



American
Urological
Association

Practicing Urologists in the United States 2023



American Urological Association Education and Research, Inc. (AUAER)

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Preface

The AUA Annual Census provides a comprehensive statistical approach to better understanding the urological workforce, urology providers' practice patterns, and various diversity and disparity issues in urology. This complex annual survey was designed to systematically collect representative data on the urological workforce from multiple perspectives for use in supporting decision-making, policy development and evidence-based research.

We are thrilled to celebrate the 10th anniversary of the AUA Annual Census. It is more important now than ever before to contribute your feedback through the AUA Annual Census, allowing urological care providers worldwide to continue providing the highest standards of care for our patients and their families. We encourage you to contribute to this important effort each year, and we also invite you to review past Census reports available at AUAnet.org/Census.

The AUA Annual Census has been structured as a two-part survey to support both cross-sectional and longitudinal studies. Base questions are designed to track trends on fundamental workforce factors such as geographic location, demographic characteristics, education and training, and urology practice patterns. While base questions are repeated each year, a set of new questions focusing on annual priority topics identified by the AUA is added to each Annual Census. In 2023, the priority Census topic areas focused on selected urological conditions and treatments (stone disease, female sexual dysfunction, erectile dysfunction and Peyronie's disease), laparoscopic and robotic surgeries and musculoskeletal injuries, prior authorizations, telemedicine, urologist well-being, and disparities in healthcare, harassment and discrimination.

The AUA Annual Census provides invaluable information to help fill knowledge gaps. Urological care providers, researchers and health policy decision-makers are encouraged to use the information in this report and past reports to inform their clinical practice and fuel scientific research and the formation of health care policy. Public use data sets from current and previous years are available for use in AUA member-driven research studies.

Continuing the tradition, the AUA Annual Census will be launched at the 2024 AUA Annual Meeting in San Antonio and remain online through the end of September 2024. All urological community members are encouraged to participate to ensure that the AUA Annual Census remains representative and beneficial for AUA members.



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The American Urological Association would like to thank all members of the urology community for their continued support and participation in the Annual Census.

Practicing Urologists in the United States

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FOR U.S. PRACTICING UROLOGISTS
THE AVERAGE TAKE-HOME PAY FROM
CLINICAL ACTIVITIES IS

\$424K



IN 2022, THE PERCENTAGE OF U.S.
FEMALE PRACTICING UROLOGISTS
CONTINUED TO RISE TO

11.6%

88%

U.S. UROLOGISTS WHO PREFER
SELECTED MANAGED CARE
ARRANGEMENTS TO TRADITIONAL
FEE-FOR-SERVICE PAYMENTS FOR UROLOGICAL
PROCEEDINGS



EXECUTIVE SUMMARY



BACKGROUND

Founded in 1902, the American Urological Association is a premier urologic association, providing invaluable support to the urologic community. Our mission is to promote the highest standards of urological clinical care through education, research, and the formulation of health care policy. The AUA is committed to providing education, research, advocacy and data required to address the increasing opportunities and challenges associated with providing quality urological care. These data about the urology workforce and practice patterns play an important role in generating knowledge that will inform urological care and policy impacting the urology workforce.

The AUA Annual Census is a primary data source that explores the profession of urology from multiple angles through the collection of information from practicing urologists and other professionals worldwide. Data collection for the 2023 AUA Annual Census began online in April 2023 and continued until the end of September 2023.

DATA AND METHODS

Definition of the Urologist Population

Practicing urologists are defined as those with valid medical licenses reported in the National Provider Identifier file who are listed as either urologists or pediatric urologists. Those who were reported as either surgeons or specialists in the NPI file and those who did not report a medical degree (MD or DO) were checked against the American Board of Urology certification records maintained by the American Board of Medical Specialties. The 2023 U.S. urologist population consists of a total of 14,176 practicing urologists excluding urologists in residency training.

Data Collection and Justification for Nonresponse

The analysis sample for this report is based on 1,918 confirmed practicing urologists in the U.S. who completed the 2023 AUA Annual Census, representing a 13.5% response rate out of the total 2023 population of 14,176 practicing urologists. The U.S. practicing urologist population file and the Census survey sample file were linked using post-stratification factors (i.e., gender, location, certification status, years since initial certification) to adjust for the nonresponse bias by the assigned proper sample weight.

PRIMARY OBSERVATIONS

- There were 14,176 U.S. practicing urologists in 2023. Of those practicing urologists, 86.9% are “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- Both the number of total urologists and the urologist-to-population ratio in the U.S. continued to increase between 2014 and 2023 at the national level (FIGURE 1-1). Among the 50 U.S. states, New York continued to be the state with the highest urologist-to-population ratio (5.69 urologists per 100,000 population), while North Dakota became the state with the lowest ratio (2.57 urologists per 100,000 population; TABLE 1-2).
- The majority of counties in the U.S. did not have any practicing urologists (61.4%; TABLE 1-3).
- Less than 10% of reported primary practice locations are in non-metropolitan areas (9.1%; TABLE 1-4).
- The median age of practicing urologists was 55 years, with 65 years and older being the largest age group (28.9%; TABLE 2-1).
- After rising from 7.7% in 2014 to 11.6% in 2022, the percentage of female practicing urologists remained relatively steady at 11.8% in 2023 (FIGURE 2-1).
- There were noticeable gender differences by age group in 2023, with nearly 25% of practicing urologists less than 45 years old being female compared to only 1% of practicing urologists 65 years and older being female (FIGURE 2-2).
- More than half of practicing urologists do not plan to fully retire until after age 65 (55.6%) with a median age of 67 years at planned full retirement (TABLE 2-6).
- Overall, 42.3% of practicing urologists completed at least one fellowship training during their career (TABLE 3-1). A greater percentage of female practicing urologists completed fellowship training compared to their male counterparts, especially for those aged 45 and older (57.5% for females vs. 32.9% for males; FIGURE 3-1).
- Over a quarter of practicing urologists are licensed to practice medicine in more than one state (25.4%; TABLE 3-3).

- More than 80% of practicing urologists in the U.S. are certified by the American Board of Urology alone (82.7%; TABLE 3-4).
- Oncology (12.3%), pediatrics (6.7%), and endourology/stone disease (5.1%) were the top primary subspecialty areas reported (TABLE 4-5). When respondents could select all subspecialty areas that apply, oncology (64.9%), endourology/stone disease (64.4%), and erectile dysfunction (56.0%) were the top subspecialty areas (TABLE 4-6).
- The percentage of practicing urologists employed by others remained relatively unchanged from previous years at 64.4% (FIGURE 4-5). Males 45 and older had the lowest percentage reporting employment by others (58.0%; FIGURE 4-6).
- The median number of hours practicing urologists in the U.S. worked in a typical week was 55, and 34.2% reported working more than 60 hours (TABLE 5-1).
- While male practicing urologists see more patients (74.0 patient encounters) in a typical week than female practicing urologists (62.7 patient encounters; FIGURE 5-2), female practicing urologists spend more time (18.7 minutes) with a patient during a typical office visit compared to their male counterparts (16.0 minutes; FIGURE 5-1).
- Overall, 78.6% of practicing urologists performed major inpatient operating procedures. Younger urologists aged less than 45 (88.5%), those in academic medical centers/medical schools (85.9%), those reporting a primary subspecialty (82.0%-94.1%) and those in a metropolitan area (79.5%) had higher percentages of practicing urologists performing major inpatient operating procedures (TABLE 5-6).
- Ninety percent of practicing urologists treat patients with stone diseases (TABLE 6-1).
- The double-J ureteral stent was the most preferred draining option for patients with an uncomplicated ureteroscopy (82.2%), while over a quarter (26.1%) preferred the stentless draining option (TABLE 6-4).
- Cystoscopy performed by urologists was the method most often used to remove stents after URS (50.8%), with roughly equal percentages using string extraction performed by provider (22.6%) and string extraction performed by patient (20.5%; TABLE 6-6).
- Overall, 20% of practicing urologists either diagnose or treat patients experiencing female sexual dysfunction (TABLE 7-1). While nearly 30% of female urologists diagnose and treat patients with female sexual dysfunction, only 11% of male urologists reported the same (TABLE 7-2).
- More than a quarter of practicing urologists recommend shock wave therapy for treating patients with erectile dysfunction (27.2%; TABLE 7-3), and 11.9% recommend it for patients with Peyronie's disease (TABLE 7-4).
- Holmium (not MOSES) lasers were the most reported type of lasers currently available for use by practicing urologists at their practices (70.0%; TABLE 8-1).
- Sixty-seven percent of practicing urologists reported that their institution had purchased a new laser in the past 5 years (TABLE 8-2). Forty-three percent reported that their institutions were planning to purchase a new laser in the next 5 years (TABLE 8-3) with the thulium fiber laser being the most reported type planned for investment (47.0%; TABLE 8-4).
- Female urologists and those aged 55-64 years had the highest percentages reporting musculoskeletal injuries from performing laparoscopic or robotic surgeries (16.2% and 15.2%, respectively; TABLE 8-7).
- The most common types of care received reported by those who had suffered a musculoskeletal injury due to performing laparoscopic or robotic urologic surgeries were NSAID or pain medications (74.4%), physical therapy (46.3%) and massage therapy (45.8%; TABLE 8-8). Furthermore, 12.0% reported having to limit or reduce their surgical practice as a result of their chronic musculoskeletal injuries due to performing surgeries (TABLE 8-9).

- More than half of practicing urologists believe that clinical outcomes are moderately affected by treatments that require prior authorization (53.6%) and 37.1% believe they are extremely affected. Less than 10% believe they are not affected. (TABLE 9-1)
- Almost half of practicing urologists (47.5%) reported submitting more than 10 prior authorizations on behalf of their patients in a typical week (TABLE 9-3).
- A third of practicing urologists reported that the insurer's representative is never in their same area or specialty when required to conduct peer-to-peer consultations (33.1%). Forty-three percent reported that it rarely happens (TABLE 9-4).
- Twenty-three percent of practicing urologists reported that video visits accounted for 10% or more of their clinical visits in the past year (TABLE 10-1). Urologists aged 65 or older (16.1%), nonmetropolitan practices (5.8%) and those without a subspecialty (12.6%) had lower percentages reporting that video visits accounted for 10% or more of their clinical visits (TABLE 10-2).
- Eleven percent reported that audio-only visits accounted for 10% or more of their clinical visits in the past year (TABLE 10-3). Urologists aged 55-64 (7.3%), non-metropolitan practices (4.3%), and those with a pediatrics subspecialty (4.4%) had lower percentages reporting that audio only visits accounted for 10% or more of their clinical visits (TABLE 10-4).
- Thirty-five percent of practicing urologists provide telehealth services to patients across state lines, including 17.8% who provide it to existing patients only and 15.1% who provide it to new and existing patients due to state licensing flexibilities (TABLE 10-5). Those in metropolitan areas (36.9%) and who reported a primary sub-specialty (45.8%-48.8%) had higher percentages that provide telehealth services across state lines (TABLE 10-6).
- Less than 20% of practicing urologists reported that they would provide video telehealth services if reimbursement were reduced below parity with in-person services (18.6%). Nearly half (45.6%) said they would not offer these services with reduced parity, and over a third (35.6%) said maybe (TABLE 10-7).
- Registered nurses (56.3%), urologists (55%) and certified medical assistants/licensed practical nurses (52.1%) were the top three vacancies that practicing urologists reported their practices or hospitals have difficulty filling. Only 8% reported that they had no difficulties filling any vacancies (TABLE 11-2).
- Seventy-one percent of practicing urologists reported they had ever experienced professional burnout or stress from work, including 33.1% who are currently experiencing it, 25% who experienced it in the past only and 12.3% who experienced it both in the past and currently (TABLE 11-3).
- Female urologists (85.6%), those aged 45-54 years (80.6%) and those in other practice settings (80.2%) had the largest percentages reporting they ever experienced any professional burnout or stress from work (TABLE 11-4).
- Seventeen percent of practicing urologists who experienced burnout or stress have sought professional help for it, 4.5% had not sought professional help yet but plan to, and 78.5% have not sought professional help and don't intend to (TABLE 11-6). The top reasons for not seeking help among those who did not plan to include they did not believe they needed it (71.0%), they were too busy to seek help (29.9%) and they did not want to seek help (19.1%). Eight percent reported they did not seek help because they were afraid of its impact on their professional life (TABLE 11-7).
- Among practicing urologists who reported experiencing any burnout or stress from work, 43.0% reported that they would be more likely to seek professional help if those services were not eligible to be included in their records with the state licensure boards (TABLE 11-8).
- Forty percent of practicing urologists have never received any training on disparities in healthcare (39.7%; TABLE 12-1).
- More than a quarter of practicing urologists (26.0%) reported experiencing any forms of discrimination and/or harassment at the hands of patients or their families in the past year (TABLE 12-3), with more females reporting it than males (62.4% of females vs. 21.2% of males; TABLE 12-4).

- Among female practicing urologists who reported experiencing any forms of discrimination and/or harassment in the past year at the hands of patients or their families, nearly all reported having any experiences of it based on their gender (98.5%), 74.9% had any experiences with sexual harassment, and 60.8% had any experiences based on other or inexplicable reasons (TABLE 12-5).
- Among male practicing urologists who reported experiencing any forms of discrimination and/or harassment in the past year at the hands of patients or their families, 65.7% had any experiences based on other or inexplicable reasons, 51.0% reported any experiences with bullying or physical violence, and 49.0% reported any experiences based on their race (TABLE 12-5).
- Nearly a third of practicing urologists (29.5%) reported witnessing any forms of discrimination and/or harassment at the hands of patients or their families in the past year (TABLE 12-10). The most common types among those who witnessed any were based on gender (89.6%), race (86.8%), and other or inexplicable reasons (66.2%; TABLE 12-11).
- The clinic was the most common setting in which practicing urologists experienced or witnessed discrimination or harassment at the hands of patients or their families in the past year (TABLES 12-7, 12-8, 12-9, 12-12, 12-13, 12-14).
- Sixteen percent of practicing urologists reported that their primary practice did not have a formal process for reporting discrimination or harassment incidents instigated by patients or their families (15.6%; TABLE 12-15). Among those with a formal reporting process, the most common actions taken were patient termination as a patient to the practice (40.5%), patient sent a formal letter about their behavior (32.4%), and adding a note to the patient's record (29.5%; TABLE 12-17).
- Practice administrators (46.4%) and clinical managers (25.7%) were the top parties responsible for notifying patients of the accusations made against them, with 10.4% reporting that providers were responsible for notifying patients (TABLE 12-18).



About the American Urological Association (AUA)

THE ORGANIZATION

Founded in 1902, the AUA is a premier urological association, providing invaluable support to the urological community.

AUA MISSION

The AUA mission is to promote the highest standards of urological clinical care through education, research and the formulation of health care policy.

AUA VISION

The AUA vision is to be the premier professional association for the advancement of professional urologic patient care.

About the AUA Annual Census

The AUA supports the generation and dissemination of urologic knowledge through a sophisticated statistical approach. The AUA Annual Census is a systematically designed, specialty-representative survey of the urology workforce (similar to the U.S. Census). The results of the AUA Annual Census are weighted to adjust for nonresponse bias to accurately represent the entire specialty and address the broad landscape of urology.

This publication serves as a primary source of information for the urology workforce in its effort to convey the needs and demands of the urologic community effectively. The findings also depict workforce characteristics, current clinical practice and recent educational and practicing trends, along with procedures to treat urologic conditions. The results from this publication provide an array of information that can bridge knowledge gaps, provide data to meet increasing research needs, inform health policy and, ultimately, improve patient care. Publications on practicing urologists and urology residents across the globe are also available in addition to this report on practicing urologists in the U.S.

Definition of Terms

PRACTICING STATUS

To understand the manner in which this report classifies urologists, a Definition of Terms is provided:

- **UROLOGISTS:** Physicians and surgeons who are specially trained for the diagnosis and treatment of genitourinary and adrenal gland diseases in patients of any age or sex.
- **PRACTICING UROLOGISTS:** Urologists who maintain current medical licensures and treat patients with urological conditions.
- **PRACTICING UROLOGISTS IN THE U.S.:** Practicing urologists with primary practice locations in at least one of the 50 U.S. states or the District of Columbia.
- **ACTIVE PRACTICING UROLOGISTS:** Practicing urologists who treat patients with urological conditions and who work at least 25 clinical hours per week.

