' communication strategy in terms of output. 2025 was no exception and we saw 330 mentions across X and LinkedIn, with a total reach of 3.1 million unique individuals – a testament to the event's far-reaching impact.

Interaction and engagement levels were robust, with 4.4k total engagements, including likes, shares, comments, and mentions, showing a strong online community presence. The peak interaction levels were seen on the first and second days of the event, with 1,014 interactions on day one and 1,098 on day two, before dipping to 706 on the third day, indicating a typical pattern of event-driven engagement.

Additionally, the Annual Scientific Meeting saw the production of 47 individual videos – posted via the BAUS WebApp and social media - which collectively achieved 8.2k views. These videos played a key role in extending the reach of the event beyond the physical venue, helping us engage with a wider audience.

Courses

Core Urology, an annual course, ran in January 2025 at College Court Leicester with 43 delegates. Core Urology aims to give surgical trainees who have just started or are considering pursuing higher specialist training a taster into what to expect.

The FRCS (Urol) Revision Course in March 2025 at College Court, Leicester and again in September 2025 at Jesus College, Cambridge. These courses aid revision for Part 2 of the FRCS Urology examination, which is a mandatory requirement for completion of specialist training. A total number of 127 delegates attended the course across both dates.

For the first time, BAUS delivered the Scientific Basis of Urology course, an online-only course in November 2025. 36 virtual delegates attended, with the course designed for urological trainees, with the aim of helping them have a more complete understanding of clinical practice in urology.

The course supports candidates preparing for part 1 of the FRCS Urology examination.

Skills courses

BAUS' collaboration with KARL STORZ means that we run a series of skills courses throughout the year, utilising the facilities at the KARL STORZ Training & Technology Centre in Slough.

BAUS organises the faculty, determines the content and registers delegates and both parties collaborate to ensure there is good coordination and optimisation of access to skills training.

Number of attendees in 2025:

- ◆ Endoscopy Skills Course: 20
- ◆ Ureteroscopy Course: 20
- ◆ PCNL: 17

Sponsored Innovations in Urology Webinars

BAUS collaborates with Industry partners to provide the BAUS Sponsored Innovations in Urology Webinar Series. There were five webinars that took place in 2025. The average number of registrations for the webinar was 109, with an average of 48 delegates joining live.

Topics covered included; Aquablation Therapy, Small Renal Masses, Optimising Prostate Cancer Care, Adjuvant Treatment in Renal Cell Carcinoma and the da Vinci SP (Single Port) system in urology.

Delegates received CPD points for attending the webinars.

Essay and Audit Competitions

BAUS aims to raise the profile of the specialty amongst medical students, to encourage junior doctors to consider a career in urology and to inspire the next generation of urologists to engage with the Association. To this end BAUS runs an essay competition for medical students and an audit or quality improvement project competition for Foundation Year and Core Trainees.

In 2025, 75 submissions were received for the essay competition. The title set was: ***"Is it now time to introduce a national prostate screening programme in the UK?"***

In 2025, eight submissions were received for the audit competition. The national winners were invited to attend, and present their work, at the Annual Scientific Meeting as part of the Medical Student session and Core Trainees session at the meeting. Prizes and certificates were presented to the winners during this time.

Membership

BAUS membership continued to demonstrate steady and sustainable growth throughout 2025. Total membership increased from 2,529 in January to 2,606 by December - representing a 3.0% rise on the previous year. This growth reflects the ongoing relevance of BAUS to the UK urological community and the value placed on belonging to a professional body that champions clinical excellence, education, and advocacy.

Importantly, BAUS has maintained a strong presence among the consultant workforce, with 68% (982 of 1,444) of substantive consultant urologists in the UK holding membership. This level of engagement reinforces BAUS' position as the representative voice of urology nationwide.

In recognition of the current financial climate and pressures faced across the healthcare system, BAUS took the decision to hold membership fees static from 2025 across the next three years. This approach ensures continued accessibility while maintaining the breadth and quality of member benefits. These include access to high-quality educational resources and events, opportunities for networking and collaboration across Specialty Sections, representation in national policy discussions, and practical support across all career stages.

In 2025 BAUS continued to offer all new ST3 Trainees their first year membership of BAUS for free, funded in part by external sponsorship.

Membership benefits continue to receive significant focus and are detailed throughout this report in the relevant sections. In addition, BAUS members continue to enjoy preferential access to courses and events and at preferential rates compared to non-members.

Workforce

BAUS has undertaken annual workforce surveys since 2009, providing a vital evidence base to inform workforce planning and track longitudinal trends in workload and service provision. The 2024 report, published in June 2025, drew on BAUS census data alongside contributions

from the General Medical Council (GMC), NHS Digital, the Joint Committee on Surgical Training, and the Specialist Advisory Committee (SAC) in Urology.

In recognition of the vital importance of this report, BAUS has appointed two leads to succeed the current lead in June 2026, with a view to further developing the data collected and analysed.

In keeping with stated strategic aspirations, BAUS has now appointed a full complement of career cohort leads to assess and help deliver the requirements and needs of each career stage from medical students and Foundation Year Trainees to Consultants. These leads work under the guidance of the ESG.

The 2025 workforce report introduced enhanced regional analysis taking into account various established and validated deprivation indices to enable a more accurate illustration of the urological healthcare demand and regional variation in the gap between supply and demand. These insights play an important role in shaping national conversations around workforce distribution and future service needs. The full report is available upon request.

Senior and Honorary Members

In September 2025, the annual Senior and Honorary Members meeting and lunch was held with a record number of repeat attendees from across the British Isles. A meeting was held in the morning followed by lunch and a tour of Lincolns Inn Fields.

BAUS Medals and Awards

The nominations for the St Peter's Medal, St Paul's Medal, BAUS Gold Medal, BAUS Legacy Medal, BAUS Honorary Membership, Karl Storz Harold Hopkins Golden Telescope Award, John Anderson Award, BAUS Certificate of Distinction and the USANZ Conference Visitor Award are considered by the Medals and Awards Committee.

The 2025 winners were:

- ◆ St. Peter's Medal - Professor Suks Minhas
- ◆ St. Paul's Medal - Professor Hassan Abol-Enein
- ◆ BAUS Gold Medal – Gurpreet Singh
- ◆ BAUS Legacy Medal – Lisa Dodgshon
- ◆ BAUS Honorary Membership – Steve Payne, Kieran O'Flynn, Mark Speakman
- ◆ Karl Storz Harold Hopkins Golden Telescope Award – Bhavan Rai
- ◆ John Anderson Award – Jim Adshead
- ◆ BAUS Certificate of Distinction – Russell Etherington

Widening Participation & Wellbeing

The Widening Participation & Wellbeing Group has continued to progress a number of strategic workstreams aligned to the Association's commitment to building an inclusive, supported, and sustainable urological workforce.

In 2025, the Group has strengthened collaboration across BAUS sections and committees, focusing on practical initiatives that promote equity of opportunity, professional wellbeing, and leadership development across the membership.

A national wellbeing survey was launched, and this was complimented by the funding of a free to members dedicated help line for those requiring support of any kind.

Member Demographics

Robust data collection remains a core priority in enabling BAUS to understand the diversity of its membership and leadership structures, and to monitor progress towards equitable representation.

Currently, voluntary demographic data has been collected for 58% of active BAUS members, with 19% female and 81% male. During this period, Trustees have actively championed initiatives that promote equity, inclusion, and fairness in educational and leadership opportunities across BAUS activities including multiple peer reviewed publications.

Code of Conduct

As part of the BAUS Ten-Point Widening Participation Action Plan, BAUS developed and implemented a formal Code of Conduct for all participants in all BAUS activities and events including Chairs, speakers, delegates and sponsors. This framework establishes clear expectations for professional behaviour, respectful engagement, and inclusive discussion at all BAUS meetings.

The Code of Conduct is now embedded across BAUS events and represents an important step in reinforcing a culture of professionalism, psychological safety, and mutual respect.

To provide appropriate oversight of this, BAUS has established a mechanism of reporting any conduct breaches and a code of conduct panel to address any alleged breaches.

