



American
Urological
Association

The State of the Urology Workforce and Practice in the United States 2024



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

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Using AUA Census Report and Data

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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 11th 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.

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 geographical location, demographic characteristics, education and training and urology practice patterns. While base questions are repeated each year, a set of new questions focusing on yearly priority topics identified by the AUA is added to each Annual Census. In 2024, the priority Census topic areas focused on practice business operations, uptake of new recommendations and selected urological conditions and treatments (kidney and bladder cancer, hematuria, genitourinary symptoms of menopause, virtual care/telehealth, compensation, restrictive covenants, private equity, research, artificial intelligence, AUA Guidelines and planned retirement).

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 2025 AUA Annual Meeting in Las Vegas and remain online through the end of September 2025. All urology community members are encouraged to participate to ensure that the AUA Annual Census remains representative and beneficial for AUA members.



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would like to thank all members of the
urology community for
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participation in the Annual Census.*

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EXECUTIVE SUMMARY

INTRODUCTION

Founded in 1902, the American Urological Association (AUA) is the premier urological association, providing invaluable support to the U.S. and international urology 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 2024 AUA Annual Census began online in May 2024 and continued until the end of September 2024.

DATA AND METHODS

Definition of the Urologist Population

Practicing urologists are defined as those with valid medical licenses reported in the National Provider Identifier (NPI) 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 (ABU) certification records maintained by the American Board of Medical Specialties (ABMS). The 2024 U.S. urologist population consists of a total of 14,274 practicing urologists excluding urologists in residency training.

Data Collection and Justification for Nonresponse

The analysis sample for this report is based on 1,729 confirmed practicing urologists in the U.S. who completed the 2024 AUA Annual Census, representing a 12.1% response rate out of the total 2024 population of 14,274 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 14,274 U.S. practicing urologists in 2024. Of those practicing urologists, 84.7% are “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- While the total number of urologists in the U.S. continued to increase from 2014 to 2024 at the national level, the urologist-to-population ratio decreased slightly from 2023 to 2024 (FIGURE 1-1). Among the 50 U.S. states, New York continued to be the state with the highest urologist-to-population ratio (5.74 urologists per 100,000 population), while Wyoming was the state with the lowest ratio (2.40 urologists per 100,000 population; TABLE 1-2).
- The Southeastern AUA Section had the most practicing urologists (n=3,059; 21.4%; FIGURE 1-4).
- The majority of counties in the U.S. did not have any practicing urologists (61.5%; TABLE 1-3).
- Ten percent of practicing urologists in the U.S. maintained their primary practices outside of metropolitan areas (10.0%; TABLE 1-4).
- The median age of practicing urologists was 54 years, with 65 years and older being the largest age group (26.3%; TABLE 2-1).
- After rising from 7.7% in 2014 to 11.8% in 2023, the percentage of female practicing urologists rose only slightly to 12.1% in 2024 (FIGURE 2-1).
- There were noticeable gender differences by age group in 2024, with nearly 22% 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 increased from 1.8% in 2023 to 2.9% in 2024 (FIGURE 2-3).
- The percentage of practicing urologists with Hispanic ethnicity increased from 4.7% in 2023 to 5.9% in 2024 (FIGURE 2-4).
- Almost a quarter of practicing urologists (22.6%; TABLE 2-6) were first-generation college students and 12.4% met the criteria for coming from a disadvantaged background (TABLE 2-7).
- Just under half of practicing urologists completed fellowship training during their career (46.3%;

TABLE 3-1). A larger percentage of female practicing urologists over 45 completed fellowship training compared to their male counterparts (60.9% for females vs. 35.7% for males; FIGURE 3-1).

- The top three areas for fellowship training were oncology (14.9%), robotic surgery (7.6%) and endourology/stone disease (7.5%; TABLE 3-2).
- Over a quarter of practicing urologists are licensed to practice medicine in more than one state (26.8%; TABLE 3-3).
- Four out of five practicing urologists in the U.S. are certified by the ABU (80.3%; TABLE 3-4).
- 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 42.4% in 2024 (FIGURE 4-1).
- Female practicing urologists and practicing urologists less than 45 years old had lower percentages in private practice (33.1% and 28.6%, respectively; TABLE 4-2 and FIGURE 4-2).
- Eighty-four percent of practicing urologists worked directly with an advanced practice provider (APP; TABLE 4-4), with those in academic medical centers having the highest percentage working directly with an APP (96.9%; FIGURE 4-3).
- The percentage of practicing urologists employed by others increased from 64.4% in 2023 to 70.5% in 2024 (FIGURE 4-5).
- While more than half of practicing urologists (53.9%) reported they were general urologists without a primary subspecialty, the top primary subspecialty areas were oncology (13.1%), pediatrics (6.5%) and endourology/stone disease (5.7%; TABLE 4-6).
- The median number of hours practicing urologists in the U.S. worked in a typical week was 55, and 35.4% reported working more than 60 hours (TABLE 5-1).
- While male practicing urologists see more patients (70.8 patient encounters) in a typical week than female practicing urologists (65.3 patient encounters; FIGURE 5-2), female practicing

urologists spend more time (18.3 minutes) with a patient during a typical office visit compared to their male counterparts (16.3 minutes; FIGURE 5-1).