LEVEL OF RURALITY

The ZIP code of each practicing urologist's primary practice location was converted to a rural-urban commuting area code based on RUCA3.10 methodology and classifications.¹ RUCA3.10 codes are grouped and presented as the following levels of rurality:

- **Metropolitan Area:** population size \geq 50,000
- **Nonmetropolitan Area:** population size $<$ 50,000
 - **Micropolitan Area:** population 10,000-49,999
 - **Small Town:** population 2,500-9,999
 - **Rural Area:** population $<$ 2,500

Glossary

90% CI	90% confidence interval
90% MOE	margin of error at 90% confidence level
ABMS	American Board of Medical Specialties
ABU	American Board of Urology
APN	advanced practice nurse
APP	advanced practice provider
AUA	American Urological Association
CME	continuing medical education
EHR	electronic health record
FSD	female sexual dysfunction
HMO	health maintenance organization
MD	medical doctor
MIOP	major inpatient operative procedure
MOE	margin of error
MRI	magnetic resonance imaging
NP	nurse practitioner
NPI	National Provider Identifier
OAB	overactive bladder
PA	physician assistant
RUCA	rural-urban commuting area
VA	Veteran Affairs

Methodology

Data in the AUA Annual Census were collected and analyzed using the survey methodology developed by Robert Groves and his colleagues. Two data files were established.ⁱⁱ One file was a population file containing basic demographic, geographic and certification information for all practicing urologists in the U.S. in 2023. The other file was a sample data file containing a broad range of information collected from the Census. The population file and the Census survey sample file were linked through post-stratification factors to adjust for nonresponses and each respondent's contribution to the Census survey by assigned sample weight.

PRACTICING UROLOGISTS POPULATION

Practicing urologists were identified jointly from the NPI file (which includes all physicians in the U.S. who hold valid medical licenses) and ABU certification records maintained by the ABMS and included in the analysis if either of the following criteria was met:

- Urology or pediatric urology was listed as the medical specialty in the NPI file.
- A provider was listed as a surgeon or a specialist in the NPI file and matched to either the 2023 ABU certification records as a urologist or the American Osteopathic Board of Surgery certification records as a urological surgeon. Manual checks of all individual urologists' and urological surgeons' websites were performed to confirm that these physicians provided urological care in 2023.

Urologists in residency training were excluded from this report. Additionally, urologists who were identified as certified by the ABU but not listed in the NPI file were excluded to ensure the inclusion of only currently practicing urologists.

ORGANIZATION OF QUESTIONS

The Census consists of “base” and “supplemental” questions. Base questions that target the entire urology specialty are asked annually to identify cross-sectional and longitudinal patterns. Examples of base question topics include practice status, clinical practice setting, primary and secondary subspecialties, patient encounters and employment status. Supplemental questions vary each year and focus on emerging issues and prior-

ity topic areas; these questions may be distributed to all participants or a random subset of participants.

CENSUS TIMELINE

The AUA Annual Census officially launches at the AUA Annual Meeting and is available online to respondents through September of that same year. Census data are analyzed and reported in the annual publication, “The State of the Urology Workforce and Practice in the U.S.,” which is available in spring of the following year.

CENSUS DATA COLLECTION

Data collection for the 2023 AUA Annual Census began on April 28, 2023 and ended on September 30, 2023. As a validation step and to ensure that no respondent could complete the survey more than once, participants had to provide either their NPI number or an AUA membership ID or email address tied directly to their NPI number.

A total of 4,114 respondents completed the 2023 AUA Annual Census—1,918 of whom were practicing urologists in the U.S., representing a 13.5% response rate out of the total 14,176 U.S. practicing urologists. Those who self-reported as practicing urologists were checked against the practicing urologist population file and removed if there were no matches found. Those urologists who were either practicing outside the U.S. or in residency training were removed from this study. The responses from the practicing urologists outside the U.S. will be analyzed and reported separately later.

SAMPLE WEIGHTING

To adjust for nonresponses and resulting biases in the 2023 AUA Census sample, a standard post-stratification weighting technique was used to identify post-stratification factors.ⁱⁱⁱ Identified factors include gender, geographic location, certification status and years since initial certification. These factors are used to develop stratification cells for calculating sample weights.

CENSUS REPORTING WITH STATISTICAL CONFIDENCE

Results were based on either the practicing urologists population data (Section 1) or weighted Census samples (Sections 2 through 12) described earlier in this report. Reported statistics based on the population data were preferred, given the lack of sampling bias. In contrast, when reported findings were based on weighted Census samples, error estimates were reported in the form of either a margin of error or a confidence interval, with an estimation of measurement precision at a 90% level of confidence.

DATA ANALYSIS

After the post-stratification weighting adjustment, the Census data were analyzed with IBM-SPSS Complex Samples 27.0.

MARGIN OF ERROR

Estimates of characteristics of the practicing urologists from the AUA Census sample data can differ from those that would be obtained if all practicing urologists were surveyed. MOE values at the 90% confidence level were used to measure and report the precision of each estimate. The MOE is the difference between an estimate and its upper and lower confidence bounds.^{iv} The AUA reports both estimates and their associated MOE values in alignment with how this information is reported in the U.S. Census/American Community Survey.

CONFIDENCE INTERVALS

Estimates based on the AUA Census samples can differ from those that would be obtained if all practicing urologists were surveyed. A 90% CI was used to mark the upper and lower confidence bounds of the estimated parameter by Census samples with 90% statistical confidence.

LIMITATIONS

The results of the AUA Annual Census are subject to the following limitations:

- As a population-based and weighted survey, the AUA Annual Census data analysis relied on the absolute number of responses to report statistics for small geographic, demographic and clinical categories.
- Not all demographics (i.e., racial/ethnic minority groups, genders, sexual orientations) were well represented in the urologist population and, therefore, were difficult to analyze.
- The AUA Annual Census is subject to sampling and estimate errors. Thus, the MOE is the appropriate tool used for comparing two groups.
- The practicing urologist population in the U.S. was based on the assumption that urologists who maintain their medical licenses in the Census year are considered practicing urologists.
- Geographic classifications, such as rurality levels and state, were determined based on the primary office location in the NPI file. The actual geographic coverage for each practicing urologist may extend beyond the area reported.
- Census data are self-reported, non-validated and may be subject to recall bias or misrepresentation.

AUA ANNUAL CENSUS AQUA REGISTRY

AQUA
AUA Quality Registry

American Urological Association **AQUA** AUA Quality Registry **Verana Health.**

Verana Health is a proud data partner to advance Life Sciences and Outcomes. Learn how our collaboration helps advance medical research and innovative medical care for patients.

The Power of Data within the AQUA Registry

MIPS Measures		AQUA Participation	
56	19	41	223
Total Number of MIPS Quality Measures	Number of Urology Specific MIPS Quality Measures	Number of U.S. States	Active Urology Practices
Patients in AQUA		2,192	
79.5M	10.9M	Urology Care Centers	
Number of Patient Encounters	Number of Unique Patients		

American Urological Association

AUA 2023 CHICAGO

PRODU The

**AUA ANNUAL CENSUS
AQUA REGISTRY**

88%
OF U.S. ROBERTS AND FELLOWS SPECIALTY TRAINING RESIDENTS "SCHEDULED" AS THE TOP PRACTICAL SKILL PROVIDER IN THE TOP PRACTICE SETS

1.6%
IN 2022, THE PERCENTAGE OF U.S. FEMALE PRACTICING UROLOGISTS CONTINUED TO RISE TO

\$424K
FOR U.S. PRACTICING UROLOGISTS THE AVERAGE TAKE-HOME PAY FROM CLINICAL ACTIVITIES IS

PRACTICING UROLOGISTS in the United States



Section 1: Geographic Distribution

Primary Observations

- There were 14,176 U.S. practicing urologists in 2023. Of those practicing urologists, 86.9% are “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- Both the number of total urologists and the urologist-to-population ratio in the U.S. continued to increase between 2014 and 2023 at the national level (FIGURE 1-1). Among the 50 U.S. states, New York continued to be the state with the highest urologist-to-population ratio (5.69 urologists per 100,000 population), while North Dakota became the state with the lowest ratio (2.57 urologists per 100,000 population; TABLE 1-2).
- The Southeastern Section of the AUA had the most U.S. practicing urologists (n=2,997; 21.1%; FIGURE 1-4).
- The majority of counties in the U.S. did not have any practicing urologists (61.4%; TABLE 1-3).
- Less than 10% of reported primary practice locations are in non-metropolitan areas (9.1%; TABLE 1-4).

TABLE 1-1
Practicing Status

Practicing Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Total Practicing Urologists	14,176	100	N/A [^]
Active Practicing Urologists	12,321	86.9	1.5

Data sources: National Provider Identifier 09/2023 file, ABU certification records from the ABMS Directory of Board-Certified Medical Specialists, AOA DO Directory, AUA 2023 Annual Census.
 * Active practicing urologists are defined as those who work 25 or more clinical hours per week.
 ^ Number of practicing urologists determined by AUA urologist master file rather than by a sample estimate.

TABLE 1-2**Urologist-to-Population Ratio by State of Primary Practice Location (Ranked from Highest to Lowest)**

State	Population	Number of Practicing Urologists*	Urologist-to-Population Ratio [^]	Relative Position
U.S. Total	333,287,557	14,176	4.25	
New York	19,677,151	1,119	5.69	High
Massachusetts	6,981,974	387	5.54	
New Hampshire	1,395,231	75	5.38	
Pennsylvania	12,972,008	665	5.13	
Vermont	647,064	33	5.10	
Connecticut	3,626,205	181	4.99	
Maine	1,385,340	69	4.98	
South Dakota	909,824	45	4.95	
Louisiana	4,590,241	226	4.92	
Maryland	6,164,660	297	4.82	
New Jersey	9,261,699	443	4.78	
Ohio	11,756,058	553	4.70	
Illinois	12,582,032	583	4.63	
Oregon	4,240,137	193	4.55	
Florida	22,244,823	1,012	4.55	
Minnesota	5,717,184	260	4.55	
Tennessee	7,051,339	319	4.52	
North Carolina	10,698,973	477	4.46	
Washington	7,785,786	340	4.37	
Wisconsin	5,892,539	257	4.36	
Colorado	5,839,926	252	4.32	Medium
Rhode Island	1,093,734	47	4.30	
Michigan	10,034,113	430	4.29	
West Virginia	1,775,156	76	4.28	

TABLE 1-2

**Urologist-to-Population Ratio (by State of Primary Practice Location)
(Ranked from Highest to Lowest) (Continued)**

State	Population	Number of Practicing Urologists*	Urologist-to-Population Ratio [^]	Relative Position
Missouri	6,177,957	259	4.19	Medium
Montana	1,122,867	47	4.19	
Virginia	8,683,619	357	4.11	
Indiana	6,833,037	280	4.10	
South Carolina	5,282,634	216	4.09	
Hawaii	1,440,196	56	3.89	
Kentucky	4,512,310	175	3.88	Medium Low
California	39,029,342	1,505	3.86	
Nebraska	1,967,923	75	3.81	
Arizona	7,359,197	280	3.80	
Iowa	3,200,517	121	3.78	
Kansas	2,937,150	111	3.78	
Alabama	5,074,296	190	3.74	
Delaware	1,018,396	38	3.73	
Alaska	733,583	27	3.68	
Oklahoma	4,019,800	143	3.56	
Georgia	10,912,876	382	3.50	
Arkansas	3,045,637	102	3.35	
Mississippi	2,940,057	97	3.30	
Texas	30,029,572	979	3.26	
Idaho	1,939,033	59	3.04	
Wyoming	581,381	17	2.92	
Utah	3,380,800	97	2.87	
New Mexico	2,113,344	60	2.84	
Nevada	3,177,772	83	2.61	
North Dakota	779,261	20	2.57	

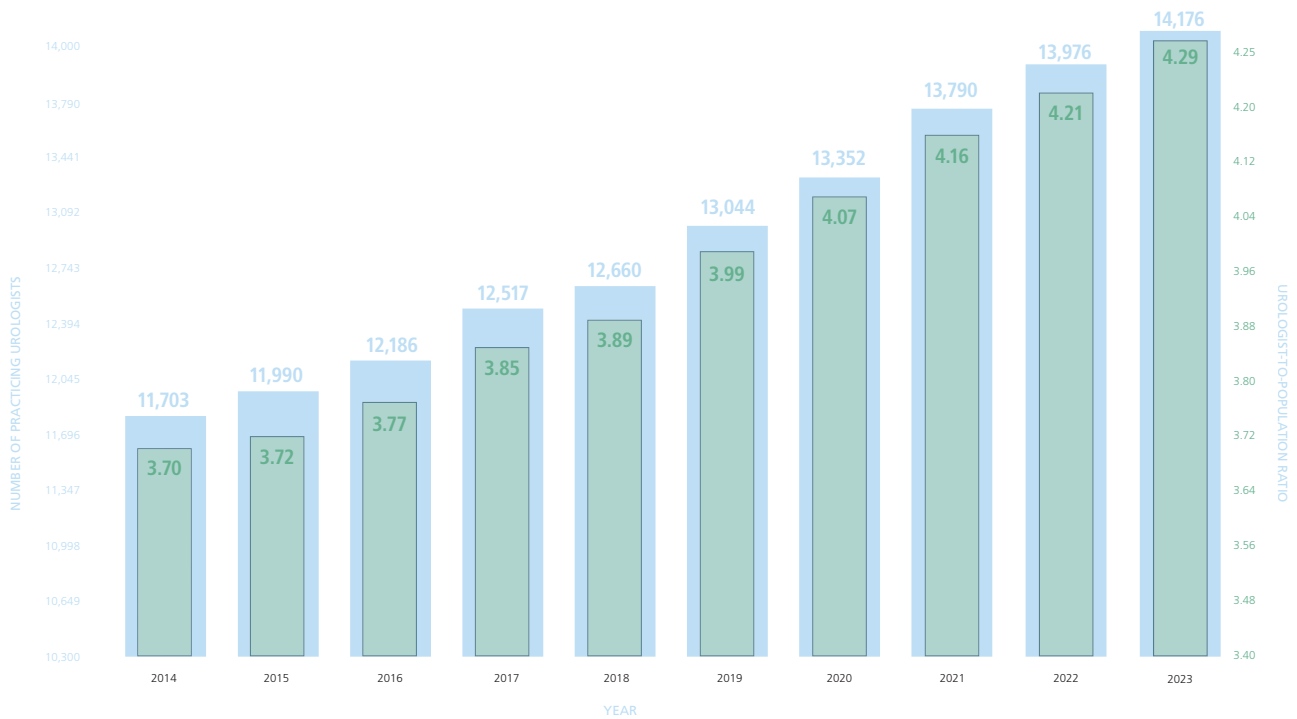
Data sources: National Provider Identifier 09/2023 file, and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists. Note: The District of Columbia (n=61 urologists) is not included in the above table due to its incomparability with other U.S. states.

* States with fewer than 50 reported urologists were manually checked against these urologists' websites.

[^] Urologist-to-population ratio is per 100,000 population.

FIGURE 1-1

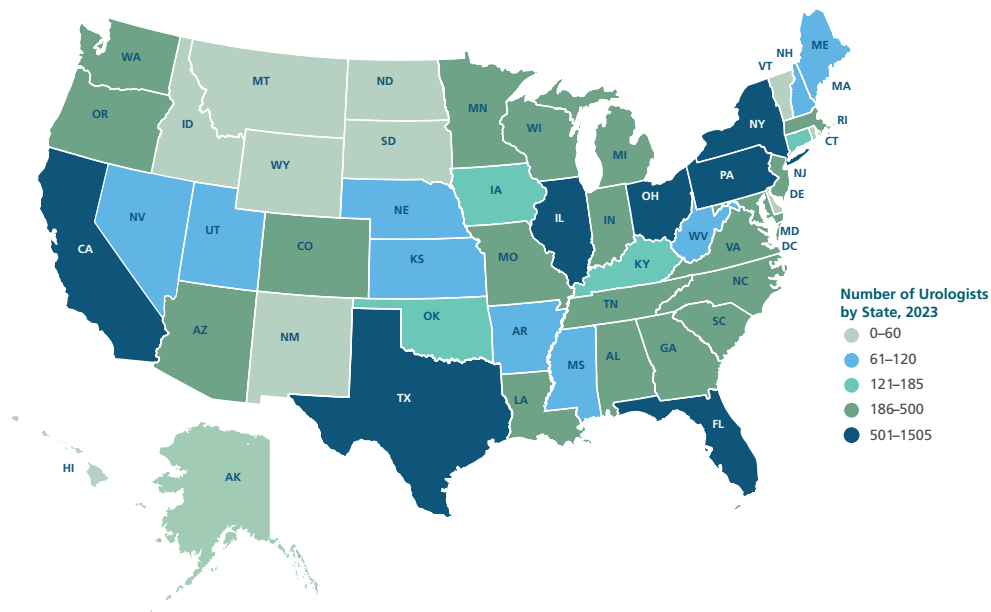
Number of Practicing Urologists and Urologist-to-Population Ratio (per 100,000 Population) From 2014 to 2023



Data sources: Number of Practicing Urologists and Urologist-to-Population Ratio (per 100,000 Population) from 2014 to 2023. Blue: Number of practicing urologists; Green: Urologist-to-population ratio (per 100,000 population).

