



FOR IMMEDIATE RELEASE: December 20, 2012

Contact:

Wendy Waldsachs Isett, AUA

410-977-4770, wisett@AUAnet.org

AUA Health Policy Vice Chair Addresses Specialty Workforce Shortages before Institute of Medicine's GME Committee

Dr. Christopher Gonzalez joins others in expressing concerns about urology workforce shortages

Washington, DC, December 20, 2012 – Primary care is not the only specialty being affected by physician shortages, and it is imperative that leaders and policy-makers also examine specialties such as urology when making decisions about graduate medical education, according to American Urological Association (AUA) representative Dr. Christopher Gonzalez, vice chair of the AUA Health Policy Council. Dr. Gonzalez testified before the Institute of Medicine's Committee on Governance and Financing of Graduate Medical Education (GME) during a hearing on December 19, sounding an alarm about the critical deficit of specialty physicians and urging the panel to shift its focus from strictly studying primary care and also examine medical specialties such as urology.

"Urology has seen a greater than 10 percent decline in the number of urologist per capita over the past 20 years which is amongst the greatest of all sub-specialties," Dr. Gonzalez told the committee. With practicing urologist numbers at a 30-year low – only 3.18 per 100,000 Americans – and 10,000 Americans aging into Medicare (the highest urology utilization population) every day the urology shortage will continue to worsen if not corrected soon. This will result in limited access to care for patients.

Pointing to a study conducted by the Massachusetts Medical Society in 2011, he illustrated that of the 40 percent, of physician specialties studied, eight of the 18 met the criteria for "critical" or "severe" workforce shortages, and urology was placed in the "critical" category. Areas of concern include: aging population, rural areas and declining residency programs. The average age of an urologist is 52.5 years; with 44 percent over the age of 55, 18 percent over the age 65 and 7.4 percent over the age of 70—making urology the second oldest specialty in terms of physician age. The concentration of urologists practicing in urban areas is 7 times higher than the number of urologists practicing in rural setting. Since 2001, the number of accredited urology residency programs has fallen by 2 percent, and, between 2000 and 2009, the American Board of Medical Specialties (ABMS) has experienced a 19.7 percent decline in the number of urology residents achieving ABMS certification.

Dr. Gonzalez made a number of recommendations to the committee, including eliminating Medicare GME funding caps and basing physician workforce projections on the needs of the U.S.

population; allowing institutions to be accountable to program directors for reporting GME funding at the program level; creating incentives to train and develop a quality urology workforce for rural settings; increasing GME funding by supported by all users of the health system; and expanding GME funding to the full length of the ACGME accredited training.

“Today there is a significant shortage in the urology workforce and this will reach critical proportions as the U.S. Medicare population grows,” Dr. Gonzalez said. “The increasing age of the current urology workforce and the lack of GME funding for resident education are the prime movers of this shortage. If measures are not taken to correct this situation, Americans will face an unprecedented lack of access to and loss of high quality urologic care.”

About the American Urological Association: *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 18,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it fosters the highest standards of urologic care through education, research and formulation of health policy.*