- Overall, 78.7% of practicing urologists performed major inpatient operating procedures (MIOPs) with higher percentages reported among younger urologists aged less than 45 (88.6%; TABLE 5-6).
- Nearly a third of practicing urologists (31.1%; TABLE 5-7) reported performing 10 or more major inpatient operative procedures (MIOPs) in a typical month.
- Nearly two-thirds (65.5%; TABLE 6-1) of practicing urologists treat patients with kidney cancer.
- Among practicing urologists who treat patients with kidney cancer, 13.9% never order renal mass biopsy for a small renal mass, 54.3% reported occasionally ordering it, 21.6% reported sometimes ordering it and 10.0% reported they often or always order it (TABLE 6-2).
- The top three factors most limiting use of small renal mass biopsy were lack of benefit on decision-making (60.0%), technical concerns/accuracy (42.6%) and patient preference (18.8%; TABLE 6-3). The top three barriers most encountered for kidney cancer active surveillance for small renal mass were patient fear/worry (53.9%), patient preference for something to be done (53.6%) and need for long-term monitoring (16.2%; TABLE 6-4).
- Among practicing urologists who treat patients with kidney cancer, nearly half reported that they have encountered, performed or ordered self-referral for ablation by radiology for small renal masses (46.4%) and one-fifth reported encountering, performing or ordering thermal ablation without concurrent or pre-procedure biopsy (20.4%; TABLE 6-5).
- Eighty percent of practicing urologists treat patients with bladder cancer (TABLE 6-6).
- For a patient who received induction bacillus Calmette-Guérin (BCG) for high-grade T1 (HG T1) or carcinoma in situ (CIS) then recurs with the same disease just before the fourth round of maintenance BCG, gemcitabine/docetaxel (47.6%), repeat induction BCG (36.0%), radical cystectomy (30.1%) and referral to a clinical trial (24.5%; TABLE 6-8) were the most frequently recommended next steps from oncology urologists.

- Over 90% of practicing urologists who treat bladder cancer with oncology as their subspecialty reported adapting their practice in response to BCG shortages. Their top BCG shortage adaptation strategies include increased use of gemcitabine/docetaxel or other intravesical chemotherapy (75.2%), split doses of BCG for maintenance (46.7%), no or reduced BCG maintenance (45.6%) and split doses of BCG for induction (31.9%; TABLE 6-10).
- The primary barriers to administering sequential gemcitabine/docetaxel for patients with non-muscle invasive bladder cancer (NMIBC) were inability to administer in a nonhospital-based clinic (22.5%) and lack of experience/protocol for regimen (21.8%). Over a third (34.7%) reported they did not have any barriers to administering it (34.7%; TABLE 6-11).
- The barriers most encountered for trimodal therapy were coordination with medical or radiation oncology (17.3%), side effects or local symptom control (12.2%) and lack of effectiveness (9.1%). Nearly half of practicing urologists who treated bladder cancer reported that they have not encountered any barriers for trimodal therapy (43.0%; TABLE 6-12).
- Half of practicing urologists treat patients with genitourinary syndrome of menopause (GSM; 50.6%; TABLE 7-1). Among them, a third reported they were somewhat knowledgeable about interventions for managing urogenital symptoms associated with decreased estrogen or menopause (31.8%), half - reported they were moderately knowledgeable (49.4%) and 18.2% reported they were extremely knowledgeable (TABLE 7-2). Less than 1% said they were not at all knowledgeable (0.7%; TABLE 7-2).
- Among practicing urologists who treat GSM, 3% reported they never prescribe vaginal estrogen for postmenopausal women diagnosed with recurrent urinary tract infections (UTIs), while 41.0% reported that they always do (TABLE 7-3). Five percent reported that they never prescribe vaginal estrogen for postmenopausal women diagnosed with dyspareunia, while 35.5% reported they always do (TABLE 7-4). Fifteen percent reported that they never prescribe vaginal estrogen for postmenopausal women diagnosed with overactive bladder symptoms, while 12.3% reported they always do (TABLE 7-5).
- Nearly all practicing urologists reported treating patients with hematuria (94.8%; TABLE 7-6). Among them, half reported that they implemented some changes to their practice based on individual patient risk in response to the updated 2020 AUA microscopic hematuria guidelines (48.8%), a third have fully implemented risk stratification recommendations based on the change (32.0%), 12.8% were already using a risk-based evaluation prior to the change and 5.8% did not modify their practice and do a complete evaluation for all patients (TABLE 7-7).
- For low-risk microhematuria patients with normal renal function and no allergies to contrast materials, 74.3% of practicing urologists who treat hematuria performed ultrasound, 11.8% performed computed tomography (CT) with contrast or urogram and 13.7% did not perform any imaging (TABLE 7-8).
- For intermediate-risk microhematuria patients with normal renal function and no allergies to contrast materials, 67.2% of practicing urologists who treat hematuria performed CT with contrast or urogram and 31.6% performed ultrasound (TABLE 7-9).
- For high-risk microhematuria patients with normal renal function and no allergies to contrast materials, nearly all practicing urologists who treat hematuria performed CT with contrast or urogram (95.7%), 2.8% performed ultrasound and 1.4% performed magnetic resonance imaging (MRI) with contrast or urogram (TABLE 7-10).
- For gross hematuria patients with normal renal function and no allergies to contrast materials, nearly all practicing urologists who treat hematuria performed CT with contrast or urogram (96.6%), 2.7% performed ultrasound and less than 1% performed MRI with contrast or urogram (0.7%; TABLE 7-11).
- After a negative evaluation for microhematuria, half of practicing urologists recommended repeat urinalysis (UA) within 12 months and repeat evaluation if microhematuria is still present (49.8%), 15.3% recommended repeat evaluation in 2 years or more, 15.0% recommended return for gross hematuria only, 10.9% recommended discharge