Leadership Shadowing Scheme

A pilot Leadership Shadowing Scheme was introduced to provide members with structured exposure to BAUS leadership and governance processes. The programme aims to broaden understanding of Section Executive activities and to support the development of future leaders within the specialty.

The pilot has been well received, with early evidence of impact, including one participant subsequently being elected to a Section Executive role. The scheme will continue to evolve as part of BAUS' wider leadership development strategy.

Parents in Urology

The Parents in Urology group has continued to provide valuable support to members, working closely with the BAUS Section of Trainees (BSoT) to develop two key guidance documents: *Supporting Urologists Becoming Parents – Executive Summary* and *Supporting Urologists Becoming Parents: A BAUS Guide for Pregnancy, Parental Leave, Adoption and Returning to Work*.

Now available via the BAUS website, these resources offer practical, accessible guidance to support members through all stages of parenthood - reflecting BAUS' ongoing commitment to inclusion, wellbeing, and supporting a diverse workforce.

Other Activities

Advocacy

BAUS have been intimately involved in a series of APPG meetings for prostate cancer, ketamine and UTIs during the year. BAUS in particular focussed on responding to the 2025 deliberations and subsequent announcements in relation to early detection (screening) for prostate cancer by the National Screening Committee.

In additions, meetings were held with prominent MPs in relation to advancing recurrent UTI awareness and research in the near future.

BAUS has close collaborative relationships with a number of prominent urological charities including

- ◆ Prostate Cancer UK
- ◆ Prostate Cancer Research
- ◆ Prostate Cancer Scotland
- ◆ CHAPS.

Research & Innovation

In 2025, agreement was reached to fund research opportunities across all four clinical surgical specialties within BAUS to the amount of £10,000 for each clinical section. This was launched and is being spear-headed by the Section of Endourology.

An additional four Associate Surgical Specialty Leads (aSSL) were recruited in 2025 to bring the number to nine in total. An inaugural meeting of all ASSLs and the SSL (Professor Rakesh Heer) was held in September 2025 and work is underway to further define these roles and realise their potential in furthering urological research across the British Isles.

Position Statements

1. Gender Identity and Tackling Discrimination

BAUS Trustees formally endorsed the British Medical Association (BMA) position statement on gender identity and tackling discrimination, reaffirming our commitment to fairness, dignity, and respect for all members of the profession. This endorsement aligns with BAUS' broader values of professionalism, inclusivity, and equitable treatment within the workplace.

2. Non-Medical Circumcision

In response to media features and public interest, BAUS sought to update and evolve its existing statement on religious circumcision with the help of a recognised expert in such medicolegal issues in the paediatric population.

3. Physician Assistants/Associates

BAUS responded to both the Leng report and to members concerns by issuing a position statement and a scope of practice in relation to PA activity.

Sustainability

Sustainability has become a defining priority across the NHS in recent times, and urology has an important role to play in reducing its environmental impact while continuing to deliver the highest standards of patient care. Operating theatres, equipment use, travel, and waste disposal all contribute significantly to the carbon footprint of healthcare, making it vital that the specialty takes proactive steps towards a greener future.

BAUS is committed to supporting its members in embedding sustainable practices at every level of urological care. Our work aligns with the wider NHS ambition to achieve net zero, recognising that change will be driven both by individual action and collective innovation.

To lead this work, a BAUS Sustainability Working Group has been established under the leadership of a Trustee Chair. This group brings together members with expertise, passion and insight to identify practical solutions, share resources, and champion greener ways of working across the urological community.

At the core of BAUS' sustainability focus is our newly created 10-point sustainability strategic plan, which sets out clear priorities for reducing environmental impact across service delivery, training, research, and professional practice. It is set to be implemented over the next three years, with the aim of making sustainable practice part of everyday business. This includes measuring and reducing our carbon footprint, supporting members to adopt greener models across outpatient, surgical and emergency care, and working with partners to achieve shared goals.

Alongside this, the Sustainability Working Group have begun developing podcasts featuring expert voices from within urology, sharing insights on how sustainability can be integrated into clinical pathways, decision-making, and everyday working lives. Access and provision of

sustainability resources have been provided to the wider BAUS membership, including case studies, toolkits, and signposts to national policy and research, designed to inspire and equip members to take forward sustainable initiatives in their own practice.

Journal of Clinical Urology

The JCU is the BAUS owned flagship journal. A retendering process for the publication contract was undertaken in 2025. Sage Publications was awarded the new five-year contract starting in 2026.

Trustees agreed that all publications resulting from BAUS activities such as Section produced consensus statements and guidelines, as well as audit results, would be submitted in the first instance to the JCU.

BJUI Journal & BJUI Knowledge

A new contract with the BJUI for both the BJUI Journal and BJUI Knowledge platform was agreed and signed in 2025 for the next five years ensuring uninterrupted access for members.

Collaboration

1. NHS England

BAUS enjoys significant collaboration with NHS England on a monthly basis, looking predominantly into ways and means of reducing the elective non-admitted backlog and seeking to deliver urological care in accordance with the 10 year NHS forward plan.

2. Getting It Right First Time (GIRFT)

BAUS collaborates extensively with GIRFT, meeting on a weekly basis covering a broad range of issues including decarbonising clinical pathways, creating best practice recommendations and guidelines and generating advice and guidance documentation.

3. Federation of Surgical Specialty Associations (FSSA)

BAUS takes an active role in the FSSA with regular meetings and communications. In particular, BAUS was pivotal in the replacement of the pandemic FSSA prioritisation document with a more relevant guidance with greater clinician control.

4. BAUN / BJUI / TUF

BAUS initiated regular and close collaboration with other prominent organisations within British urology with a view to sharing learning, resources, ideas and influence. A joint strategy day was held in December 2025.

BAUS was delighted to be represented by the President and CEO at the 30th Anniversary dinner of BAUN during their national conference in Edinburgh this year.

5. Royal Colleges

Via the regular Surgical Forum Meetings, BAUS interacts with representatives of all four surgical colleges in the British Isles, and in addition, the President of BAUS sits on the RCS Edinburgh Surgical Specialty Board. BAUS also has an elected representative on the Council of the RCS England.

6. Overseas Urology Organisations

BAUS has close relations with a number of overseas national urological associations with reciprocal arrangements for meeting participation and training opportunities including:

- ◆ American Urological Association (AUA);
- ◆ European Association of Urology (EAU);
- ◆ Urological Society of Australia & New Zealand (USANZ); and
- ◆ Urological Society of India (USI)

During the AUA, BAUS collaborated with the BJUI and USANZ to deliver a dedicated session on the role of AI in Urology with record attendance. BAUS is currently recognised as a member of the AUA International Member Committee, awarded to national organisations with over 75 members in the AUA. This affords inclusion in a dedicated meeting during the AUA.

International Meeting Attendance

During 2025, BAUS was represented by the President and President Elect at a record number of international meetings including:

- ◆ USICON in Chennai
- ◆ USANZ in Perth
- ◆ AUA in Las Vegas
- ◆ SLAUS in Kandy
- ◆ SIU in Edinburgh
- ◆ AAU in Oman
- ◆ EUA in Cairo

Communications

Digital engagement

In 2025, BAUS has continued to strengthen its digital presence, engagement, and overall communication primarily with members directly, but also indirectly with the wider public through wider stakeholder engagement.

The BAUS communications strategy focused on revitalising member engagement through the WebApp and sought to encourage proactive content to be curated, developed and disseminated between relevant sub-specialty Sections and across regional areas whereby content was relevant and likely of interest to the wider urology community.

Improvements had also been made to the BAUS newsletter in relation to overall aesthetics and shoring up the in-built segmentation functionality to provide a more personalised approach.

It is important to note that work will continue – alongside members of the Digital Working Group – to further enhance the functionality and usability of the WebApp; including seeking to open up the pool of colleagues who can actively curate and publish content to enhance the overall member experience.

Website performance

In 2025, BAUS saw significant traffic across its digital channels, demonstrating a growing interest in urological content and a strong commitment from both new and returning users. The website received a total of 2,496,755 views, with 1.2 million new visitors, highlighting the ongoing relevance of BAUS as a trusted source of information within urology and beyond. The number of returning visitors (76,000) is also indicative of the value our audience finds in our content.