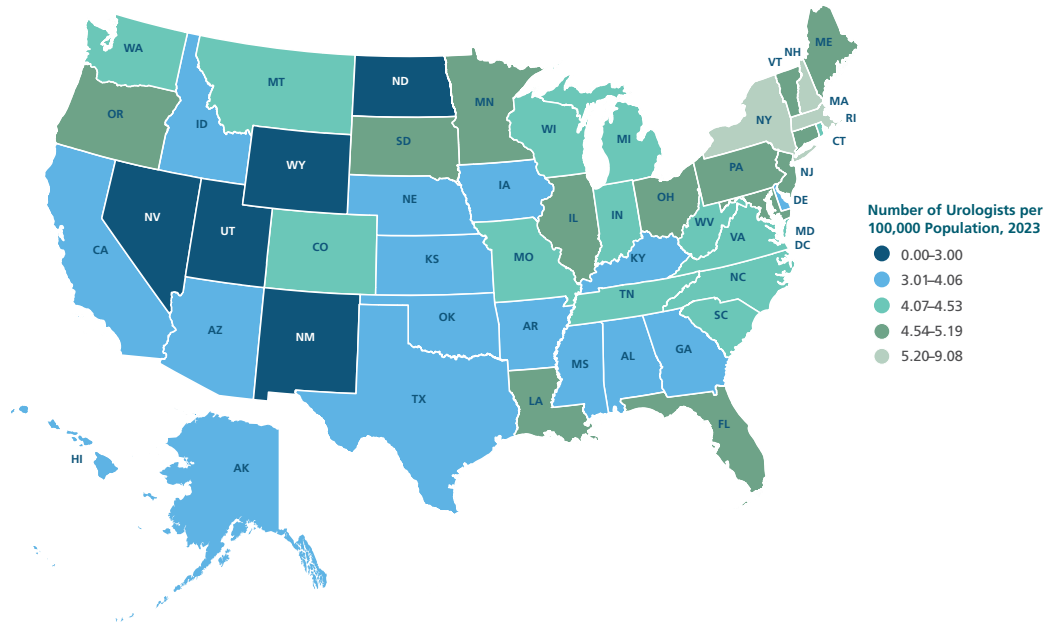
FIGURE 1-2

Number of Practicing Urologists by State of Primary Practice Location



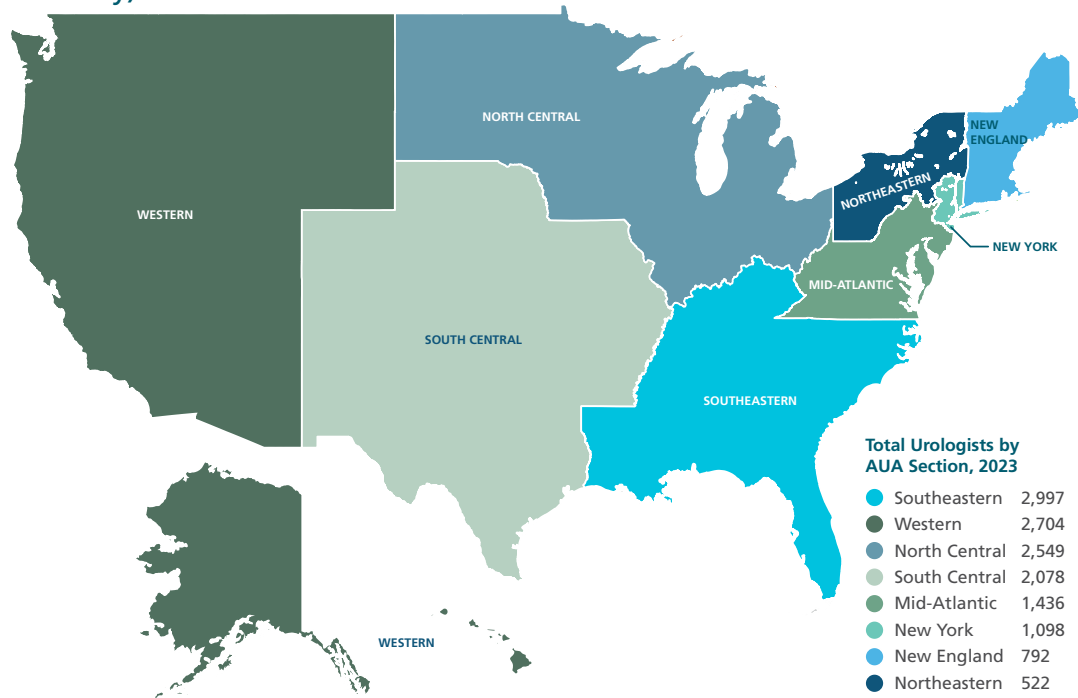
Data sources: National Provider Identifier 09/2023 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

FIGURE 1-3
Practicing Urologist-to-Population Ratio by State of Primary Practice Location



Data sources: National Provider Identifier 09/2023 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

FIGURE 1-4
Number of Practicing Urologists by AUA Section Based on Primary Practice Location (U.S. Members Only)



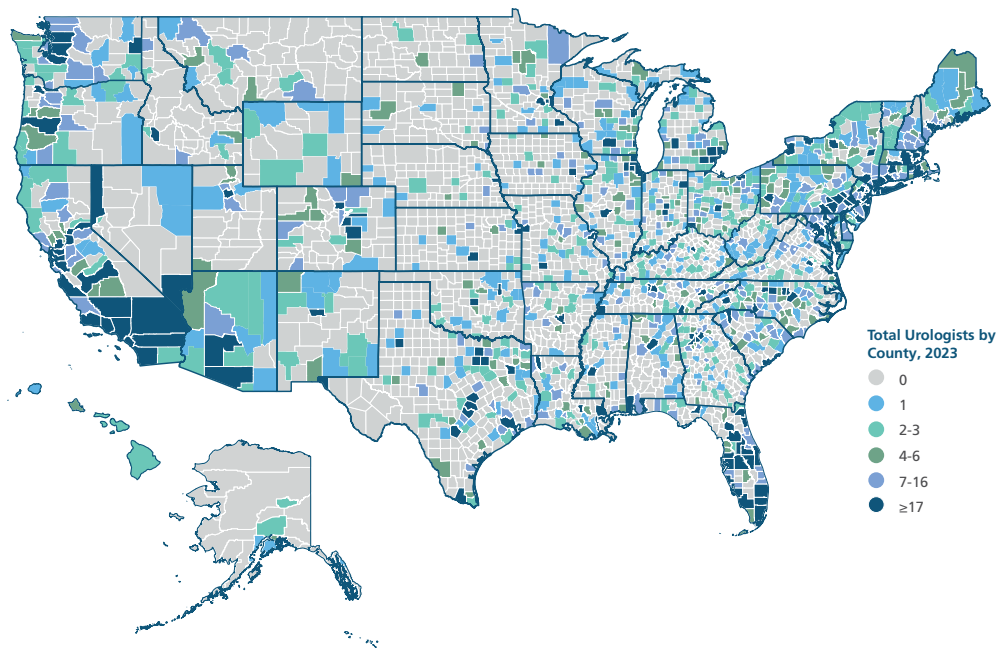
Data sources: National Provider Identifier 09/2023 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

TABLE 1-3
County of Primary Practice Location

Supply of Practicing Urologists	Number of Counties	Percent
Counties with no urologists	1,930	61.4
Counties with at least 1 urologist	1,214	38.6
Counties with 1 urologist	294	9.4
Counties with 2-3 urologists	302	9.6
Counties with 4-6 urologists	185	5.9
Counties with 7-17 urologists	245	7.8
Counties with 18 or more urologists	188	6.0
Total	3,144	100

Data sources: National Provider Identifier 09/2023 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

FIGURE 1-5
Number of Practicing Urologists by County



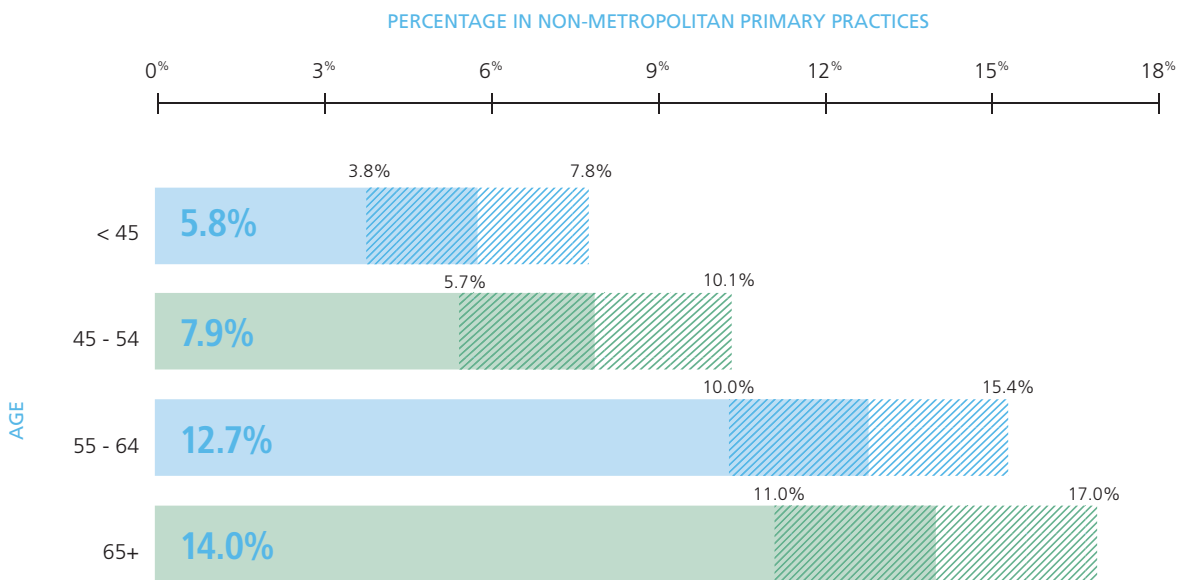
Data sources: National Provider Identifier 09/2023 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

TABLE 1-4
Rurality Level of Primary Practice Location

Rurality Level	Number of Practicing Urologists	Percent
Metropolitan areas (population ≥ 50,000)	12,747	89.9
Non-metropolitan areas (population <50,000)	1,429	9.1
Micropolitan (population = 10,000-49,999)	1,135	8
Small town (population = 2,500-9,999)	229	1.6
Rural (population < 2,500)	65	0.5
Total	14,176	100

Data sources: National Provider Identifier 09/2023 file, Rural-Urban Commuting Area Codes Data from RUCA3.10.

FIGURE 1-6
Percentage of Practicing Urologists Whose Primary Practice Locations Are in Non-metropolitan Areas by Age*



Data sources: National Provider Identifier 09/2023 file, weighted samples from the 2023 AUA Annual Census, and Rural-Urban Commuting Area Codes Data from RUCA3.10.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.



Section 2: Demographics

Primary Observations

- The median age of practicing urologists was 55 years, with 65 years and older being the largest age group (28.9%; TABLE 2-1).
- After rising from 7.7% in 2014 to 11.6% in 2022, the percentage of female practicing urologists remained relatively steady at 11.8% in 2023 (FIGURE 2-1).
- There were noticeable gender differences by age group in 2023, with nearly 25% of practicing urologists less than 45 years old being female compared to only 1% of practicing urologists 65 years and older being female (FIGURE 2-2).
- The percentage of practicing urologists who were African American/Black was 1.8% (FIGURE 2-3).
- The percentage of practicing urologists with Hispanic ethnicity remained largely static at 4.7% (FIGURE 2-4).
- More than half of practicing urologists do not plan to fully retire until after age 65 (55.6%), with a median age of 67 years at planned full retirement (TABLE 2-6).

TABLE 2-1
Age

Age Groups	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
34 years old or under	680	4.8	1.0
35 to 44 years old	3,413	24.1	1.3
45 to 54 years old	2,884	20.3	1.2
55 to 64 years old	3,102	21.9	1.3
65 years old and above	4,097	28.9	1.2
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The median age is 55 years.

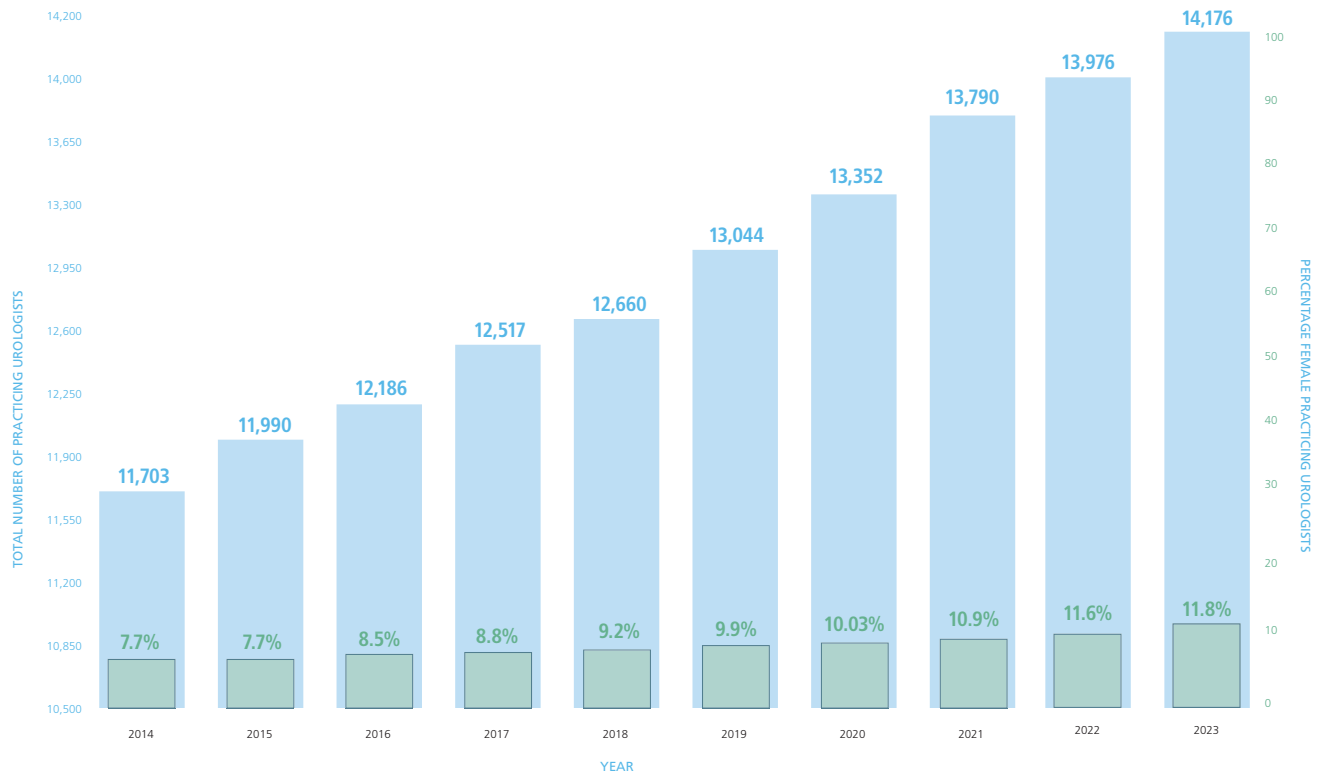
TABLE 2-2
Gender*

Documented Gender	Total Number	Percent
Male	12,509	88.2
Female	1,667	11.8
Total	14,176	100

Data source: National Provider Identifier 09/2023 file.

* The Census included a separate demographic question on gender with a third response option of “Nonbinary/Transgender/Other”; however, given that no respondents selected this third option and to account for and capture gender for nonrespondents, NPI-documented gender is presented above and used for the analysis in this report.

FIGURE 2-1
Female Practicing Urologists in the Workforce From 2014 to 2023



Data sources: National Provider Identifier files and weighted samples from the AUA Annual Census from 2014 to 2023.
 Blue: Total number of practicing urologists; Green: Percentage of female practicing urologists.