Key content areas include the BAUS homepage, which received 253,145 views, and our 'Find a Surgeon' page, with 74,842 views, reflecting a high demand for practical, patient-centric services. The highly informative pages on haematuria (71,262 views) and phimosis (48,142 views) continue to perform well, underscoring BAUS' role in providing reliable health information to the public.

Patient information leaflets were also highly sought after, with 47,675 views, confirming their importance in educating patients about common urological conditions.

Traffic sources saw a clear preference for direct access, with over 660,000 visits, followed by strong performance from organic search (446,573), highlighting BAUS' visibility in search engine results. The primary international audience came from China, with 534,000 views showing our global reach and the broad interest in urological health topics across diverse geographical regions.

Social media engagement

BAUS' social media channels saw exceptional growth and engagement this year, particularly on LinkedIn and X (formerly Twitter). On LinkedIn, we published 222 posts, garnering 130,263 impressions and generating significant interaction figures for a niche organisation such as ours, with 2,086 reactions, 91 comments, and 52 reposts. The platform also saw an increase in followers (+138%), reaching a total of 1,210 new followers, which underscores the growing impact of our professional network.

On X (formerly known as Twitter), BAUS was highly active with 329 posts, achieving 334,171 impressions. The platform proved to be a dynamic space for engagement, with 2,409 reactions, 831 shares, and 2,275 link clicks, demonstrating our ability to drive conversations and engagement around urological topics.

The breadth of our content also helped establish BAUS as a prominent voice in the urological field, drawing attention and interaction from health professionals, charity and non-profit organisations, MPs and the wider public.

Podcasts

In 2025, BAUS developed its podcast offerings – BAUS Talks: Beyond the Cystoscope - producing 16 episodes that collectively garnered 1,169 downloads across a variety of streaming platforms.

From discussing common procedures such as HoLEP, BAUS' mission around sustainability, to seeking professional and personal insight into the minds and drivers of some of our most esteemed urology colleagues, the BAUS podcasts remain an increasingly valuable format for disseminating knowledge and providing accessible discussions on urology.

This format continues to appeal to those seeking expert insights on-the-go, as evidenced by the steady download count.

Urolink

Through its partnerships across Africa, Asia and the Middle-East, Urolink works collaboratively with local institutions to enhance endoscopic and open surgical practice. Its reach spans multiple countries and healthcare settings, united by a shared goal: building long-term, self-sustaining urological services that improve patient outcomes.

Specialty areas of support provided by Urolink members include:

- ◆ Links - encouraging the establishment of links between individual departments and organisation;
- ◆ Visits - encouraging & supporting professional visits to work with colleagues overseas;
- ◆ Training - supporting appropriate urological training of surgeons in their home countries; (LMICs);

- ◆ Equipment - assisting with the provision of hardcopy and online educative material, surgical equipment and disposables, as well as IT support where needed;
- ◆ Advice - providing remote mentoring to link centres and advising urological associations abroad about training, professional development & examinations.

Urolink Committee

The Urolink Committee meets virtually twice a year, and is responsible for the organisation, financial administration and running of Urolink.

BJU International (BJUI) and The Urology Foundation (TUF) continue to support activities and funds donated are held in a reserve account; with progress reports to funders submitted on a regular basis. In 2025, Urolink received significant donations, via JustGiving, due to a number of fundraising initiatives.

There were a number of visits and workshops undertaken in 2025 including the following:

Lilongwe, Malawi

Ram Subramaniam ran another hypospadias workshop in Lilongwe, having continued to help mentor Charles Mabedi and Amaryllis Mapurisa in both simple and complex uro-genital surgery. Ram's report demonstrates just how far our colleagues in Malawi have come over the last three years with fairly intense mentoring, and how, apart from the most complex cases, are largely self-reliant in managing this incredibly important aspect of their practice.

Malawi

Brendan Berry and Mayur Gami accompanied Suzie Venn, Tamsin Greenwell and Nikesh Thiruchelvam to Malawi in February as part of their TUF, and Cambridge Global Health Partnership, Fellowships. By the end of their visit, Malawian colleagues had successfully developed competence in performing basic urodynamics, urethral bulking, rectus fascial slings and clam cystoplasty, marking significant progress.

Hawassa, Ethiopia

Paul Anderson, Shekhar Biyani, Will Finch and Steve Payne travelled to Hawassa University Comprehensive Surgical Hospital in Ethiopia for a PCNL and Urethroplasty workshop.

Over three days, six stone and six reconstructive surgeries were completed. It was clear to the team that the local surgeons had continued with PCNL since the last visit with good skill acquisition.

Ndola, Zambia

TUF fellows Mike Ng and Rustam Karanjia, along with Urology Consultants Nick Campaign and Nish Bedi, travelled to Ndola Zambia for a Prostate Uroweek. The workshop focussed on

teaching TURP and transperineal prostate biopsies.

The visit highlighted the importance of selecting appropriate patients for further investigation or surgery. Teaching these skills was enormously beneficial to the local patient population with two patients becoming catheter free after five and six years.

Uganda

In November 2025, Shekhar Biyani, Steve Payne, Sunjay Jain, Will Finch, sponsored by BJUI, and Mike Kimuli, and Mary Garthwaite, on a fact-finding mission for TUF, visited Mengo Hospital in Uganda to deliver a TURP workshop and urology bootcamp.

In December 2025, Suzie Venn, as an examiner, and Steve Payne, as the appointed COSECA external examiner, travelled to Bujumbura, in Burundi, for the COSECSA FSC exams. The exam included a mix of clinical OSCE and VIVA stations.

Detailed reports on all activities are included on the Urolink pages on the BAUS website.

Financial results of activities and events

The Association's finances remain stable. In 2025 there was an operating deficit of £187,688 (against 2024 £130,627 – surplus), against a budgeted deficit of £117,593. The total income was £2,429,262 and total expenditure of £2,616,950, with a loss on investment of £114,977.

The direct surplus from the 2025 Annual Scientific Meeting (ASM) was £275,980, an increase of 18% on prior year (2024 – £233,563), with income from the meeting at £1,058,902 (2024 – £971,920). Expenditure on the meeting was £782,922 (2024 – £738,357).

BAUS continued to deliver a full programme of educational events in 2025, generating a direct surplus from its educational activities (Office of Education and journal income less associated expenditure) of £64,844 (Office of Education income £191,799 expenditure £145,915; journal income £109,991; expenditure £132,097).

The Section of Oncology and Section of Endourology annual meetings generated a surplus of £23,386 and a deficit of £12,531 respectively (Oncology income £92,663; expenditure £69,277. Endourology income £90,078; expenditure £102,609).

The Industry Sponsored Webinars programme in 2025 brought in £34,125 (2024 - £32,850) of income, with expenditure of only £3,050, yielding a surplus of £31,075.

In 2025, subscription income was £641,948 (2024 – £618,063), accounting for 26% of the Association's income, maintaining the proportion from the previous year (27% in 2024, 30% in 2023 and 46% in 2022).

Reserves policy and financial position

The "free reserves" of BAUS on 31 December 2025, calculated as total general funds less the value of intangible and tangible fixed assets, amounted to £2,995,468 (2024 – £3,274,141). The Annual Scientific Meeting (ASM) accounted for 44% of BAUS' income (43% in 2024) and

30% of expenditure (2024 – 34%).

A new reserves policy was approved by Trustees during the year, with a target reserve level of £660,445. This is derived from the following considerations:

Given the increasing costs and forward commitments associated with event organisation, the Trustees have agreed that for its basic reserves the charity needs six months of operational cost.

Additionally, reserves should include any unrealised costs on the balance sheet pertaining to contractual commitments for future Annual Scientific Meetings (ASM). It should include all sunk costs pertaining to the ASM of that financial year. A redundancy calculation will be made for employed staff and any pension commitments, if any.

The Trustees are confident that the levels of reserves that BAUS holds, which are readily accessible, are such that BAUS will be able to continue to operate effectively. These reserves are currently significantly higher than required by the reserves policy. The Charity has plans to utilise some of these reserves in growing the organisation.

Staffing levels increased in 2025 from 9 to 13, reflecting the recruitment of a new CEO who implemented organisational change and growth for BAUS as well as staff restructuring to support strategic priorities and future-proof the organisation. Staff costs rose to £546,179 (2024 – £482,250).

The Trustees are committed to delivering innovative and comprehensive educational opportunities to all members throughout their urological career. Trustees approved a full educational review in 2025, using an external consultancy company called Nexus Healthcare. This resulted in the production of an educational roadmap, leading to the development of an educational strategy. Trustees allocated £430,000 in the budget for 2026 for educational resources, courses and innovation education content for member benefit.

Investments policy

The Charity is in a sound financial position and expects to exist in perpetuity. The Trustees are authorised to invest surplus funds as they determine. The Trustees agreed a new Investment Policy in 2025 and determined that for their long-term portfolio, BAUS seeks investment returns of CPI +4% p.a. over 10-year rolling period.

Whilst the primary aim of the investment portfolio is to generate a financial return to support activities, BAUS will avoid investing in organisations that conflict with the charity's aims and values and wishes to support organisations and business practices that further those aims.

BAUS Trustees wish to invest with sustainability at the heart of the portfolio and accordingly require the investment manager to have Environmental, Social, and Governance (ESG) considerations embedded within their investment processes and to take ESG risks into account when assessing investment opportunities and engaging with companies.

Trustees also believe that renewable energy has an essential part to play in the climate

emergency solution and expect the investment manager to invest in these companies on the charity's behalf.

Given the long-term view and current financial position of the Charity, the Association's investment strategy is focused on a medium/high level of market risk in order to maximise returns.

Trustees engaged an Independent Financial Advisor to assist in the review of the current investment manager, CCLA, and alternative options in the market. A beauty parade of investment managers was conducted in November 2025.

Cazenove was appointed as the new Investment Manager for the BAUS funds, with the transition from CCLA taking place in early 2026.

The investment portfolio was managed for all of 2025 by CCLA Investment Management. On 31 December 2025, the Association held £2,286,991 in the COIF Charity Funds Scheme managed by CCLA (2024 – £2,401,968). Of this, £1,000 was held as cash, with the rest invested.

Remaining reserves were held in current assets, primarily interest-bearing cash, amounting to £1,132,933 (2024 – £1,365,752).

In 2025, the investment value went down by 1.95% (2024 rose by 2.2%) and generated a loss of £114,977. Trustees are disappointed with this performance. Trustees have acted with fiduciary responsibility in reviewing the performance of the Investment Manager and deciding to move from CCLA to Cazenove. The Trustees will keep the performance of the investment managers under review and will review their investment strategy on an annual basis.

Financial Governance

During 2025, a thorough financial review was commissioned by BAUS, with the formation of a Finance and Risk Committee (FARCO), responsible for oversight, review, assessment and final decision making to determine ongoing investment principles and priorities for the next 3 to 5 years.

Governance, structure and management

Status and History

The British Association of Urological Surgeons Limited is a registered charity, and a company limited by guarantee, not having a share capital. Every member undertakes to contribute an amount not exceeding £1 to the assets of the charity in the event of the charity being wound-up during the period of membership, or within one year thereafter.

BAUS originally came into existence as an unincorporated association that was founded in 1945 and has always functioned as a charity. The current corporate entity was incorporated on 16 January 2007 and became a registered charity on 4 December 2010.

The Association is governed by the regulations set down in its company Articles of Association

and are filed with Companies House and the Charity Commission.

Organisational structure

The Trustees of BAUS have legal and fiduciary responsibility for the Association. The Trustees are the Officers of the Association (the President, President Elect, Vice President Membership, Deputy Vice President Membership, Vice President Education and Deputy Vice President Education) and up to four co-opted Trustees.

The Association employed 11 full-time members of staff and two part-time members of staff as of 31 December 2025.

Key management

The Trustees consider that they, together with the Chief Executive comprise the key management of the charity in charge of directing, controlling, running and operating the charity on a day-to-day basis.

During 2025, the Chief Executive set up a Senior Leadership Team comprising of six members including the Chief Executive as follows:

Head of Education	L Hermans
Head of Events	A Lester
Head of Operations	N Clarkson
Communications Manager	W Hutchins
Business Development Manager	H Doyle

Remuneration for all BAUS staff (including the Chief Executive) is reviewed and agreed by the Trustees. A bi-annual benchmarking review will take place with an independent HR advisor.

None of the Trustees receives remuneration in connection with their duties as trustees. There is an option to reimburse sessions, to the employing Trust, for the following Officers: President, President Elect and Vice President Education, if required.

Council

The Council plays a pivotal role in determining the strategic and professional direction of the Charity, ensuring it is responsive to the needs and views of its membership. The Council Consists of Trustees and 16 regionally elected members.

The following members have served on the Council since 1 January 2025:

Elected Regional Representatives

S Wood (East of England)	(2024 – 2027)
East Midlands (vacant)	(2025 – 2025)

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J Raju (East Midlands)	(2025 – 2026)	(co-opted from June 2025)
S Garnett (Kent Surrey, Sussex)	(2020 – 2025)	(until June 2025)
T Mahesan (Kent, Surrey, Sussex)	(2025 – 2028)	(from June 2025)
R Barod (London North)	(2021 – 2026)	
K Thomas (London South)	(2024 – 2027)	
A Nambiar (North East)	(2023 – 2026)	
M Haynes (Northern Ireland)	(2024 – 2027)	
V Modgil (North West)	(2023 – 2026)	
R Casey (Republic of Ireland)	(2024 – 2027)	
L McLornan (Republic of Ireland)	(2025 – 2027)	
H Simpson (Scotland East)	(2021 – 2026)	
L Kerr (Scotland West)	(2022 – 2027)	
R Lockyer (South Central)	(2021 - 2026)	
J Jelski (South West)	(2024 – 2027)	
R Morrison (Yorkshire & Humber)	(2022 – 2025)	
S Rajpal (Yorkshire & Humber)	(2025 – 2028)	(from June 2025)
A Mainwaring (Wales)	(2024 – 2028)	
T Sami (West Midlands)	(2024 – 2027)	

Ex-officio Council Members

A Parnham	(2024 – 2025)	Chair, Section of AGUS
S Subramanian	(2024 – 2025)	Chair, Section of Endourology
A Sahai	(2024 – 2025)	Chair, Section of Functional and Reconstructive Urology
S Murali	(2024 – 2025)	Chair, Section of Specialist & Trust Urologists
V Hanchanale	(2024 – 2026)	Chair, Section of Oncology
T Tien	(2023 – 2025)	Chair, Section of Trainees (Until June 2025)
B Abdelqader	(2025 – 2026)	Chair, Section of Trainees (from June 2025)
R Calvert	(2024 – 2026)	Chair Audit Steering Group
L McHugh	(2024 -	Chair, SAC in Urology
R Heer	(2024 – 2028)	Surgical Specialty Lead for Research
N Soomro	(2023 – 2027)	Council RCS England
A McNeill	(2022 –	Chair, Executive Committee BJU International
M Garthwaite	(2023 –	Chair, The Urology Foundation (TUF)
E Chappel	(2024 –	President, British Association of Urological Nurses (BAUN)

Method of recruitment, appointment, election, and induction of Trustees

Recruitment

Details of vacancies for Officer posts are circulated to voting members of the Association. Candidates, who must be voting members in good standing, are proposed and seconded by appropriate sponsors, also voting members in good standing, and nomination forms are submitted to the Secretariat by a given date.

Candidates are required to provide a written statement in support of their application, the details of which are circulated to the members who are the electorate. The election process is conducted in accordance with the Rules of the Association.

Appointment and election

The following procedural details apply to the **Officers**:

The Officers of the Council comprise the President, President Elect, Vice President Membership, Deputy Vice President Membership, Vice President Education and Deputy Vice President Education.

The President holds office for two years from the time of the Annual General Meeting. The President Elect holds office for two years, thereafter, becoming President.

The Vice President Membership and Vice President Education hold office for two years from the time of appointment. The Deputy Vice President Membership and Deputy Vice President Education hold office for two years, thereafter, becoming Vice President Membership and Vice President Education.