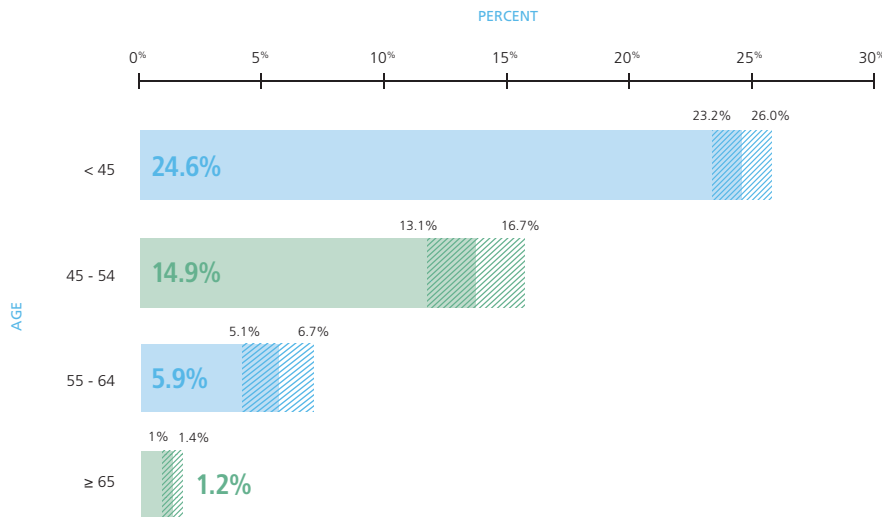
TABLE 2-3
Sexuality

Sexuality	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Heterosexual	13,089	97.1	0.8
Lesbian, gay or homosexual	248	1.8	0.6
Bisexual	71	0.5	*
None of the above	70	0.5	*
Total reported	13,478	100	
Not reported	698		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.
 * The estimated value should be used with caution due to small samples.

FIGURE 2-2

Percentage of Female Practicing Urologists in the Workforce by Age*



Data sources: National Provider Identifier 09/2023 file and weighted samples from the 2023 AUA Annual Census.

* Each percentage within the bar represents the proportion of women in the workforce within the specified age groups. For example, among practicing urologists under 45 years of age, 24.6% are women. Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 2-4

Race

Race [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
White	10,967	81.2	1.6
Asian	2,054	15.2	1.5
African American/Black	248	1.8	0.6
Other races* including multiple races	229	1.7	0.5
Total reported	13,498	100	
Not reported	678		
Total	14,176		

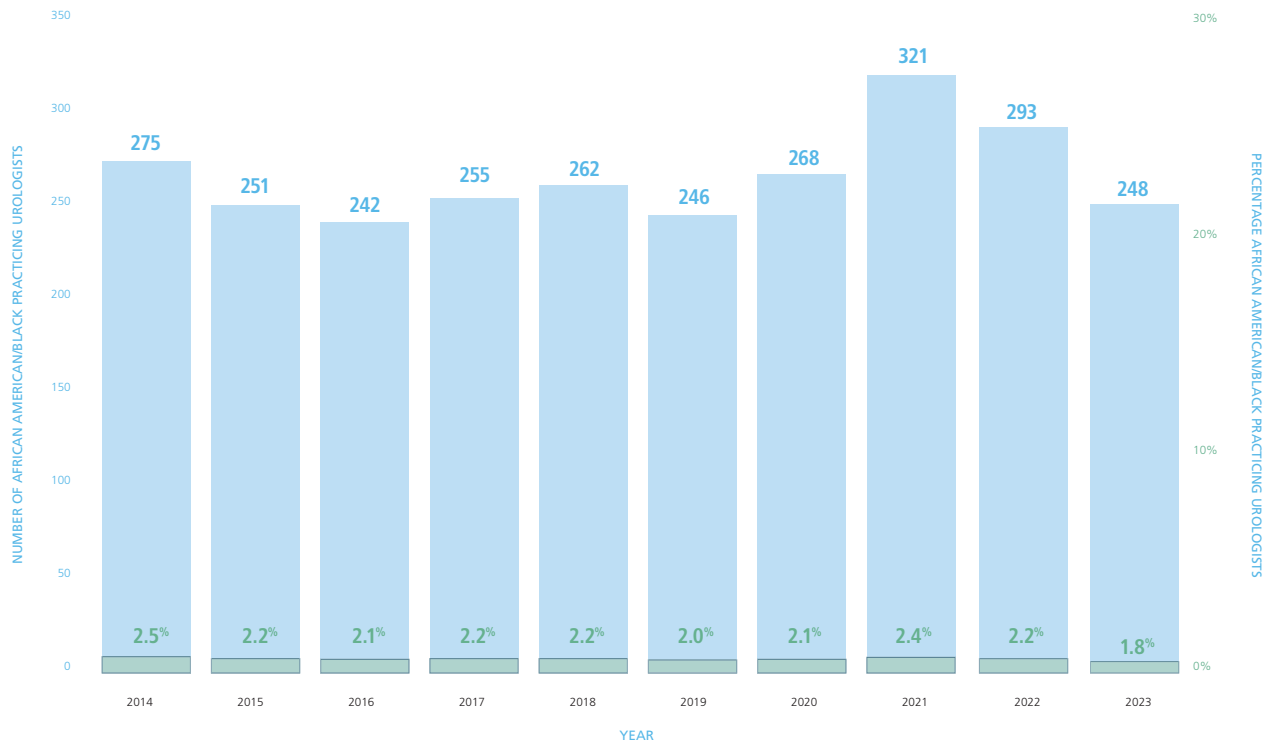
Data source: Weighted samples from the 2023 AUA Annual Census.

[^]Practicing urologists in each race group can have either Hispanic ethnicity or non-Hispanic ethnicity.

* This category includes respondents who selected more than one race and/or those who selected the following race categories: Native Hawaiian or Other Pacific Islander or American Indian or Alaskan Native.

FIGURE 2-3

African American/Black Urologists in the Workforce From 2014 to 2023



Data sources: Weighted samples from the AUA Annual Census from 2014 to 2023.
 Blue: Total number of African American/Black practicing urologists; Green: Percentage of African American/Black practicing urologists.

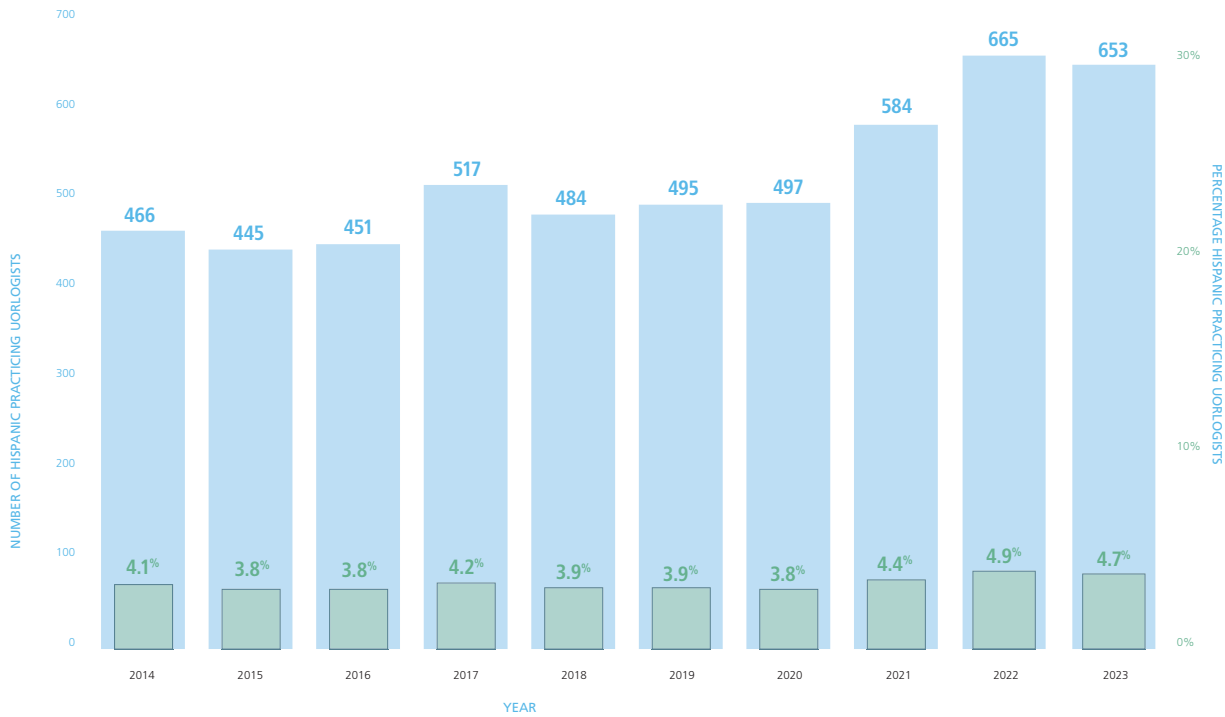
TABLE 2-5
Hispanic Ethnicity

Hispanic Ethnicity	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Hispanic	653	4.7	0.9
Non-Hispanic	13,158	95.3	0.9
Total reported	13,811	100	
Not reported	365		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

FIGURE 2-4

Hispanic Practicing Urologists in the Workforce From 2014 to 2023



Data sources: Weighted samples from the AUA Annual Census from 2014 to 2023.
 Blue: Total number of Hispanic practicing urologists; Green: Percentage of Hispanic practicing urologists.

TABLE 2-6

Planned Full Retirement Age

Planned Retirement Age	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 60	1,162	8.2	1.0
60-65	5,133	36.2	1.8
66-70	4,151	29.3	1.9
71-75	2,221	15.7	1.6
>75	1,508	10.6	1.3
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census.
 Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors. The median age of planned full retirement was 67 years.

Section 3: Professional Preparation and Credentialing

Primary Observations

- Overall, 42.3% of practicing urologists completed at least one fellowship training during their career (TABLE 3-1). A greater percentage of female practicing urologists completed fellowship training compared to their male counterparts, especially for those aged 45 and older (57.5% for females vs. 32.9% for males; FIGURE 3-1).
- Oncology (13.2%), robotic surgery (8.3%) and endourology/stone disease (7.2%) were the top three areas of fellowship training (TABLE 3-2).
- Over a quarter of practicing urologists are licensed to practice medicine in more than one state (25.4%; TABLE 3-3).
- More than 80% of practicing urologists in the U.S. are certified by the American Board of Urology alone (82.7%; TABLE 3-4).

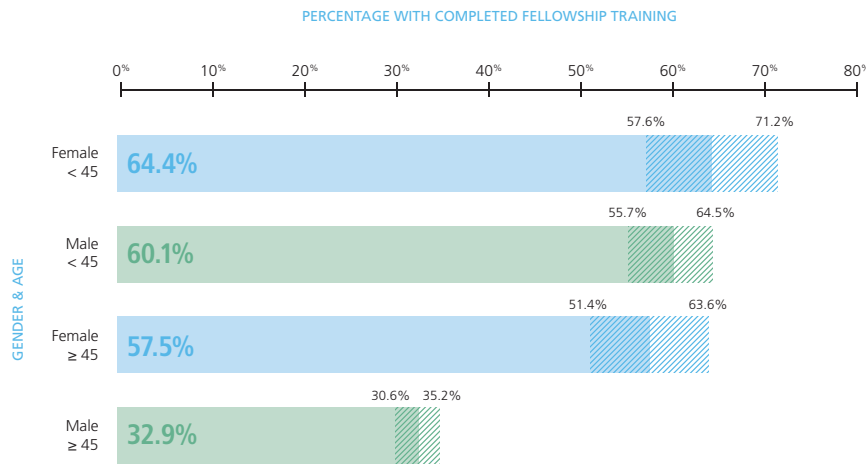
TABLE 3-1
Completion of Fellowship Training

Fellowship Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
No Fellowship Training	8,029	57.7	1.9
Fellowship Trained	5,882	42.3	1.9
One	3,859	27.7	1.8
Two or More	2,022	14.5	1.4
Total reported	13,911	100	
Not reported	265		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census. Fellowship training is defined as participation in a fellowship program with a duration of 1 year or longer. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 3-1

Percentage of Practicing Urologists With Completed Fellowship Training (by Gender and Age)*



Data source: Weighted samples from the 2023 AUA Annual Census.

Fellowship training is defined as participation in a fellowship program with a duration of 1 year or longer.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 3-2

Fellowship Areas (Multiple Selections Allowed)

Fellowship Areas	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Oncology	1,866	13.2	1.4
Robotic surgery	1,172	8.3	1.1
Endourology/stone disease	1,027	7.2	1.1
Pediatrics	997	7.0	1.0
Female pelvic medicine and reconstructive surgery	647	4.6	0.7
Laparoscopic surgery	592	4.2	0.9
Male reconstruction/trauma	591	4.2	0.9
Male infertility	529	3.7	0.8
Erectile dysfunction	471	3.3	0.7
Renal transplantation	211	1.5	0.6

Data source: Weighted samples from the 2023 AUA Annual Census.

Fellowship training is defined as participation in a fellowship program with a duration of 1 year or longer. Respondents could select multiple options, so the total number of counts may differ from the total number of practicing urologists.

TABLE 3-3**Number of State Medical Licenses**

Number of Licenses	Practicing Urologists Represented	
	Number	Percent
1	10,570	74.6
2	2,827	20.0
3	597	4.2
4	174	1.2
Total reported	14,168	100
Not reported	8	
Total	14,176	

Data source: National Provider Identifier 09/2023 file.

TABLE 3-4**American Board of Urology Certification Status**

Certification Status	Practicing Urologists Represented	
	Number	Percent
Certified by the ABU only	11,722	82.7
Certified by the American Osteopathic Board of Surgery only	617	4.4
Certified by both the ABU and AOBS	18	*
Not certified by the ABU or AOBS	1,820	12.8
Total	14,176	100

Data source: National Provider Identifier 09/2023 file. * The estimated value should be used with caution due to small samples.

Section 4: Urology Practice Characteristics and Subspecialty

Primary Observations

- The percentage of practicing urologists in private practice settings (i.e., solo practices, single urology groups, multispecialty groups) continued to decrease from a high of 64.1% in 2014 to 49.8% in 2023 (FIGURE 4-1).
- Practicing urologists who were less than 45 years old and females had the lowest percentages in private practice (34.5% and 33.5%, respectively; FIGURE 4-2 and TABLE 4-2).
- Nearly 82% of practicing urologists worked directly with at least one advanced practice provider within their primary practice (TABLE 4-4).
- Oncology (12.3%), pediatrics (6.7%), and endourology/stone disease (5.1%) were the top primary subspecialty areas reported (TABLE 4-5). When respondents could select all subspecialty areas that apply, oncology (64.9%), endourology/stone disease (64.4%) and erectile dysfunction (56.0%) were the top subspecialty areas (TABLE 4-6).
- The percentage of practicing urologists employed by others remained relatively unchanged from previous years at 64.4% (FIGURE 4-5). Males 45 and older had the lowest percentage reporting employment by others (58.0%; FIGURE 4-6).