Trustees can co-opt up to four members. Two of the co-opted Trustees were appointed as Clinical Trustees in January 2025 following a robust recruitment and interview process. A further recruitment process took place in December 2025 to allow for the appointment of two lay Trustees. The lay Trustee, Lisa Dodgshon, demitted from the Board in December 2025.

Induction and training

To be eligible for election as a Trustee an individual must be a voting member of the Association, and therefore all of those elected will have a degree of familiarity with the workings of the Association which are set out in full on the BAUS website. However, mindful of the importance of Trustee induction and training, the Association has developed an induction pack for new Trustees, and this is given to all Trustees on election and appointment.

The induction pack includes 'The Essential Trustee - what you need to know' published by the Charity Commission, the Trustees' Report and financial statements for the previous year, minutes of Trustee and Council meetings for the 12 month period before the newly elected/appointed Trustees formally begin their period of office, the Association's risk register and other general information - including the dates and times of future Trustees' meetings.

In 2025, induction meetings were held by the President, President Elect and senior staff with the newly elected Trustees. Additional training is provided by the charity for Trustees on an on-going basis.

Trustee Development

BAUS registered all Trustees for an annual Festival of Trusteeship in November to facilitate Trustee development. This comprised a series of lectures and workshops throughout the week and available on demand for a further 12 months.

Risk and corporate governance matters

The Trustees of the Association have been tasked with risk management and corporate

governance matters. The Trustees and the Council generally take a low-risk approach to the management of the Association, and they seek to minimise all risk exposure through good governance by maintaining adequate and appropriate systems and procedures throughout the operations of the Association.

The Association maintains a comprehensive risk register which is reviewed regularly by the Trustees. The highest risks identified in the 2025 review were the security of digital assets and protecting the wider organisation against fraud, including cyber-crime, alongside and loss of income and dependency on a limited number of income sources.

The development of a strategic plan allows for a comprehensive review of work programmes and priorities, which includes a review of staff resources against workplans to ensure resilience, sustainable performance and effective risk management.

The Trustees are satisfied that appropriate processes and policies are in place to manage the major risks identified to an acceptable level.

Plans for future periods

Future strategy

The 2023-26 Strategic plan was presented to BAUS Council in January 2023 and runs through to June 2026. Trustees began the work of reviewing the impact of the current strategy and developing a new five-year strategy which will be launched in June 2026.

The focus for the immediate future is to progress the implementation of the Education Strategy and deliver high quality and innovative educational resources to the BAUS membership.

The focus of the Finance and Risk Committee will be the secure transfer of funds from CCLA to Cazenove. They will also oversee the spend of the investment into Education.

The Trustees will onboard two new lay Trustees in early 2026. This will bring new expertise and vision to the Board of Trustees and allow the Charity to focus more on fundraising, advocacy and the Patient Voice.

Statement of Trustees' responsibilities

The Trustees (who are also directors of The British Association of Urological Surgeons Limited for the purposes of company law) are responsible for preparing the Trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period.

In preparing these financial statements, the Trustees are required to:

- ◆ select suitable accounting policies and then apply them consistently;
- ◆ observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102);
- ◆ make judgements and estimates that are reasonable and prudent;
- ◆ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and;
- ◆ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of accounts may differ from legislation in other jurisdictions.

Each of the Trustees confirms that:

- ◆ so far as the Trustee is aware, there is no relevant audit information of which the charitable company's auditor is unaware; and
- ◆ the Trustee has taken all the steps that he/she ought to have taken as a Trustee in order to make himself/herself aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418

Trustees' report 31 December 2025

of the Companies Act 2006.

Approved by the Trustees and signed on their behalf by:



I Pearce

Approved by the Trustees on:

11/05/2026

I Pearce - 11 May 2026

Independent auditor's report to the members of The British Association of Urological Surgeons Limited

Opinion

We have audited the financial statements of The British Association of Urological Surgeons Limited (the 'charitable company') for the year ended 31 December 2025 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at 31 December 2025 and of its income and expenditure for the year then ended;
- ◆ have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- ◆ have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report and financial statements, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- ◆ the information given in the trustees' report, which is also a directors' report for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- ◆ the trustees' report, which is also the directors' report for the purposes of company law, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- ◆ adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- ◆ the financial statements are not in agreement with the accounting records and returns; or
- ◆ certain disclosures of trustees' remuneration specified by law are not made; or
- ◆ we have not received all the information and explanations we require for our audit; or
- ◆ the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- ◆ the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations; and
- ◆ we obtained an understanding of the legal and regulatory frameworks that are applicable to the charity and determined that the most significant frameworks which are directly relevant to specific assertions in the financial statements are those that relate to the reporting framework (Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006).

We assessed the susceptibility of the charity's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- ◆ making enquiries of management as to their knowledge of actual, suspected and alleged fraud; and

Independent auditor's report Year to 31 December 2025

- ◆ considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- ◆ performed analytical procedures to identify any unusual or unexpected relationships;
- ◆ tested journal entries to identify unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- ◆ reading the minutes of meetings of those charged with governance; and
- ◆ enquiring of management as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott Audit LLP

Alison Pyle (Senior Statutory Auditor)
For and on behalf of Buzzacott Audit LLP, Statutory Auditor
130 Wood Street
London
EC2V 6DL

12 May 2026

Statement of financial activities Year to 31 December 2025

	Notes	Unrestricted funds 2025 £	Restricted funds 2025 £	2025 £	Unrestricted funds 2024 £	Restricted funds 2024 £	2024 £
Income and expenditure							
Income:							
Investment income	1	101,750	—	101,750	89,093	—	89,093
Income from charitable activities							
. Dissemination of information	2	2,308,044	19,468	2,327,512	2,171,521	24,817	2,196,338
Total income		2,409,794	19,468	2,429,262	2,260,614	24,817	2,285,431
Expenditure							
Expenditure on charitable activities							
. Dissemination of information	3	2,581,133	35,817	2,616,950	2,146,030	8,774	2,154,804
Total expenditure		2,581,133	35,817	2,616,950	2,146,030	8,774	2,154,804
Net (expenditure) income before gains on investments		(171,339)	(16,349)	(187,688)	114,584	16,043	130,627
Net gains (losses) on investments	11	(114,977)	—	(114,977)	53,062	—	53,062
Net income (expenditure)		(286,316)	(16,349)	(302,665)	167,646	16,043	183,689
Transfer between funds	14	—	—	—	11,156	(11,156)	—
Net movement in funds		(286,316)	(16,349)	(302,665)	178,802	4,887	183,689
Reconciliation of funds:							
Fund balances brought forward at 1 January 2025		3,748,944	29,029	3,777,973	3,570,142	24,142	3,594,284
Fund balances carried forward at 31 December 2025		3,462,628	12,680	3,475,308	3,748,944	29,029	3,777,973

All of the charity's activities derived from continuing operations during the current financial period.

All recognised gains or losses are included in the above statement of financial activities.

Balance sheet 31 December 2025

	Notes	2025 £	2025 £	2024 £	2024 £
Fixed assets					
Intangible fixed assets	9		73,369		57,417
Tangible fixed assets	10		22,831		17,636
Investments	11		2,286,991		2,401,968
			2,383,191		2,477,021
Current assets					
Stocks		12,547		14,710	
Debtors	12	874,185		689,088	
Cash at bank and in hand		1,132,933		1,365,752	
		2,019,665		2,069,550	
Liabilities:					
Creditors: amounts falling due within one year	13	(927,548)		(768,598)	
Net current assets			1,092,117		1,300,952
Total net assets			3,475,308		3,777,973
The funds of the charity:					
Restricted funds	14				
. UROLINK funds			12,680		29,029
Designated funds					
. Endourology funds			303,053		325,587
. BSoT fund			45,994		55,110
. Urolink fund			21,913		19,053
. Fixed asset fund			96,200		75,053
Unrestricted funds:					
. General funds			2,995,468		3,274,141
			3,475,308		3,777,973

Approved by the Trustees
and signed on their behalf by:

President - I Pearce

Approved on: 11 May 2026



11/05/2026

The British Association of Urological Surgeons Limited
Registered Company Number: 06054614 (England and Wales)

Statement of cash flows 31 December 2025

	Notes	2025 £	2024 £
Cash inflow from operating activities:			
Net cash provided by operating activities	A	(292,063)	186,802
Cash inflow from investing activities:			
Dividends and interest from investments		101,750	89,093
Purchase of intangible fixed assets		(31,170)	(26,600)
Purchase of tangible fixed assets		(11,336)	(14,689)
Net cash provided by investing activities		59,244	47,804
Change in cash and cash equivalents in the year		(232,819)	234,606
Cash and cash equivalents at 1 January 2025	B	1,365,752	1,131,146
Cash and cash equivalents at 31 December 2025	B	1,132,933	1,365,752

Notes to the cash flow statement for the year to 31 December 2025.