TABLE 4-1**Primary Practice Setting**

Primary Practice Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Private practice settings	7,055	49.8	2.0
Solo practices	1,061	7.5	1.1
Single urology groups	3,881	27.4	1.8
Multispecialty groups	2,112	14.9	1.5
Institutional settings	6,899	48.7	2.0
Academic medical centers/medical schools	3,968	28.0	1.8
Public or private hospitals	1,424	10.0	1.2
Private hospitals	626	4.4	0.9
Veteran Affairs (VA) hospitals	415	2.9	0.7
Other public, non-military hospital	319	2.2	0.7
Non-VA military hospital	64	0.5	*
Community health center	89	0.6	*
HMO/managed care organization	289	2.0	0.6
Health system	1,129	8.0	1.1
Other settings[^]	222	1.6	*
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

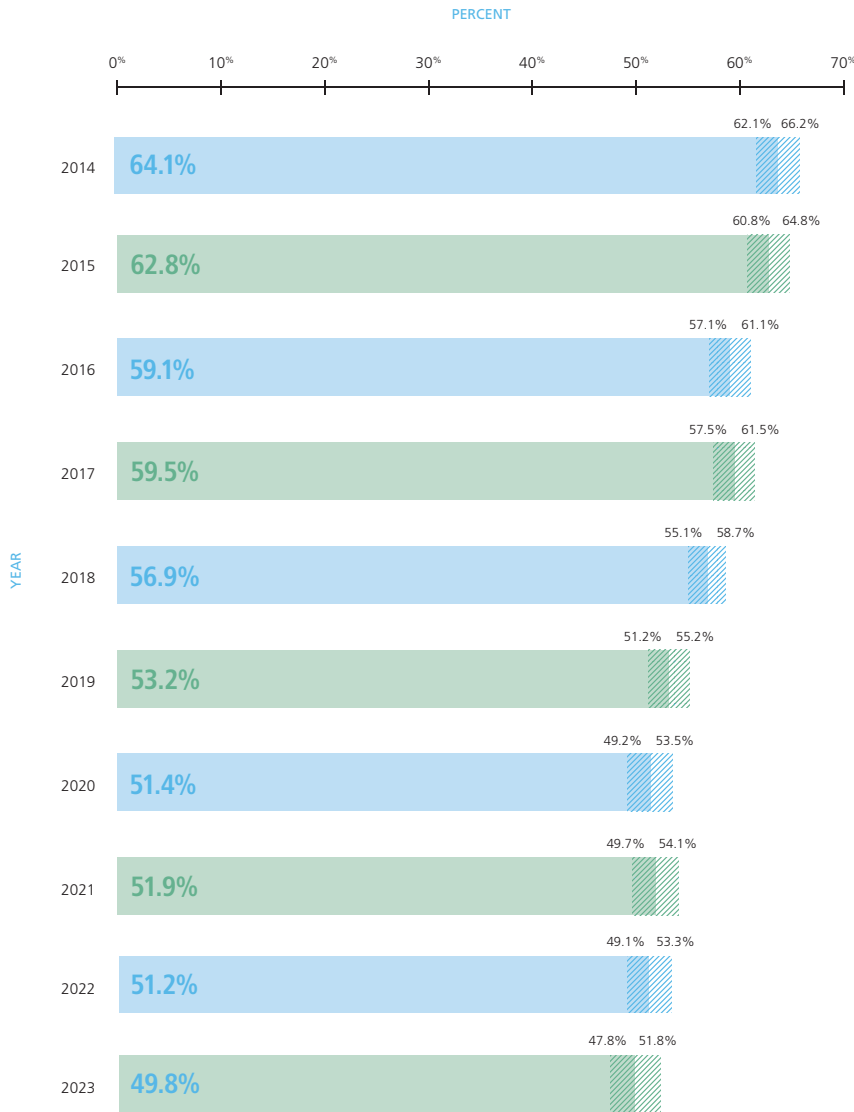
Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

* The estimated value should be used with caution due to small samples.

[^] Other settings include federal, state or local government, and industry settings (pharmaceuticals, EHR vendors, device manufacturers, etc.).

FIGURE 4-1

Percentage of Practicing Urologists in Private Practice from 2014 to 2023*



Data source: Weighted samples from the AUA Annual Census from 2014 to 2023.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 4-2

Primary Practice Setting by Gender

Primary Practice Setting	Male Practicing Urologists Represented			Female Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Private practices	6,496	51.9	2.2	559	33.5	4.0
Academic medical centers/ medical schools	3,380	27.0	1.9	588	35.3	4.0
Public and private hospitals	1,183	9.5	1.3	241	14.5	3.6
Other settings [^]	1,450	11.6	1.5	279	16.7	4.0
Total	12,509	100		1,667	100	

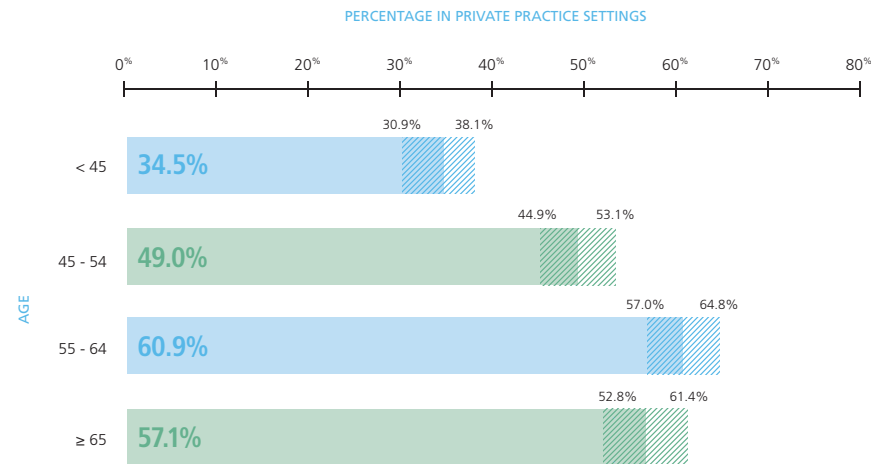
Data source: Weighted samples from the 2023 AUA Annual Census.

Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

[^] Other settings include community health centers; HMOs/managed care organizations; healthy systems; federal, state or local government; and industry settings (pharmaceuticals, EHR vendors, device manufacturers, etc.).

FIGURE 4-2

Percentage of Practicing Urologists in Private Practice by Age*



Data source: Weighted samples from the 2023 AUA Annual Census.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 4-3

Number of Practicing Urologists per Practice by Practice Setting

Number of Practicing Urologists	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
All practice settings			
1	2,089	14.7	1.5
2	1,382	9.7	1.3
3	1,056	7.4	1.1
4	1,027	7.2	1.1
5-9	3,170	22.4	1.7
10-15	2,031	14.3	1.5
> 15	3,421	24.1	1.7
Total	14,176	100	
Academic medical centers/medical schools			
1-9	1,195	30.1	3.6
10-19	1,565	39.4	3.9
≥ 20	1,207	30.4	3.4
Total	3,968	100	
Public and private hospitals			
1-2	588	41.3	6.7
3-4	355	24.9	5.7
≥ 5	482	33.8	6.1
Total	1,424	100	
Private practices (solo, single-specialty and multispecialty)			
1	1,442	20.4	2.4
2-3	1,286	18.2	2.3
4-6	1,576	22.3	2.4
7-15	1,258	17.8	2.2
≥ 16	1,493	21.2	2.4
Total	7,055	100	
Other settings[^]			
1-5	866	50.1	6.1
≥ 6	863	49.9	6.1
Total	1729	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Other Settings include community health centers, HMOs and managed care organizations. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 4-4

Practicing Urologists Who Work Directly with at Least One Advanced Practice Provider (APP)

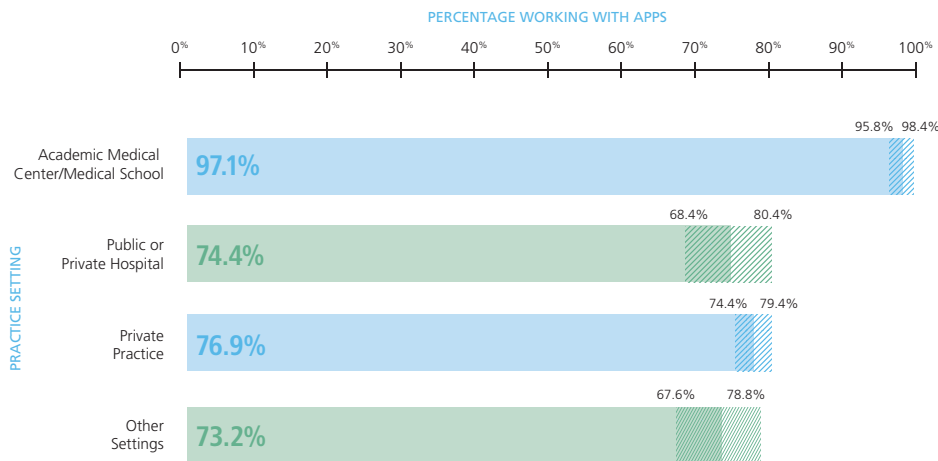
Number of Advanced Practice Providers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None	2,520	18.3	1.6
At least one	11,283	81.7	1.6
1-2	3,492	25.3	1.9
3-4	2,251	16.3	1.5
5-9	2,950	21.4	1.7
≥ 10	2,590	18.8	1.6
Total reported	13,802	100	
Not reported	374		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

Advanced practice providers include physician assistants, nurse practitioners, and advanced practice nurses. Working directly with APPs means working with at least one PA, NP, or APN in the urologists' primary practices or medical teams.

FIGURE 4-3

Percentage of Practicing Urologists Who Work Directly With at Least One APP by Practice Setting*



Data source: Weighted samples from the 2023 AUA Annual Census.

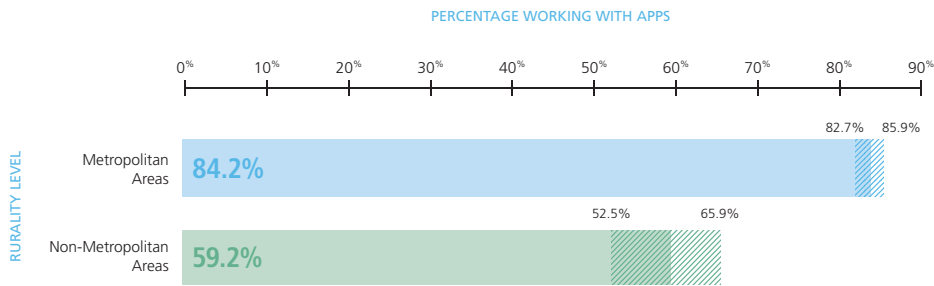
* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

^ Other settings include community health centers, HMOs and managed care organizations.

Working directly with APPs means working with at least one PA, NP or APN in the urologists' primary practices or medical teams.

FIGURE 4-4

Percentage of Practicing Urologists Who Work Directly With at Least One APP by Metropolitan Status*



Data source: Weighted samples from the 2023 AUA Annual Census.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits. Working directly with APPs means working with at least one PA, NP or APN in the urologists’ primary practices or medical teams.

TABLE 4-5

Primary Subspecialty Areas

Primary Subspecialty Areas	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
General without subspecialty	8,183	57.7	2.0
Oncology	1,749	12.3	1.4
Pediatrics	955	6.7	1.0
Endourology/stone disease	728	5.1	0.9
Female pelvic medicine and reconstruction	634	4.5	0.8
Robotic surgery	553	3.9	0.8
Male reconstruction/trauma	391	2.8	0.7
Erectile dysfunction	384	2.7	0.7
Male infertility	372	2.6	0.7
Renal transplantation/laparoscopic surgery	96	0.7	0.3
Others	131	0.9	0.4
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 4-6**Any Subspecialty Area (Multiple Selections Allowed)**

Subspecialty Areas	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Oncology	9,206	64.9	2.0
Endourology/stone disease	9,128	64.4	2.0
Erectile dysfunction	7,940	56.0	2.0
Robotic surgery	5,509	38.9	1.8
Laparoscopic surgery/renal transplantation	4,318	30.5	1.9
Female pelvic medicine and reconstructive surgery	4,006	28.3	1.8
Male infertility	3,820	26.9	1.9
Pediatrics	2,293	16.2	1.5
Male genitourinary reconstruction	1,801	12.7	1.4

Data source: Weighted samples from the 2023 AUA Annual Census.

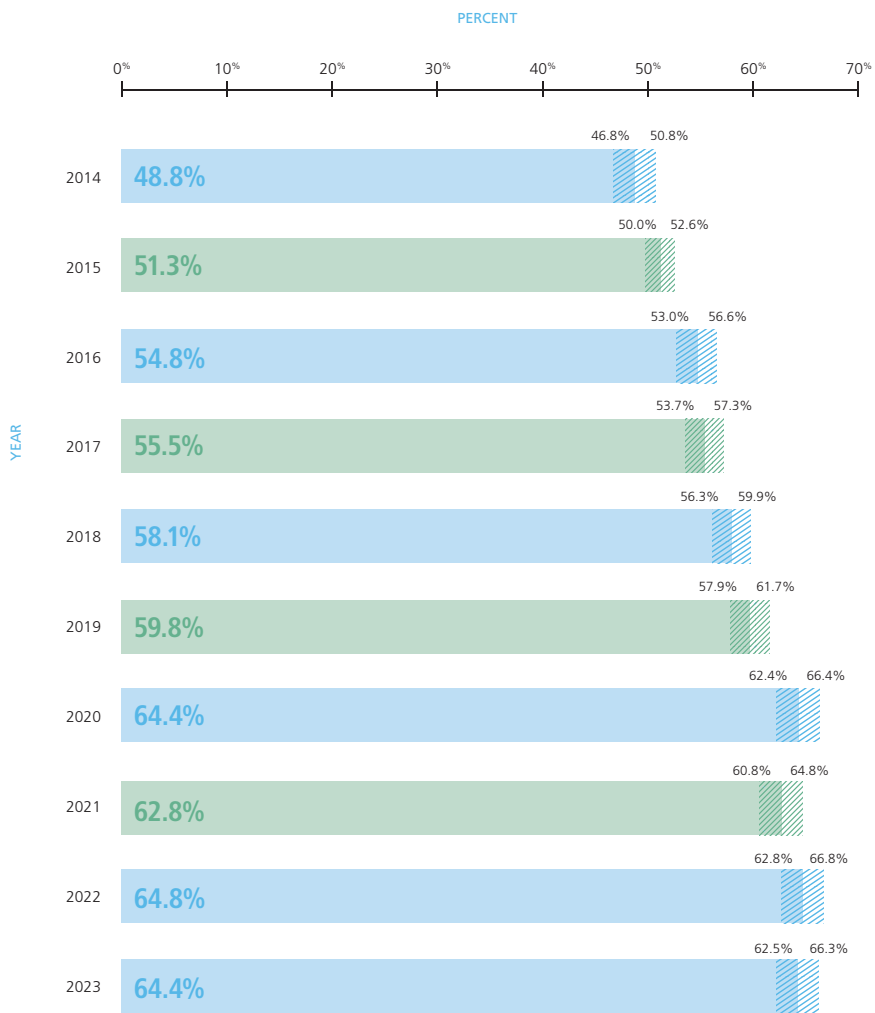
Respondents could select multiple options, so the total number of counts may be more than the total number of practicing urologists.

TABLE 4-7**Employment Status**

Employment Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I am an employee of my practice	9,127	64.4	1.9
I am a partner in my practice	3,421	24.1	1.7
I am the sole owner of my practice	1,080	7.6	1.1
A combination of the above	548	3.9	0.8
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

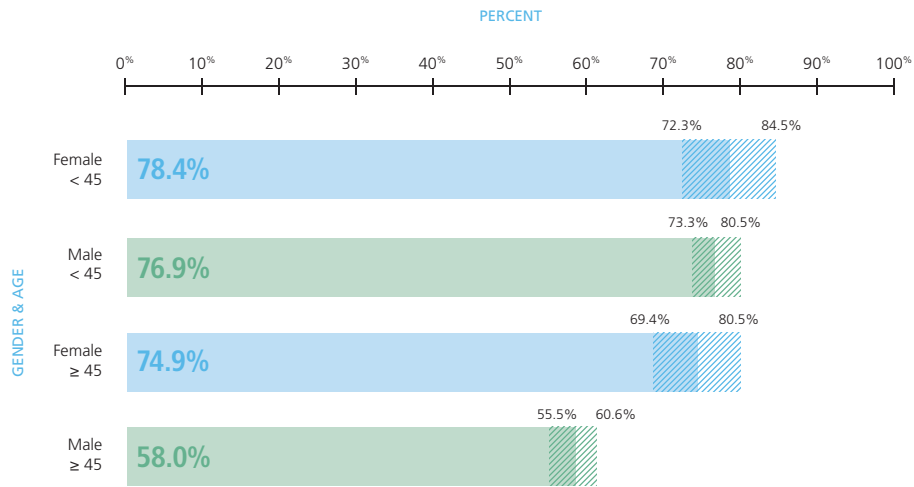
FIGURE 4-5
Percentage of Employed Practicing Urologists From 2014 to 2023*



Data source: Weighted samples from the AUA Annual Census from 2014 to 2023.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

FIGURE 4-6
Percentage of Employed Practicing Urologists by Gender and Age*



Data source: Weighted samples from the 2023 AUA Annual Census.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

Section 5: Work Volume and Major Inpatient Operative Procedures

Primary Observations

- The median number of hours practicing urologists in the U.S. worked in a typical week was 55 and 34.2% reported working more than 60 hours (TABLE 5-1).
- While male practicing urologists see more patients (74.0 patient encounters) in a typical week than female practicing urologists (62.7 patient encounters; FIGURE 5-2), female practicing urologists spend more time (18.7 minutes) with a patient during a typical office visit compared to their male counterparts (16.0 minutes; FIGURE 5-1).
- Overall, 78.6% of practicing urologists performed major inpatient operating procedures. Younger urologists aged less than 45 (88.5%), those in academic medical centers/medical schools (85.9%), those reporting a primary subspecialty (82.0-94.1%) and those in a metropolitan area (79.5%) had higher percentages of practicing urologists performing MIOPs (TABLE 5-6).
- The median number of MIOPs performed in a typical month among those reporting performing any was 6 (TABLE 5-7).

Volume of Work

TABLE 5-1

Total Number of Hours Worked in a Typical Week

Work Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 35	2,021	14.3	1.5
36-40	762	5.4	0.9
41-45	938	6.6	1.0
46-50	1,762	12.4	1.4
51-55	1,859	13.1	1.4
56-60	1,981	14.0	1.4
≥ 61	4,852	34.2	2.0
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The total numbers depicted were derived from the responses received from two separate questions about clinical and nonclinical work hours. The median number of work hours per week is 55.

TABLE 5-2**Clinical Hours Worked in a Typical Week**

Number of Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 25	1,855	13.1	1.5
≥ 25	12,321	86.9	1.5
25-30	923	6.5	1.0
31-35	480	3.4	0.7
36-40	2,053	14.5	1.5
41-45	1,132	8.0	1.1
46-50	2,640	18.6	1.6
51-55	895	6.3	1.0
56-60	2,247	15.9	1.5
≥ 61	1,951	13.8	1.4
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The median number of clinical hours worked in a typical week is 50.

TABLE 5-3**Nonclinical Hours Worked in a Typical Week**

Number of Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 1	2,439	17.2	1.6
2-5	5,342	37.7	2.0
6-10	3,543	25.0	1.8
11-15	916	6.5	0.9
16-20	1,121	7.9	1.1
≥ 21	815	5.7	0.9
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The median number of nonclinical hours worked in a typical week is 5.

TABLE 5-4

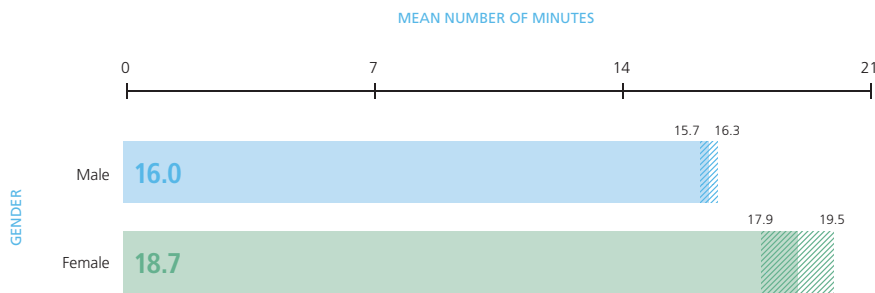
Number of Minutes Spent With a Patient in a Typical Office Visit

Minutes Spent With Patients	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 14	4,250	30.0	1.9
15-19	5,349	37.7	2.1
≥ 20	4,577	32.3	2.0
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The median number of minutes spent with a patient during a typical office visit is 15. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 5-1

Mean Number of Minutes Spent With a Patient in a Typical Office Visit by Urologist Gender*



Data source: Weighted samples from the 2023 AUA Annual Census. * Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 5-5

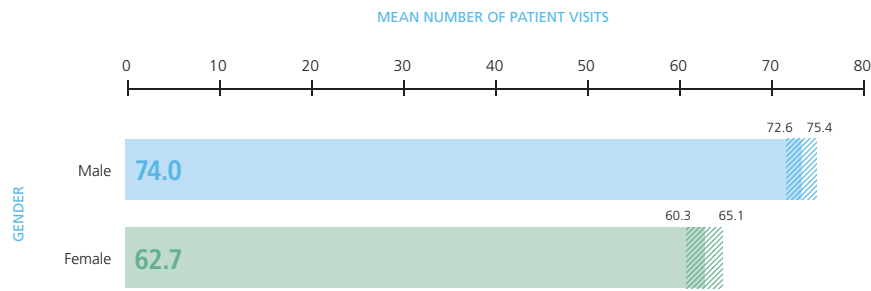
Number of Patient Visits/Encounters in a Typical Week

Number of Patient Visits/Encounters	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 50	4,083	28.8	1.9
51-75	3,854	27.2	1.8
76-100	3,897	27.5	1.8
> 100	2,341	16.5	1.5
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census. The median number of patient visits/encounters per week is 70. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 5-2

Mean Number of Patient Visits in a Typical Week by Urologist Gender*



Data source: Weighted samples from the 2023 AUA Annual Census.

* Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

To avoid outliers, practicing urologists who reported the lowest 1% and highest 1% of the total number of visits were excluded from the analysis.

TABLE 5-6

Performance of Major Inpatient Operative Procedures by Age, Practice Setting, Primary Subspecialty, and Rurality of Primary Practice

Urologists Characteristics	Practicing Urologists Represented			
	Total Number of Urologists	Urologists Who Perform MIOPS		
		Number	Percent	+/- MOE (%)
Age				
< 45	4,093	3,622	88.5	2.6
45-54	2,884	2,515	87.2	2.6
55-64	3,102	2,405	77.6	3.5
≥ 65	4,097	2,599	63.4	4.2
Practice setting				
Private practices	7,055	5,422	76.9	2.5
Academic medical centers/medical schools	3,968	3,410	85.9	2.7
Public and private hospitals	1,424	1,016	71.3	6.1
Other settings	1,729	1,292	74.7	5.4
Primary subspecialty				
General without subspecialty	8,183	5,924	72.4	2.5
Oncology	1,749	1,621	92.7	3.2
Pediatrics	955	898	94.1	3.8
Other subspecialty	3,290	2,698	82.0	3.3
Rurality of primary practice				
Metropolitan	12,742	10,126	79.5	1.8
Nonmetropolitan	1,434	1,014	70.8	6.2
Total	14,176	11,141	78.6	1.7

Data source: Weighted samples from the 2023 AUA Annual Census.
 * Row percent.

TABLE 5-7**Major Inpatient Operative Procedures Performed in a Typical Month**

Number of MIOPs Performed	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None	3,036	21.4	1.7
1-4	3,767	26.6	1.8
5-9	3,278	23.1	1.7
≥ 10	4,095	28.9	1.9
Total	14,176	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors. The median number of MIOPs performed in a typical month among those reporting performing any was 6.

Section 6: Stone Disease Treatment and Ureteroscopy

Primary Observations

- Ninety percent of practicing urologists treat patients with stone diseases (TABLE 6-1).
- More than a third of practicing urologists who treat patients with stone disease (36.6%) reported routinely prescribing antibiotics after stone surgery for noninfected stones (TABLE 6-3).
- The double-J ureteral stent was the most preferred draining option for patients with an uncomplicated URS (82.2%), while over a quarter (26.1%) preferred the stentless draining option (TABLE 6-4).
- While 81.9% of practicing urologists remove stents on average within 1 week of an uncomplicated URS, 15.8% wait 8-14 days to remove (TABLE 6-5).
- Cystoscopy performed by urologists was the method most often used to remove stents after URS (50.8%), with roughly equal percentages using string extraction performed by provider (22.6%) and string extraction performed by patient (20.5%; TABLE 6-6).
- Reusable flexible ureteroscopes were the most preferred ureteroscope (42.0%; TABLE 6-7). The top three factors influencing ureteroscope preference among those who prefer single-use flexible URS were performance (72.3%), repair requirements (60.9%) and ease of use (56.9%), while the top factors among those who preferred reusable flexible URS included performance (46.1%), cost (44.7%) and availability (42.4%; TABLE 6-8).

TABLE 6-1
Do you treat patients with stone diseases?

Treating Stone Disease	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	12,681	90.1	1.8
No	1,389	9.9	1.8
Total reported	14,070	100	
Not reported	106		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.
Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 6-2

Do you routinely prescribe Alpha blockers before Ureteroscopy (URS)? (Multiple selections allowed)*

Prescribing Alpha Blockers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes, I prescribe Alpha blockers before URS to facilitate spontaneous stone passage	7,035	55.5	3.3
Yes, I prescribe Alpha blockers before URS to dilate ureter	3,568	28.1	3.0
No, I do not prescribe Alpha blockers before URS	3,858	30.4	3.0
I prefer not to answer	167	1.3	0.7

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 12,681 who reported they treat stone disease in TABLE 6-1. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 6-3

Do you routinely prescribe a course of antibiotics after stone surgery for noninfected stones (> 24 hours postoperatively)?*

Prescribing Antibiotics	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	4,622	36.6	3.1
No	8,022	63.4	3.1
Total reported	12,645	100	
Not reported	36		
Total	12,681		

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 12,681 who reported they treat stone disease in TABLE 6-1. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 6-4

Which of the following draining options do you prefer to use for patients who receive an uncomplicated ureteroscopy? (Multiple selections allowed)^

Preferred Draining Options	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Double-J ureteral stent	10,429	82.2	2.5
Stentless	3,315	26.1	2.8
Mono-J ureteral stent	373	2.9	1.2
Ureteral catheter to external drainage	21	0.2	*
Other	20	0.2	*
I prefer not to answer	53	0.4	*
I do not have a drainage preference	102	0.8	*

Data source: Weighted samples from the 2023 AUA Annual Census.
 ^ Out of 12,681 who reported they treat stone disease in TABLE 6-1.
 * The estimated value should be used with caution due to small samples.

TABLE 6-5

On average, how many days after the completion of an uncomplicated ureteroscopy do you remove the stent?^

Days to Stent Removal	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Within 7 days (1 week)	10,299	81.9	2.5
More than 7 days	2,281	18.1	2.5
Within 8-14 days (2 weeks)	1,991	15.8	2.4
Within 15-21 days (3 weeks)	231	1.8	*
Within 22-28 days (4 weeks)	59	0.5	*
Total reported	12,580	100	
Not reported	101		
Total	12,681		

Data source: Weighted samples from the 2023 AUA Annual Census.
 ^ Out of 12,681 who reported they treat stone disease in TABLE 6-1.
 * The estimated value should be used with caution due to small samples.

TABLE 6-6

Which of the following methods is most often used by your practice to remove stents after ureteroscopy?^

Methods to Remove Stents	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Cystoscopy performed by urologists	6,413	50.8	3.1
String extraction performed by provider	2,851	22.6	2.6
String extraction performed by patient	2,589	20.5	2.5
Cystoscopy performed by other medical staff	466	3.7	1.2
Magnet extraction performed by provider	19	0.1	*
Other	287	2.3	0.8
Total reported	12,625	100	
Not reported	56		
Total	12,681		

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of 12,681 who reported they treat stone disease in TABLE 6-1. * The estimated value should be used with caution due to small samples.

TABLE 6-7

Do you prefer to use single-use or reusable flexible ureteroscopes?

Preferred URS	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Reusable flexible URS	5,899	42.0	3.0
I do not have a preference	3,937	28.0	2.8
Single-use flexible URS	3,178	22.6	2.6
I do not use a flexible URS	1,034	7.4	1.8
Total reported	14,047	100	
Not reported	129		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 6-8**Factors Influencing Preference Between Single-Use or Reusable Flexible Ureteroscopes (Multiple selections allowed)^**

Factors Influencing Preference	Practicing Urologists Represented					
	Single-Use Flexible URS Preferred			Reusable Flexible URS Preferred		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Performance	2,299	72.3	5.8	2,722	46.1	4.8
Availability	1,480	46.6	6.4	2,500	42.4	4.8
Cost	1,027	32.3	6.1	2,638	44.7	4.6
Ease of use	1,809	56.9	6.1	1,140	19.3	3.8
Repair requirements	1,934	60.9	5.8	274	4.7	1.9
Environmental impact	264	8.3	3.6	1,727	29.3	3.9
Other	176	5.5	*	386	6.5	2.6

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 9,077 who selected single-use flexible URS (n=3,178) or reusable flexible URS (n=5,899) in TABLE 6-7.

* The estimated value should be used with caution due to small samples.

Section 7: Selected Urologic Conditions (Female Sexual Dysfunction, Erectile Dysfunction and Peyronie’s Disease)

Primary Observations

- Overall, 20% of practicing urologists either diagnose or treat patients experiencing female sexual dysfunction (TABLE 7-1). While nearly 30% of female urologists diagnose and treat patients with female sexual dysfunction, only 11% of male urologists reported the same (TABLE 7-2).
- More than a quarter of practicing urologists recommend shock wave therapy for treating patients with erectile dysfunction (27.2%; TABLE 7-3), and 11.9% recommend it for patients with Peyronie’s disease (TABLE 7-4).
- Twenty-two percent of practicing urologists always surgically manage suspected penile fractures with post collagenase clostridium histolyticum injections (TABLE 7-5).

TABLE 7-1

Do you diagnose or treat patients experiencing female sexual dysfunction?

Diagnose or Treat Female Sexual Dysfunction	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I neither diagnose nor treat patients with FSD	10,867	79.7	2.6
I diagnose and treat patients with FSD	1,798	13.2	2.2
I only diagnose patients with FSD but do not treat	978	7.2	1.6
Total reported	13,643	100	
Not reported	533		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 7-2

Do you diagnose or treat patients experiencing female sexual dysfunction? (by Gender)

Diagnose or Treat Female Sexual Dysfunction	Practicing Urologists Represented					
	Female			Male		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
I neither diagnose nor treat patients with FSD	980	59.8	9.1	9,887	82.4	2.7
I diagnose and treat patients with FSD	490	29.9	8.8	1,309	10.9	2.2
I only diagnose patients with FSD but do not treat	169	10.3	4.4	809	6.7	1.7
Total reported	1,639	100		12,004	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 7-3

Which of the following treatments do you recommend for treating patients with erectile dysfunction? (Multiple selections allowed)

Recommended Treatments for Erectile Dysfunction	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Nothing to recommend	3,224	71.9	4.4
Shock wave therapy	1,221	27.2	4.4
Platelet rich plasma	196	4.4	2.0
Stem cell therapies	42	0.9	*
Total reported	4,484		
Not reported	9,692		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

* The estimated value should be used with caution due to small samples.

TABLE 7-4

Which of the following treatments do you recommend for treating patients with Peyronie’s disease? (Multiple selections allowed)

Recommended Treatments for Peyronie’s Disease [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Nothing to recommend	3,530	86.6	3.5
Shock wave therapy	486	11.9	3.5
Platelet rich plasma	117	2.9	*
Total reported	4,078		
Not reported	10,098		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

* The estimated value should be used with caution due to small samples.

[^]Stem cell therapies was included as a possible option but not presented as no respondents selected it.

TABLE 7-5

How often do you surgically manage suspected penile fractures with post collagenase clostridium histolyticum injections?

Management of Suspected Penile Fractures	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Depending on situation	2,900	63.8	5.3
Always surgically	1,000	22.0	4.7
Always nonsurgically	649	14.3	3.8
Total reported	4,549	100	
Not reported	9,627		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

Section 8: Laser Utilization, Laparoscopic and Robotic Surgeries, and Musculoskeletal Injuries

Primary Observations

- Holmium (not MOSES) lasers were the most reported type of lasers currently available for use by practicing urologists at their practices (70.0%; TABLE 8-1).
- Sixty-seven percent of practicing urologists reported that their institution had purchased a new laser in the past 5 years (TABLE 8-2). Forty-three percent reported that their institutions were planning to purchase a new laser in the next 5 years (TABLE 8-3) with the thulium fiber laser being the most reported type planned for investment (47.0%; TABLE 8-4).
- Fifty-three percent of practicing urologists reported performing laparoscopic or robotic urologic surgeries, including 28.6% who perform both, 12.9% who perform robotic only and 11.6% who perform laparoscopic only (TABLE 8-5). Among those, 12.8% reported suffering musculoskeletal injury as a result of performing those surgeries (TABLE 8-6).
- Female urologists and those aged 55-64 years had the highest percentages reporting musculoskeletal injuries from performing laparoscopic or robotic surgeries (16.2% and 15.2%, respectively; TABLE 8-7).
- The most common types of care received reported by those who had suffered a musculoskeletal injury due to performing laparoscopic or robotic urologic surgeries were NSAID or pain medications (74.4%), physical therapy (46.3%) and massage therapy (45.8%; TABLE 8-8). Furthermore, 12.0% reported having to limit or reduce their surgical practice as a result of their chronic musculoskeletal injuries due to performing surgeries (TABLE 8-9).

TABLE 8-1

Which of the following lasers are currently available for use at your practice? (Multiple selections allowed)

Available Lasers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Holmium (not MOSES)	9,920	70.0	2.8
Holmium MOSES	5,334	37.6	3.0
Thulium fiber laser	4,834	34.1	2.7
Thulium: YAG	1,577	11.1	1.9
Other	401	2.8	1.2
I prefer not to answer/I don't know	651	4.6	1.4
None of the above	534	3.8	1.2

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 8-2

Has your institution purchased a new laser in the past 5 years?

New Laser Past 5 Years	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	7,730	66.8	3.1
No	3,848	33.2	3.1
Total reported	11,578	100	
Not reported	2,598		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 8-3

Is your practice planning to invest in a new laser in the next 5 years?