A Reconciliation of net movement in funds to net cash flow from operating activities

	2025 £	2024 £
Net movement in funds (as per the statement of financial activities)	(302,665)	183,689
Adjustments for:		
Depreciation charge	6,141	4,297
Amortisation charge	15,218	7,583
(Gains)/Losses on investments	114,977	(53,062)
Dividends and interest from investments	(101,750)	(89,093)
Decrease in stocks	2,163	(10,563)
(Increase) in debtors	(185,097)	181,656
Increase in creditors	158,950	(37,705)
Net cash provided by operating activities	(292,063)	186,802

B Analysis of cash and cash equivalents

	2025 £	2024 £
Cash at bank and in hand	1,132,933	1,364,752
Cash held by investment managers	—	1,000
Total cash and cash equivalents	1,132,933	1,365,752

Principal accounting policies 31 December 2025

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of preparation

These accounts have been prepared for the year to 31 December 2025.

The accounts have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to these accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued in October 2019, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the trustees and management to make significant judgements and estimates.

The items in the accounts where judgements and estimates have been made include the judgement whether items meet the criteria for capitalisation as intangible fixed assets, estimating the amortisation and useful economic life and likely residual values, if any, of intangible and tangible fixed assets for the purposes of determining the annual depreciation charge.

Assessment of going concern

The trustees have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to a period of one year from the date of approval of these accounts.

The trustees of the charity have concluded that the charity is able to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due. The most significant areas of judgement that affect items in the accounts are detailed above. With regard to the next accounting period, the year ending 31 December 2025, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets.

Income recognition

Income is recognised in the period in which the charity becomes entitled to that income, where receipt of resources is probable and the amount can be measured reliably.

Income comprises subscriptions, income from scientific meetings and journals, investment income, donations and other income.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity. This is normally upon notification of the interest paid or payable by the bank.

Income is recognised in the statement of financial activities for the proportion of subscriptions, which are receivable in the financial period. Amounts received but not recognised in the statement of financial activities are carried forward in the balance sheet as deferred income.

Income from scientific meetings and journals is recognised in the statement of financial activities when the service is delivered. Amounts received but not recognised are carried forward in the balance sheet as deferred income.

Resources expended

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- ◆ Expenditure on raising funds includes all expenditure associated with raising funds for the charity.
- ◆ Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs in respect of the dissemination of information including governance costs.

Grants payable are included in the statement of financial activities when approved and when the intended recipient has either received the funds or been informed of the decision to make the grant and has satisfied all performance conditions. Grants approved but not paid at the end of the financial year are accrued. Grants where the beneficiary has not been informed or has to fulfil performance conditions before the grant is released are not accrued for but are disclosed as financial commitments in the notes to the accounts. Grants comprise single year payments rather than multi-year grants.

All expenditure is stated inclusive of irrecoverable VAT.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect of its compliance with regulation and good practice.

Support costs and governance costs are allocated in full to the charitable activity of dissemination of information.

Intangible fixed assets

All intangible assets purchased that have a cost of more than £500 and an expected useful economic life that exceeds one year are capitalised and classified as intangible fixed assets. Intangible fixed assets are stated at historical cost less amortisation. Amortisation is provided on all intangible fixed assets at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

- ◆ CRM database and web app – over 5 years
- ◆ Web app – over 5 years

An annual impairment review is carried out for each asset after it has been brought into use to reassess its remaining useful life and that it still meets the definition of an intangible asset. Provision is made for assets that are no longer deemed to give an ongoing benefit to the charity for a period of greater than 12 months.

Tangible fixed assets

All tangible assets purchased that have a cost of more than £500 and an expected useful economic life that exceeds one year are capitalised and classified as fixed assets. Tangible fixed assets are stated at historical cost less depreciation. Depreciation is provided on all tangible fixed assets at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

- ◆ Improvements to leasehold premises – over the life of the lease
- ◆ Fixtures and fittings – over 5 years
- ◆ Office equipment – over 5 years

Fixed asset investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price.

The charity does not acquire put options, derivatives or other complex financial instruments.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Stocks

Stocks are valued at the lower cost or net realisable value.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. They have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition.

Creditors and provisions

Creditors and provisions are recognised when there is a legal or constructive obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged on a straight line basis over the term of the lease.

Pension contributions

The charity participates in a multi-employer defined benefit pension scheme known as the Superannuation Arrangements of the University of London ("SAUL"). The scheme is contracted out of the State Earnings-Related Pension Scheme and is a centralised scheme for certain employees with the assets held in separate trustee-administered funds. The charity is unable to identify its share of the underlying assets and liabilities of the scheme, therefore the financial statements include pension costs payable in respect of the plan on a defined contribution basis.

Fund accounting

The general fund comprises the accumulated surpluses of unrestricted incoming resources not yet expended, which are available for use in furtherance of the general objectives of the charity.

Designated funds are set aside out of unrestricted funds and consist of amounts which have been allocated or designated for specific purposes by the trustees. The use of designated funds remains at the discretion of the trustees.

Restricted funds are funds subject to specific conditions imposed by donors. The purpose and use of the restricted funds are set out in the notes to the accounts. Amounts unspent at the year end are carried forward in the balance sheet.

Notes to the financial statements 31 December 2025

1 Investment income

	Unrestricted funds £	Restricted funds £	2025 £
Bank interest receivable	33,999	—	33,999
Income from investments listed on a recognised stock exchange	67,751	—	67,751
2025 Total funds	101,750	—	101,750
	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>2024 £</i>
<i>Bank interest receivable</i>	<i>23,319</i>	<i>—</i>	<i>23,319</i>
<i>Income from investments listed on a recognised stock exchange</i>	<i>65,774</i>	<i>—</i>	<i>65,774</i>
<i>2024 Total funds</i>	<i>89,093</i>	<i>—</i>	<i>89,093</i>

2 Income from dissemination of information

	Unrestricted funds £	Restricted funds £	2025 £
Subscriptions	641,948	—	641,948
Annual Scientific Meeting	1,058,902	—	1,058,902
Journal of Clinical Urology	109,991	—	109,991
Office of Education	191,799	—	191,799
Section of Oncology	92,663	—	92,663
Section of Endourology	90,078	—	90,078
Section of FRU and Andrology	57,066	—	57,066
Section of Trainees	5,707	—	5,707
Industry sponsored webinars	34,125	—	34,125
Urolink	4,853	19,468	24,321
Data and audit	—	—	—
Other income	20,912	—	20,912
2025 Total funds	2,308,044	19,468	2,327,512

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>2024 £</i>
<i>Subscriptions</i>	<i>618,063</i>	<i>—</i>	<i>618,063</i>
<i>Annual Scientific Meeting</i>	<i>971,920</i>	<i>—</i>	<i>971,920</i>
<i>Journal of Clinical Urology</i>	<i>87,050</i>	<i>—</i>	<i>87,050</i>
<i>Office of Education</i>	<i>186,109</i>	<i>—</i>	<i>186,109</i>
<i>Section of Oncology</i>	<i>116,445</i>	<i>—</i>	<i>116,445</i>
<i>Section of Endourology</i>	<i>93,874</i>	<i>—</i>	<i>93,874</i>
<i>Section of Trainees</i>	<i>43,474</i>	<i>—</i>	<i>43,474</i>
<i>Industry sponsored webinars</i>	<i>32,850</i>	<i>—</i>	<i>32,850</i>
<i>Urolink</i>	<i>—</i>	<i>24,817</i>	<i>24,817</i>
<i>Data and audit</i>	<i>7,000</i>	<i>—</i>	<i>7,000</i>
<i>Other income</i>	<i>14,736</i>	<i>—</i>	<i>14,736</i>
<i>2024 Total funds</i>	<i>2,171,521</i>	<i>24,817</i>	<i>2,196,338</i>