New Laser Next 5 Years	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	3,850	43.4	3.7
No	5,029	56.6	3.7
Total reported	8,879	100	
I do not know	5,297		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 8-4

What laser(s) is your practice planning to invest in in the next 5 years? (Multiple selections allowed)

Invest in What Laser	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Thulium fiber laser	1,808	47.0	5.5
Holmium MOSES	1,506	39.1	4.9
Thulium: YAG	484	12.6	4.0
Holmium (not MOSES)	291	7.6	3.2
Other	59	1.5	1.5
I don't know	701	18.2	4.1

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 3,850 who said their institution is planning to invest in a new laser in the next 5 years in Table 8-3.

TABLE 8-5**Do you perform laparoscopic and/or robotic urologic surgeries?**

Laparoscopic/Robotic Surgeries	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	7,462	52.9	2.7
Yes, I perform laparoscopic surgeries and I perform robotic urologic surgeries	4,030	28.6	2.5
Yes, I perform robotic urologic surgeries only	1,801	12.8	1.9
Yes, I perform laparoscopic surgeries only	1,632	11.6	2.0
No, I do not perform the above surgeries	6,642	47.1	2.7
Total reported	14,104	100	
Not reported	72		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 8-6**Have you ever suffered a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries?***

Musculoskeletal Injury	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes, I suffered a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries	935	12.8	2.6
No, I did not suffer a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries	6,364	87.2	2.6
Total reported	7,299	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 7,462 who reported performing laparoscopic and/or robotic urologic surgeries in TABLE 8-6.

TABLE 8-7

Have you ever suffered a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries? (by Gender and Age)[^]

Urologists Characteristics	Practicing Urologists Represented			
	Total Number of Urologists	Urologists Who Suffered a Musculoskeletal Injury		
		Number	Percent ^{^^}	+/- MOE (%)
Gender				
Female	1,079	175	16.2	5.7
Male	6,220	760	12.2	2.9
Age				
< 45	3,180	441	13.9	4.2
45-54	2,037	219	10.7	4.2
55-64	1,375	209	15.2	6.1
≥ 65	708	66	9.3	*
Total	7,299	935	12.8	1.7

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of 935 who reported a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries in TABLE 8-6.

^{^^} Row percent.

* The estimated value should be used with caution due to small samples.

TABLE 8-8

Which of the following care, exams and/or services have you received because of a musculoskeletal injury? (Multiple selections allowed)^

Care, Exam or Service for Injury	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
NSAID or pain medication	695	74.4	6.9
Physical therapy	433	46.3	7.0
Massage therapy	428	45.8	6.3
X-ray: plain films, CT or MRI	354	37.8	6.8
Yoga	188	20.1	5.2
Other	158	16.9	5.7
Consultation with a neurologist	126	13.5	5.4
Surgery	76	8.1	*
Chiropractic therapy	66	7.0	*
Consultation with an internist	49	5.3	*
None of the above	48	5.1	*

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of 935 who reported a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries in TABLE 8-6.

* The estimated value should be used with caution due to small samples.

TABLE 8-9

Have you had to limit or reduce your surgical practice as a result of chronic musculoskeletal injuries suffered from performing laparoscopic or robotic surgery?

Limiting Surgical Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	111	12.0	5.1
No	815	88.0	5.1
Total reported	926	100	
Not reported	9		
Total	935		

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 935 who reported a musculoskeletal injury as a result of performing laparoscopic or robotic urologic surgeries in TABLE 8-6.

Section 9: Prior Authorization

Primary Observations

- More than half of practicing urologists believe that clinical outcomes are moderately affected by treatments that require prior authorization (53.6%), and 37.1% believe they are extremely affected. Less than 10% believe they are not affected (TABLE 9-1).
- The top areas in which practicing urologists indicated increased needs for prior authorization over the last 5 years include diagnostic tests (78.2%), medications (75.8%), and medical procedures (61.4%; TABLE 9-2).
- Almost half of practicing urologists (47.5%) reported submitting more than 10 prior authorizations on behalf of their patients in a typical week (TABLE 9-3).
- A third of practicing urologists reported that the insurer’s representative is never in their same area or specialty when required to conduct peer-to-peer consultations (33.1%). Forty-three percent reported that it rarely happens (TABLE 9-4).
- Sixty-three percent of practicing urologists reported that it takes 2-7 days on average to receive prior authorization once all required documentation is submitted to the insurer (TABLE 9-5).

TABLE 9-1

How do you believe clinical outcomes are affected by treatments that require prior authorization?

Prior Authorization Effects on Clinical Outcomes	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
They are moderately affected	6,795	53.6	3.2
They are extremely affected	4,713	37.1	3.1
They are not affected	1,178	9.3	2.0
Total reported	12,686	100	
Not reported	1,490		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 9-2

In which of the following areas, has the need for prior authorization increased over the last five years? (Multiple selections allowed)

Areas With Increased Need for Prior Authorization	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Diagnostic tests	11,082	78.2	2.5
Medications	10,751	75.8	2.7
Medical procedures	8,701	61.4	3.0
Medical services	5,375	37.9	3.0
Length of hospital stays	2,910	20.5	2.5
Number of visits	1,573	11.1	1.8
Other	113	0.8	*
I don't know/I prefer not to answer	1,136	8.0	1.7

Data source: Weighted samples from the 2023 AUA Annual Census.

* The estimated value should be used with caution due to small samples.

TABLE 9-3

What is the average number of prior authorizations submitted on behalf of your patients in a typical week?

Number of Weekly Authorizations	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
0-5	2,594	25.9	3.3
6-10	2,668	26.6	3.1
11-20	2,495	24.9	3.2
21-40	1,530	15.3	2.6
More than 40	734	7.3	1.8
Total reported	10,020	100	
Not reported	4,156		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 9-4

When you are required to conduct a peer-to-peer consultation for prior authorization, how often is the insurer’s representative in the same/similar specialty or have experience with your particular specialty and the services you perform and/or medications you prescribe?

Representative With Experience in the Field	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Always	107	0.9	*
Often	677	5.5	1.5
Sometimes	2,120	17.2	2.5
Rarely	5,323	43.3	3.2
Never	4,073	33.1	3.0
Total reported	12,301	100	
Not reported	1,875		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

* The estimated value should be used with caution due to small samples.

TABLE 9-5

On average, how long does it take to receive prior authorization once all required documentation is submitted to the insurer?

Time to Receive Prior Authorization	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
1 day or less	695	7.9	2.4
2- 7 days	5,499	62.1	3.6
8-14 days	1,917	21.7	3.2
15-30 days	645	7.3	1.8
31 days or longer	99	1.1	*
Total reported	8,855	100	
Not reported	5,321		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

* The estimated value should be used with caution due to small samples.

Section 10: Telemedicine

Primary Observations

- Twenty-three percent of practicing urologists reported that video visits accounted for 10% or more of their clinical visits in the past year (TABLE 10-1). Urologists aged 65 or older (16.1%), non-metropolitan practices (5.8%) and those without a subspecialty (12.6%) had lower percentages reporting that video visits accounted for 10% or more of their clinical visits (TABLE 10-2).
- Eleven percent reported that audio-only visits accounted for 10% or more of their clinical visits in the past year (TABLE 10-3). Urologists aged 55-64 (7.3%), non-metropolitan practices (4.3%) and those with a pediatrics subspecialty (4.4%) had lower percentages reporting that audio-only visits accounted for 10% or more of their clinical visits (TABLE 10-4).
- Thirty-five percent of practicing urologists provide telehealth services to patients across state lines, including 17.8% who provide it to existing patients only and 15.1% who provide it to new and existing patients due to state licensing flexibilities (TABLE 10-5). Those in metropolitan areas (36.9%) and who reported a primary sub-specialty (45.8%-48.8%) had higher percentages that provide telehealth services across state lines (TABLE 10-6).
- Less than 20% of practicing urologists reported that they would provide video telehealth services if reimbursement were reduced below parity with in-person services (18.6%). Nearly half (45.6%) said they would not offer these services with reduced parity, and over a third (35.6%) said maybe (TABLE 10-7).
- Similarly, 20% reported that they would continue to offer audio-only visits if they were reimbursed at lower levels than video or in-person. Over half (53.4%) said they would not continue to offer these services, and a quarter (26.7%) said maybe they would if reimbursement were reduced below parity (TABLE 10-8).

TABLE 10-1
Percentage of Clinical Visits Conducted Via Video in the Past Year

Visits Conducted Via Video	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 10%	10,022	77.4	2.5
> 10%	2,924	22.6	2.5
Total reported	12,946	100	
Not reported	1,230		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 10-2

Percentage of Clinical Visits Conducted Via Video in the Past Year (by Age, Practice Rurality and Subspecialty)

Conducted Via Video	Practicing Urologists Represented					
	≤ 10%			> 10%		
	Number	Percent [^]	+/- MOE (%)	Number	Percent [^]	+/- MOE (%)
Age						
< 45	2,419	66.6	5.5	1,214	33.4	5.5
45-54	2,126	77.2	5.4	630	22.8	5.4
55-64	2,390	83.0	4.3	489	17.0	4.3
≥ 65	3,089	83.9	4.6	592	16.1	4.6
Rurality status of primary practice						
Metropolitan	8,756	75.5	2.7	2,847	24.5	2.7
Nonmetropolitan	1,266	94.2	5.1	77	5.8	*
Primary subspecialty						
General without subspecialty	6,484	87.4	2.7	934	12.6	2.7
Oncology	990	58.3	8.5	707	41.7	8.5
Pediatrics	519	59.0	11.5	360	41.0	11.5
Other	2,030	68.7	5.9	923	31.3	5.9
Total	10,022	77.4		2,924	22.6	

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Row percent.

* The estimated value should be used with caution due to small samples.

TABLE 10-3

Percentage of Clinical Visits Conducted Via Audio-Only in the Past Year

Audio-Only Visits	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤10%	11,235	89.3	1.9
>10%	1,346	10.7	1.9
Total reported	12,581	100	
Not reported	1,595		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 10-4

Percentage of Clinical Visits Conducted Via Audio Only in the Past Year (by Age, Practice Rurality and Subspecialty)

Audio-Only Visits	Practicing Urologists Represented					
	≤ 10%			> 10%		
	Number	Percent [^]	+/- MOE (%)	Number	Percent [^]	+/- MOE (%)
Age						
< 45	3,180	87.9	3.9	437	12.1	3.9
45-54	2,285	87.0	4.0	340	13.0	4.0
55-64	2,617	92.7	3.0	205	7.3	3.0
≥ 65	3,152	89.7	4.1	363	10.3	4.1
Rurality status of primary practice						
Metropolitan	9889	88.5	2.1	1286	11.5	2.1
Nonmetropolitan	1346	95.7	3.7	60	4.3	*
Primary subspecialty						
General without subspecialty	6,755	92.1	2.2	580	7.9	2.2
Oncology	1,290	77.8	7.4	369	22.2	7.4
Pediatrics	730	95.6	4.3	34	4.4	*
Other	2,460	87.1	4.3	363	12.9	4.3
Total	11,235	89.3		2,924	10.7	

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Row percent.

* The estimated value should be used with caution due to small samples.

TABLE 10-5

Do you provide telehealth services to patients across state lines?

Telehealth Across State Lines	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
No	8,685	64.6	2.9
Yes	4,769	35.4	2.9
Yes, to new patients only	105	0.8	*
Yes, to existing patients only	2,395	17.8	2.3
Yes, to both new and existing patients due to state licensing flexibilities	2,030	15.1	2.2
Yes, to both new and existing patients because I have joined an interstate compact	239	1.8	0.7
Total reported	13,454	100	
Not reported	722		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.
 * The estimated value should be used with caution due to small samples.

TABLE 10-6

Do you provide telehealth services to patients across state lines? (by Practice Rurality and Subspecialty)

Telehealth Across State Lines	Practicing Urologists Represented					
	≤ 10%			> 10%		
	Number	Percent [^]	+/- MOE (%)	Number	Percent [^]	+/- MOE (%)
Rurality status of primary practice						
Metropolitan	7,516	63.1	3.1	4,386	36.9	3.1
Nonmetropolitan	1,169	75.3	8.2	383	24.7	8.2
Primary subspecialty						
General without subspecialty	5,862	72.9	3.5	2,183	27.1	3.5
Oncology	894	54.2	9.1	754	45.8	9.1
Pediatrics	449	51.6	11.8	421	48.4	11.8
Other	1,480	51.2	6.5	1,412	48.8	6.5
Total	8,685	64.6		4,769	35.4	

Data source: Weighted samples from the 2023 AUA Annual Census.
[^] Row percent.

TABLE 10-7

Would you provide video telehealth services if reimbursement was reduced below parity with in-person services?

Offer Video Telehealth Services	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	2,301	18.6	2.5
Maybe	4,399	35.6	3.1
No	5,649	45.7	3.3
Total reported	12,349	100	
Not reported	1,827		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 10-8

Would you continue to offer audio only visits if they were reimbursed at lower levels than video or in-person?

Offer Audio-Only Visits	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	2,472	20.0	2.6
Maybe	3,305	26.7	2.8
No	6,608	53.4	3.3
Total reported	12,385	100	
Not reported	1,791		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

Section 11: Urologists Well-Being (Workload, Vacancies, Burnout, Stress and Professional Help)

Primary Observations

- Approximately equal numbers of practicing urologists reported that their current workload is the same as or heavier than their pre-pandemic workload (43.6% and 43.1%, respectively; TABLE II-1).
- Registered nurses (56.3%), urologists (55%) and certified medical assistants/licensed practical nurses (52.1%) were the top three vacancies that practicing urologists reported their practices or hospitals have difficulty filling. Only 8% reported that they had no difficulties filling any vacancies (TABLE II-2).
- Seventy-one percent of practicing urologists reported they had ever experienced professional burnout or stress from work, including 33.1% who are currently experiencing it, 25% who experienced it in the past only and 12.3% who experienced it both in the past and currently (TABLE II-3).
- Female urologists (85.6%), those aged 45-54 years (80.6%) and those in other practice settings (80.2%) had the largest percentages reporting they ever experienced any professional burnout or stress from work (TABLE II-4).
- The top coping mechanisms reported by practicing urologists who experienced burnout or stress were exercise (76.0%), talking with family/friends (62.6%) and sleep (40.4%). A third (33.5%) reported any maladaptive coping mechanisms with the top ones being drinking alcohol (19.8%), eating junk food (13.0%) and binge-eating (6.2%; TABLE II-5).
- Seventeen percent of practicing urologists who experienced burnout or stress have sought professional help for it, 4.5% percent had not sought professional help yet but plan to, and 78.5% have not sought professional help and don't intend to (TABLE II-6). The top reasons for not seeking help among those who did not plan to included they did not believe they needed it (71.0%), they were too busy to seek help (29.9%) and they did not want to seek help (19.1%). Eight percent reported they did not seek help because they were afraid of its impact on their professional life (TABLE II-7).
- Among practicing urologists who reported experiencing any burnout or stress from work, 43.0% reported that they would be more likely to seek professional help if those services were not eligible to be included in their records with the state licensure boards (TABLE II-8).

TABLE 11-1

Which of the following options best describes your current workload since we have come out of the COVID-19 pandemic?

Workload Since COVID-19 Pandemic	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
My current workload is the same as my pre-pandemic workload	5,571	43.6	3.0
My current workload is heavier than my pre-pandemic workload	5,513	43.1	3.0
My current workload is lighter than my pre-pandemic workload	1,702	13.3	2.2
Total reported	12,786	100	
Not reported	1,390		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 11-2

Does your practice/hospital currently have difficulty filling any of the following vacancies? (Multiple selections allowed)

Vacancies	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Registered nurses	7,977	56.3	3.1
Urologists	7,790	55.0	3.0
Certified medical assistants /licensed practical nurses	7,390	52.1	3.0
Certified surgical technicians	5,353	37.8	2.9
Advanced practice providers	5,350	37.7	2.9
Clinical trial coordinators	1,731	12.2	1.9
Other	654	4.6	1.2
I prefer not to answer	275	1.9	0.8
No difficulty filling any vacancies	1,137	8.0	1.6

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 11-3

Have you experienced professional burnout or stress from work?