Notes to the financial statements 31 December 2025

3 Cost of dissemination of information

	Unrestricted funds £	Restricted funds £	2025 £
Direct costs:			
Annual Scientific Meeting	782,922	—	782,922
Journal of Clinical Urology	132,097	—	132,097
Office of Education	145,915	—	145,915
Section of Oncology	69,277	—	69,277
Section of Endourology	102,609	—	102,609
Section of Female Urology	3,088	—	3,088
Section of Trainees	16,828	—	16,828
Section of FRU and Andrology	46,928	—	46,928
Section of Academic Urology	3,000	—	3,000
Industry sponsored webinars	3,050	—	3,050
Data and audit	2,847	—	2,847
British Journal of Urology International	66,500	—	66,500
Grants, donations and awards (see note 4)	7,105	—	7,105
Urolink	1,993	35,817	37,810
Subscriptions	6,040	—	6,040
Website Costs	7,939	—	7,939
	1,398,138	35,817	1,433,955
Support costs (see note 5)	1,085,488	—	1,085,488
Governance costs (see note 5)	97,507	—	97,507
2025 Total funds	2,581,133	35,817	2,616,950

	Unrestricted funds £	Restricted funds £	2024 £
Direct costs:			
Annual Scientific Meeting	738,357	—	738,357
Journal of Clinical Urology	102,796	—	102,796
Office of Education	151,957	—	151,957
Section of Oncology	75,196	—	75,196
Section of Endourology	96,294	—	96,294
Section of Female Urology	1,339	—	1,339
Section of Trainees	30,415	—	30,415
Section of Andrology	1,481	—	1,481
Section of Academic Urology	3,000	—	3,000
Industry sponsored webinars	2,800	—	2,800
Data and audit	2,322	—	2,322
British Journal of Urology International	66,500	—	66,500
Grants, donations and awards (see note 4)	2,238	—	2,238
Urolink	1,556	8,774	10,330
Subscriptions	2,184	—	2,184
Website Costs	12,456	—	12,456
	1,290,891	8,774	1,299,665
Support costs (see note 5)	778,574	—	778,574
Governance costs (see note 5)	76,565	—	76,565
2024 Total funds	2,146,030	8,774	2,154,804

4 Prizes, donations and awards

	Unrestricted funds £	Restricted funds £	2025 £
Other Grants	4,942	—	4,942
Medals awarded to five individuals	2,164	—	2,164
2025 Total funds	7,106	—	7,106
	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>2024 £</i>
<i>Other Grants</i>	<i>250</i>	<i>—</i>	<i>250</i>
<i>Medals awarded to five individuals</i>	<i>1,988</i>	<i>—</i>	<i>1,988</i>
<i>2024 Total funds</i>	<i>2,238</i>	<i>—</i>	<i>2,238</i>

5 Support and governance costs

	Support costs £	Governance £	2025 £
Staff costs (see note 7)	546,179	—	546,179
Staff recruitment, training, travel and welfare	54,712	—	54,712
Council and committee expenses	—	39,867	39,867
President's expenses and Officer's sessional time	—	46,890	46,890
BAUS 80th anniversary expenditure	54,467	—	54,467
Accommodation costs	55,830	—	55,830
Comms & Marketing	2,454	—	2,454
Repairs, maintenance, and computer software expenses	93,280	—	93,280
Postage, mailings, printing and stationery	5,535	—	5,535
Legal and professional fees	215,096	—	215,096
Auditors' remuneration – audit fees – current year	—	10,750	10,750
Bank and credit card charges	33,320	—	33,320
Irrecoverable VAT	1,243	—	1,243
Sundry office expenses	2,013	—	2,013
Depreciation and amortisation	21,358	—	21,358
	1,085,487	97,507	1,182,994

Notes to the financial statements 31 December 2025

	Support costs £	Governance £	2024 £
Staff costs (see note 7)	482,250	—	482,250
Staff recruitment, training, travel and welfare	34,162	—	34,162
Council and committee expenses	—	16,937	16,937
President's expenses and Officer's sessional time	—	50,028	50,028
BAUS 80th anniversary expenditure	425	—	425
Accommodation costs	52,025	—	52,025
Repairs, maintenance, and computer software expenses	63,661	—	63,661
Postage, mailings, printing and stationery	4,050	—	4,050
Legal and professional fees	94,376	—	94,376
Auditors' remuneration – audit fees – current year	—	9,600	9,600
Bank and credit card charges	31,156	—	31,156
Irrecoverable VAT	1,961	—	1,961
Sundry office expenses	2,628	—	2,628
Depreciation and amortisation	11,880	—	11,880
	778,574	76,565	855,139

6 Net (expenditure)/income before gains/(losses) on investments

This is stated after charging:

	2025 £	2024 £
Staff costs (see note 7)	546,179	482,250
Depreciation	6,140	4,297
Amortisation	15,218	7,583
Operating lease charges	47,132	44,532
Auditors' remuneration		
. Audit – current year	10,750	9,600
. Other services – current year	—	—

7 Staff costs and remuneration of key management personnel

The average number of persons employed by the charity (excluding council members), during the year was as follows:

	2025 No.	2024 No.
Office and administration	11	9

11 full-time and 2 part-time (2024 – 7 full-time, 3 part-time).

Staff costs for the above persons:

	2025 £	2024 £
Wages and salaries	435,684	379,696
Social security costs	43,094	34,068
Other pension costs	67,401	68,486
	546,179	482,250

No trustee received any remuneration for services to the charity as a member of Council during the current or previous year. During the year, eleven (2024 – seven) trustees were reimbursed for travel and meetings expenses totaling £40,082 (2024 – £18,197). BAUS reimbursed employing trusts for Officer sessions amounting to £34,574 (2024 – £26,818).

During the year the number of employees earning £60,000 or more (including taxable benefits but excluding employer pension contributions) was as follows:

	2025 No.	2024 No.
£80,001 - £90,000	1	1

The pension contributions payable for these employees amounted to £13,023 (2024 – £30,844).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the trustees and the Chief Executive. The total employment costs (including employer's national insurance and pension contributions) of the key management personnel for the year was £105,515 (2024 – £229,533).

8 Taxation

The charity is not liable to corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

9 Intangible fixed assets

	Web App £	Asset under develop- -ment £	CRM database £	Total £
Cost				
At 1 January 2025	65,000	—	46,800	111,800
Additions	31,170	—	—	31,170
Transfers	—	—	—	—
At 31 December 2025	96,170	—	46,800	142,970
Amortisation				
At 1 January 2025	7,583	—	46,800	54,383
Charge for the year	15,218	—	—	15,218
At 31 December 2025	22,801	—	46,800	69,601
Net book values				
At 31 December 2025	73,369	—	—	73,369
At 31 December 2024	57,417	—	—	57,417

10 Tangible fixed assets

	Fixtures & Fittings £	Computer Equipment £	Total £
Cost			
At 1 January 2025	18,551	22,879	41,430
Additions	3,539	7,797	11,336
At 31 December 2025	<u>22,090</u>	<u>30,676</u>	52,766
Depreciation			
At 1 January 2025	6,635	17,159	23,794
Charge for the year	2,670	3,471	6,141
At 31 December 2025	<u>9,305</u>	<u>20,630</u>	29,935
Net book values			
At 31 December 2025	12,785	10,046	22,831
At 31 December 2024	<u>11,916</u>	<u>5,720</u>	17,636

11 Investments

	2025 £	2024 £
Investments listed on a recognised stock exchange at market value		
1 January 2025	2,401,968	2,348,906
Unrealised (losses) gains	(114,977)	53,062
At 31 December 2025	<u>2,286,991</u>	<u>2,401,968</u>

At the balance sheet date, the historical cost of the investments was £1,972,364 (2024 – £1,972,364).

At the balance sheet date, the investment portfolio comprised wholly of the COIF Charities investment fund and comprised the following:

	2025 £	2024 £
Global equities	1,438,059	1,517,084
Other assets	181,817	205,608
UK equities	199,654	199,363
Infrastructure and operating assets	124,641	201,765
Fixed interest	237,390	184,711
Property	105,430	93,437
	<u>2,286,991</u>	<u>2,401,968</u>

Notes to the financial statements 31 December 2025

12 Debtors

	2025 £	2024 £
Amounts falling due within one year:		
Trade debtors	555,837	413,188
Prepayments	195,603	153,391
Accrued income	100,460	100,668
Other debtors	2,366	1,073
	854,266	668,320
Amounts falling due after more than one year:		
Prepayments	19,919	20,768
	874,185	689,088

13 Creditors: amounts falling due within one year

	2025 £	2024 £
Amounts falling due within one year:		
Trade creditors	248,578	84,022
VAT payable	34,754	64,228
Taxes and social security	14,588	—
Accruals	65,908	44,884
Deferred income:		
. Annual meeting income received in advance	512,071	509,205
. Office of Education income received in advance	11,296	30,571
. FRCS (Urol) Revision Courses L2 received in advance	9,025	—
. BSoT income received in advance	—	—
. Section of FNUU (Female Urology) income received in advance	—	13,638
. Industry sponsorship webinars/meetings	22,050	22,050
. Subscription income received in advance	—	—
Other creditors	9,278	—
	927,548	768,598

Income has been deferred because the charity has not yet met the conditions for recognising the income. The movements on deferred income are analysed below:

	2025 £	2024 £
Brought forward	575,464	579,686
Released in year	(575,464)	(579,686)
Additions in year	554,442	575,464
Carried forward	554,442	575,464

14 Funds

	1 January 2025 £	Income £	Expenditure £	Transfers £	Gains on investments £	31 December 2025 £
<i>Restricted income funds:</i>						
. UROLINK fund	29,029	19,468	(35,817)	—	—	12,680
<i>Designated funds:</i>						
. Section of Trainees fund	55,110	5,707	(14,823)	—	—	45,994
. Endourology fund	325,587	—	(22,534)	—	—	303,053
. Urolink Fund	19,053	4,853	(1,993)	—	—	21,913
. Fixed asset fund	75,053	—	—	21,147	—	96,200
<i>Unrestricted income funds:</i>						
. General fund	3,274,141	2,399,234	(2,541,783)	(136,124)	—	2,995,468
	3,777,973	2,429,262	(2,616,950)	(114,977)	—	3,475,308

	1 January 2024 £	Income £	Expenditure £	Transfers £	Gains on investments £	31 December 2024 £
<i>Restricted income funds:</i>						
. UROLINK fund	24,142	24,817	(8,774)	(11,156)	—	29,029
<i>Designated funds:</i>						
. Section of Trainees fund	38,427	43,474	(28,692)	—	1,901	55,110
. Endourology fund	345,796	—	(37,322)	—	17,113	325,587
. Urolink Fund	—	—	—	19,053	—	19,053
. Fixed asset fund	—	—	—	75,053	—	75,053
<i>Unrestricted income funds:</i>						
. General fund	3,185,919	2,217,140	(2,080,016)	(82,950)	34,048	3,274,141
	3,594,284	2,285,431	(2,154,804)	—	53,062	3,777,973

The UROLINK Fund was set up in 2008 by the unincorporated Association with a donation received from BJU international. Further funds have been received in recent years from BJU International and The Urology Foundation. These monies continue to be utilised to support UROLINK activities. A transfer of £11,156 was made from the Urolink restricted fund to the designated fund, with BJUI's approval in January 2024. A further £7,897, from a previous unrestricted donation, was also transferred to the designated fund in year. This designated fund has been set up to allow Urolink to use the funds for other initiatives in under-resourced hospitals, including developing paediatric urological links in Ethiopia and East Africa.

The Endourology designated fund represents the net surplus generated from the World Congress of Endourology, which will be used to support fellowships in endourology. It is anticipated this fund will be spent over a maximum of ten years.

The BAUS Section of Trainees (BSoT) designated fund represents the monies transferred to BAUS in 2019 when the Specialist Urology Registrars' Group (SURG), which had been a separate charity, ceased to exist and the BSoT was formed as part of BAUS. Trustees agreed these funds plus any surpluses generated by BSoT activities could be held in a designated fund to support urological training/trainees.

Notes to the financial statements 31 December 2025

The designated tangible and intangible fixed assets fund reflects the fact that these funds are not in a liquid form and so are not expendable funds.

14 Analysis of net assets between funds

	Fixed assets £	Investments £	Net current assets £	2025 Total £
Restricted income funds:				
. UROLINK fund	—	—	12,680	12,680
Designated income funds	—	467,160	—	467,160
Unrestricted income funds				
. General fund	96,200	1,819,831	1,079,437	2,995,468
	<u>96,200</u>	<u>2,286,991</u>	<u>1,092,117</u>	<u>3,475,308</u>

	Fixed assets £	Investments £	Net current assets £	2024 Total £
Restricted income funds:				
. UROLINK fund	—	—	29,029	29,029
Designated income funds	75,053	399,750	—	474,803
Unrestricted income funds				
. General fund	—	2,002,218	1,271,923	3,274,141
	<u>75,053</u>	<u>2,401,968</u>	<u>1,300,952</u>	<u>3,777,973</u>

The total unrealised gains as at 31 December 2025 constitutes movements on fair value and are as follows:

	2025 £	2024 £
Unrealised gains included above:		
On investments	314,627	429,604
Total unrealised gains at 31 December 2025	<u>314,627</u>	<u>429,604</u>
Reconciliation of movements in unrealised gains		
Unrealised gains at 1 January 2025	429,604	376,542
Add: net (losses) gains arising on fair value movements arising in the year	(114,977)	53,062
Total unrealised gains at 31 December 2025	<u>314,627</u>	<u>429,604</u>

15 Commitments under operating leases

At 31 December 2025, the charitable company had the following future minimum commitments under non-cancellable operating leases as follows:

	2025 £	2024 £
In respect of land and building leases		
Payments which fall due:		
. Within one year	17,786	53,896
. Within two to five years	—	17,786
	<u>17,786</u>	<u>71,682</u>

16 Pension commitments

The charitable company participates in pension schemes provided by the Superannuation Arrangements for the University of London (SAUL) for all qualified employees. SAUL provides pension benefits for eligible employees of multiple, separate employers. SAUL offers two types of pension as set out in the Scheme Rules:

- a defined benefit (DB) plan that pays members' benefits according to a set formula, based on members' salaries
- a defined contribution (DC) plan for the first three years of membership, called SAUL Start, that gives members an individual pension pot which is invested for their retirement.

Generally, members who joined or became eligible for SAUL before 1 April 2023 will be in the DB plan. Members who become eligible for the first time from 1 April 2023 will be in SAUL Start for their first three years of membership before automatically moving to the DB plan. The DB scheme has assets held in trustee administered funds and it is not possible to identify the charitable company's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contribution scheme and pension costs are based on the amounts actually payable (cash amounts) in accordance with FRS 102. The amount charged to the Statement of Financial Activities in respect of pension costs (as shown in note 7) is the total contributions payable for the year. Any contributions payable at the balance sheet date are treated as creditors (as shown in note 13).

Pre-retirement discount rate	4.06% per annum
Post-retirement discount rate	1.96% per annum
General salary increases	3.49% per annum
Price inflation – RPI	3.39% per annum
Price inflation – CPI	2.49% per annum
Pension increases in payment	2.49% per annum

The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. The 2023 valuation was formally agreed by SAUL in May 2024. The 2023 valuation of the DB scheme showed the scheme is fully funded with a surplus of £134 million. The 2024 valuation will be formally agreed by SAUL in May 2025.

17 Related party transactions

There were no transactions with a related party requiring disclosure during the period (2024 – £nil, see note 7 to the financial statements).