Burnout	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	9,344	70.5	2.8
Yes, I am currently experiencing it	4,390	33.1	3.0
Yes, I experienced it in the past	3,319	25.0	2.7
Yes, I am currently experiencing it and experienced it in the past	1,635	12.3	2.0
No	3,912	29.5	2.8
Total reported	13,256	100	
Not reported	920		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 11-4

Have you experienced professional burnout or stress from work? (by Gender, Age, Practice Setting, Primary Subspecialty and Employment Status)

Urologists Characteristics	Practicing Urologists Represented			
	Total Number of Urologists	Experienced Burnout or Stress from Work [^]		
		Number	Percent*	+/- MOE (%)
Gender				
Female	1,529	1,310	85.6	4.3
Male	11,727	8,034	68.5	3.1
Age				
< 45	3,643	2,749	75.5	5.4
45-54	2,778	2,239	80.6	5.0
55-64	2,932	2,214	75.5	5.0
≥ 65	3,902	2,142	54.9	6.3
Practice setting				
Private practices	6,528	4,519	69.2	4.2
Academic medical centers/medical schools	3,594	2,417	67.3	5.7
Public and private hospitals	1,518	1,111	73.2	8.5
Other settings	1,617	1,297	80.2	7.1
Primary subspecialty				
General without subspecialty	7,860	5,593	71.2	3.7
Oncology	1,688	1,170	69.3	8.2
Pediatrics	816	630	77.2	9.6
Other subspecialty	2,892	1,951	67.5	6.4
Employment status				
I am the sole owner of my practice	1,048	636	60.7	11.4
I am a partner in my practice	3,252	2,402	73.9	5.4
I am employed by others	8,413	6,010	71.4	3.7
A combination of the above	543	296	54.5	15.3

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Includes those who reported experiencing any burnout or stress currently or in the past in TABLE 11-3.

* Row percent.

TABLE 11-5

Which of the following options do you use by yourself to cope when you experience burnout/stress? (Multiple selections allowed)[^]

Coping With Burnout	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Exercise	7,097	76.0	2.9
Talking with family/friends	5,850	62.6	3.6
Sleep	3,779	40.4	3.6
Play/listen to music	3,341	35.8	3.4
Meditation	1,733	18.6	2.8
Isolate myself from others	1,657	17.7	2.9
Use prescription drugs	130	1.4	*
Maladaptive Coping Mechanisms	2,946	33.5	3.3
Drink alcohol	1,850	19.8	2.9
Eat junk food	1,219	13.0	2.3
Binge eat	576	6.2	1.7
Smoke marijuana/consume marijuana products	77	0.8	*
Smoke cigarettes	45	0.5	*
Other	843	9.0	2.1
Nothing	169	1.8	*
I prefer not to answer	164	1.8	*

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of 9,344 who reported experiencing any burnout or stress from work in TABLE 11-3.

* The estimated value should be used with caution due to small samples.

TABLE 11-6

Have you sought professional help for burnout/stress?*

Help for Burnout	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	1,499	17.0	3.0
No, but plan to seek professional help	401	4.5	1.4
No, and do not intend to seek professional help	6,933	78.5	3.2
Total reported	8,833	100	
Not reported	511		
Total	9,344		

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 9,344 who reported experiencing any burnout or stress from work in TABLE 11-3.

TABLE 11-7

For which of the following reasons did you not seek professional help when you experienced burnout? (Multiple selections allowed)*

Reasons for Not Seeking Help	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I did not believe that I needed to seek professional help	4,921	71.0	3.6
I was too busy to seek professional help	2,071	29.9	3.8
I did not want to seek professional help	1,327	19.1	3.0
I was afraid to seek professional help because I was concerned of its impact on my professional life	582	8.4	2.0
I did not know how to seek professional help	241	3.5	1.4
I was afraid to seek professional help because I was concerned of its impact on my personal life	200	2.9	1.1
I prefer not to answer	188	2.7	1.2

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 6,933 who reported they do not intend to seek professional help for burnout or stress in TABLE 11-6.

TABLE 11-8

Would you be more likely to seek professional help for burnout if those services were not eligible to be included in your records with the state licensure boards?*

Seeking Help	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	4,019	43.0	3.6
No	2,840	30.4	3.2
I do not know	2,484	26.6	3.2
Total	9,344	100	

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of 9,344 who reported experiencing burnout or stress in TABLE 11-3.

Section 12: Disparities in Healthcare, Harassment, and Discrimination

Primary Observations

- Forty percent of practicing urologists have never received any training on disparities in healthcare (39.7%; TABLE 12-1). Two-thirds of those who had received any training on disparities in healthcare received it through their primary practice or institution and 52.5% received it through AUA resources (TABLE 12-2).
- More than a quarter of practicing urologists (26.0%) reported experiencing any forms of discrimination and/or harassment at the hands of patients or their families in the past year (TABLE 12-3), with more females reporting it than males (62.4% of females vs. 21.2% of males; TABLE 12-4).
- Among those female practicing urologists who reported experiencing any forms of discrimination and/or harassment in the past year at the hands of patients or their families, nearly all reported having any experiences of it based on their gender (98.5%), 74.9% had any experiences with sexual harassment, and 60.8% had any experiences based on other or inexplicable reasons (TABLE 12-5).
- Among the male practicing urologists who reported experiencing any forms of discrimination and/or harassment in the past year at the hands of patients or their families, 65.7% had any experiences based on other or inexplicable reasons, 51.0% reported any experiences with bullying or physical violence, and 49.0% reported any experiences based on their race (TABLE 12-5).
- Nearly a third of practicing urologists (29.5%) reported witnessing any forms of discrimination and/or harassment at the hands of patients or their families in the past year (TABLE 12-10). The most common types among those who witnessed any were based on gender (89.6%), race (86.8%), and other or inexplicable reasons (66.2%; TABLE 12-11).
- The clinic was the most common setting in which practicing urologists experienced or witnessed discrimination or harassment at the hands of patients or their families in the past year (TABLES 12-7, 12-8, 12-9, 12-12, 12-13, 12-14).
- Sixteen percent of practicing urologists reported that their primary practice did not have a formal process for reporting discrimination or harassment incidents instigated by patients or their families (15.6%; TABLE 12-15). Among those with a formal reporting process, the most common actions taken were patient termination as a patient to the practice (40.5%), practice sent patient a formal letter about their behavior (32.4%), and adding a note to the patient's record (29.5%; TABLE 12-17).
- Practice administrators (46.4%) and clinical managers (25.7%) were the top parties responsible for notifying patients of the accusations made against them, with 10.4% reporting that providers were responsible for notifying patients (TABLE 12-18).

TABLE 12-1**Have you ever received any training on disparities in healthcare?**

Training	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	7,825	60.3	3.1
Yes, I received training on disparities in healthcare once	3,453	26.6	2.8
Yes, I received training on disparities in healthcare yearly	4,372	33.7	3.0
No, I have never received any training on disparities in healthcare	5,145	39.7	3.1
Total reported	12,970	100	
I prefer not to answer	1,206		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 12-2**Through which of the following options have you received your training/course on disparities in healthcare? (Multiple selections allowed)^**

Training	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
My primary practice or institution	5,217	66.7	3.8
AUA resources	4,081	52.2	4.1
AUA publications and journals	2,571	32.9	3.7
AUA conferences and meetings	2,636	33.7	3.9
Non-AUA publications and journals	1,342	17.1	3.1
Non-AUA conferences and meetings	1,452	18.6	3.2
Core curriculum	809	10.3	2.6
Other	350	4.5	1.5
I prefer not to answer	77	1.0	*

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 7,825 who said Yes in TABLE 12-1.

* The estimated value should be used with caution due to small samples.

TABLE 12-3

Did you experience any forms of discrimination and/or harassment at the hands of patients or their families in the past year?

Experienced Discrimination or Harassment	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	3,528	26.0	2.6
No	10,044	74.0	2.6
Total reported	13,572	100	
I prefer not to answer	604		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 12-4

Did you experience any forms of discrimination and/or harassment at the hands of patients or their families in the past year? (by Gender, Age, Race/Ethnicity, Practice Setting, Primary Subspecialty and Employment Status)^

Urologists Characteristics	Practicing Urologists Represented			
	Total Number of Urologists	Experienced Discrimination or Harassment in the Past Year		
		Number	Percent^^	+/- MOE (%)
Gender				
Female	1,577	984	62.4	7.6
Male	11,995	2,544	21.2	2.8
Age				
< 45	3,913	1,592	40.7	5.8
45 - 54	2,765	666	24.1	5.4
55 - 64	2,938	628	21.4	4.9
≥ 65	3,957	642	16.2	4.6
Race/Ethnicity				
White, non-Hispanic	10,163	2,128	20.9	2.8
Asian, non-Hispanic	1,847	747	40.4	8.7
Black/African American, non-Hispanic	256	138	54.0	26.0
White, Hispanic	436	274	62.9	15.3
Other race/ethnicity, including multiple races	242	48	19.9	*
Practice setting				
Private practices	6,572	1,534	23.3	3.6
Academic medical centers/medical schools	4,001	958	24.0	4.6
Public and private hospitals	1,241	434	35.0	9.2
Other settings	1,757	602	34.2	8.4
Primary subspecialty				
General without subspecialty	7,629	1,900	24.9	3.6
Oncology	1,681	304	18.1	6.7
Pediatrics	1,053	177	16.8	7.4
Other subspecialty	3,209	1,146	35.7	6.1

TABLE 12-4

Did you experience any forms of discrimination and/or harassment at the hands of patients or their families in the past year? (by Gender, Age, Race/Ethnicity, Practice Setting, Primary Subspecialty and Employment Status)^ (Continued)

Urologists Characteristics	Practicing Urologists Represented			
	Total Number of Urologists	Experienced Discrimination or Harassment in the Past Year		
		Number	Percent^^	+/- MOE (%)
Employment status				
I am the sole owner of my practice	905	188	20.8	9.4
I am a partner in my practice	3,281	924	28.2	5.4
I am employed by others	8,899	2,265	25.5	3.3
A combination of the above	487	150	30.8	*

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

^^ Row percent.

* The estimated value should be used with caution due to small samples.

TABLE 12-5

Experienced Any of the Following Forms of Discrimination and/or Harassment aimed at Healthcare Professionals at the Hands of Patients or Their Families (by Gender)*

Discrimination or Harassment Forms Experienced ^	Practicing Urologists Represented					
	Male (n=2,544)			Female (n=984)		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Based on your gender	716	28.1	7.4	969	98.5	2.0
Based on your race	1,246	49.0	7.6	462	47.0	9.7
Based on your parental status	317	12.5	5.9	393	39.9	10.0
Based on other or inexplicable reasons	1,672	65.7	7.2	599	60.8	9.4
Sexual harassment	523	20.6	6.7	737	74.9	8.7
Bullying or physical violence	1,297	51.0	7.7	479	48.6	11.0

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

^ Includes those who reported ever experiencing it rarely, occasionally, sometimes, or often.

TABLE 12-6**Experienced Discrimination and/or Harassment Aimed at Healthcare Professionals at the Hands of Patients or Their Families Based on Your Race (by Race/Ethnicity)***

Discrimination or Harassment Based on Your Race ^	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
White, non-Hispanic	655	30.8	7.9
Asian, non-Hispanic	588	78.8	14.1
Black/African American, non-Hispanic	130	93.8	4.9
White, Hispanic	140	51.1	16.9
Other race/ethnicity, including multiple races	43	88.6	17.9

Data source: Weighted samples from the 2023 AUA Annual Census.

* Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

^ Includes those who reported ever experiencing it rarely, occasionally, sometimes, or often.

TABLE 12-7**In which of the following settings have you experienced discrimination or harassment? Discrimination^**

Discrimination Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	2,413	68.4	5.6
Pre-op area	637	18.0	5.0
Post-op area	447	12.7	4.8
Within the inpatient ward	1,202	34.1	5.7
Other place	411	11.6	3.2
Not applicable	875	24.8	5.1

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

TABLE 12-8**In which of the following settings have you experienced discrimination or harassment?
Sexual Harassment[^]**

Sexual Harassment Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	1,080	30.6	4.8
Pre-op area	108	3.1	*
Post-op area	66	1.9	*
Within the inpatient ward	249	7.1	3.1
Other place	139	3.9	1.9
Not applicable	2,367	67.1	5.0

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

* The estimated value should be used with caution due to small samples.

TABLE 12-9**In which of the following settings have you experienced discrimination or harassment?
Bullying or Physical Violence[^]**

Bullying or Physical Violence Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	1,782	50.5	5.9
Pre-op area	219	6.2	*
Post-op area	189	5.4	*
Within the inpatient ward	691	19.6	4.7
Other place	353	10.0	3.3
Not applicable	1,483	42.0	6.1

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,528 who reported experiencing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-3.

* The estimated value should be used with caution due to small samples.

TABLE 12-10

Did you witness any forms of discrimination and/or harassment at the hands of patients or their families in the past year?

Witnessed Discrimination or Harassment	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	3,947	29.5	2.8
No	9,451	70.5	2.8
Total reported	13,398	100	
I prefer not to answer	778		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 12-11

Witnessed Any of the Following Forms of Discrimination and/or Harassment Aimed at Healthcare Professionals at the Hands of Patients or Their Families[^]

Discrimination or Harassment Forms Witnessed ^{^^}	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Based on their gender	3,537	89.6	3.1
Based on their race	3,425	86.8	3.3
Based on their parental status	965	24.5	4.9
Based on other or inexplicable reasons	2,612	66.2	4.8
Sexual harassment	2,423	56.8	4.6
Bullying or physical violence	2,260	57.3	5.3

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,947 who reported witnessing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-10.

^{^^} Includes those who reported ever experiencing it rarely, occasionally, sometimes, or often.

TABLE 12-12

In which of the following settings have you witnessed discrimination or harassment?
Discrimination[^]

Discrimination Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	3,232	81.9	4.0
Within the inpatient ward	1,927	48.8	5.6
Pre-op area	1,026	26.0	4.2
Post-op area	688	17.4	3.8
Other place	452	11.4	3.8
Not applicable	187	4.7	*

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,947 who reported witnessing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-10.

* The estimated value should be used with caution due to small samples.

TABLE 12-13

In which of the following settings have you witnessed discrimination or harassment?
Sexual Harassment[^]

Sexual Harassment Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	1,819	46.1	4.9
Within the inpatient ward	818	20.7	4.8
Pre-op area	403	10.2	3.6
Post-op area	318	8.1	2.8
Other place	298	7.5	3.3
Not applicable	1,695	43.0	4.6

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,947 who reported witnessing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-10.

TABLE 12-14

In which of the following settings have you witnessed discrimination or harassment?
Bullying or Physical Violence[^]

Bullying or Physical Violence Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinic	1,662	42.1	5.3
Within the inpatient ward	1,061	26.9	4.8
Post-op area	470	11.9	3.8
Pre-op area	422	10.7	3.0
Other place	196	5.0	2.0
Not applicable	1,786	45.3	5.2

Data source: Weighted samples from the 2023 AUA Annual Census.

[^] Out of the 3,947 who reported witnessing any forms of discrimination and/or harassment at the hands of patients or families in the past year in TABLE 12-10.

TABLE 12-15

Does your primary practice have a formal process for reporting discrimination or harassment incidents instigated by patients or their families?

Formal Reporting Process	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	9,288	84.4	2.7
No	1,714	15.6	2.7
Total reported	11,002	100	
Not reported	3,174		
Total	14,176		

Data source: Weighted samples from the 2023 AUA Annual Census.

TABLE 12-16

Do you know if patients accused of discrimination or harassment towards staff at your primary practice are formally notified of the accusations?^

Patients Notified	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	3,336	36.7	3.6
No	694	7.6	2.3
I do not know	5,070	55.7	3.7
Total reported	9,100	100	
I prefer not to answer	188		
Total	9,288		

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 9,288 who reported that their primary practice has a formal process for reporting discrimination or harassment incidents instigated by patients or their families in TABLE 12-15.

TABLE 12-17

Which of the following actions is taken if a patient is formally notified that they have been accused of discriminating against or harassing staff at your primary practice? (Multiple selections allowed)^

Actions	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
The patient is terminated as a patient to the practice	3,758	40.5	3.5
The patient is sent a formal letter about his/her behavior	3,013	32.4	3.5
A note is added to the patient record	2,756	29.7	3.4
The patient is transferred to another provider	1,528	16.4	2.7
Others	1,163	12.5	2.4
I prefer not to answer	1,733	18.7	2.8

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 9,288 who reported that their primary practice has a formal process for reporting discrimination or harassment incidents instigated by patients or their families in TABLE 12-15.

TABLE 12-18

Who has the responsibility in your primary practice for notifying patients of the accusations made against them? (Multiple selections allowed)^

Responsibility	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Practice administrator	4,309	46.4	3.7
Clinical manager	2,389	25.7	3.2
Practice leadership	1,601	17.2	2.7
Provider	968	10.4	2.1
Other	381	4.1	1.6
I do not know	2,251	24.2	3.1

Data source: Weighted samples from the 2023 AUA Annual Census.

^ Out of the 9,288 who reported that their primary practice has a formal process for reporting discrimination or harassment incidents instigated by patients or their families in TABLE 12-15.

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