from clinic entirely and 9.0% recommended repeat evaluation in 12 months regardless (TABLE 7-12).

- While 22% of practicing urologists reported that they were satisfied or very satisfied with their compensation and reimbursement for providing virtual or telehealth care, 33% reported they were dissatisfied or very dissatisfied and 28.6% were neither. Sixteen percent reported that they do not provide virtual or telehealth care (TABLE 8-1).
- The top challenges faced in delivering telehealth care were patient technical difficulties (63.6%), reduced reimbursement compared to in-person visits (32.8%), time constraints (27.6%), lack of patient broadband access (22.0%) and lack of reimbursement (19.2%). Only 5% reported they do not face any challenges in providing telehealth care (TABLE 8-2).
- Over 60% of practicing urologists reported that they were dissatisfied or very dissatisfied with the level of compensation or reimbursement they receive for responding to patient questions through an electronic health record (EHR; 61.4%) and less than 5% were satisfied or very satisfied (3.6%; TABLE 8-3).
- Sixty percent of practicing urologists were not aware that they could bill for time spent addressing patient messages on the EHR for some insurances (59.5%), 26.7% were aware but have not billed for them and only 13.8% have billed for them (TABLE 8-4).
- Seventy-two percent of practicing urologists respond to patient messages on the patient portal after hours or at home, with a quarter spending an average of 3 or more hours per week on this (TABLE 8-5).
- Almost half of practicing urologists reported using asynchronous telemedicine in the form of eConsults, with 6.2% spending an average of 3 or more hours per week on eConsults (TABLE 8-6).
- The top challenges faced in delivering asynchronous care related to patient messaging in the EHR were lack of reimbursement (53.0%), time constraints (47.1%), patient overuse (41.2%), fatigue (24.5%) and miscommunication (22.9%; TABLE 8-7).
- Sixty percent of practicing urologists have a non-compete clause in their employment agreement with their primary practice, 13.3% have a non-solicitation of patients clause, 12.4% have a non-solicitation of employees clause, 8.1% have a non-compete clause with scope/activity restrictions and 4.1% have a non-compete clause with other restrictions (TABLE 9-1).
- When asked about the impact that different types of restrictive covenants have had on their career decisions/trajectory and on physician autonomy/flexibility in managing their business operations, 29.4% to 55.9% reported a negative impact with very few (< 2%) reporting positive impacts. Many reported restrictive covenants had neither a positive nor negative impact (42.4% to 71.1%; TABLES 9-2 to 9-9).
- The top factors that determine overall salary were individual relative value units (RVUs; 66.4%), administrative responsibilities (21.2%), group/practice RVUs (19.2%) and academic rank (18.2%; TABLE 9-10).
- Fifty-six percent of practicing urologists reported that compensation for their clinical work was determined by RVUs, 35.4% reported a fixed salary and 23.0% reported collections determined their clinical work compensation (TABLE 9-11).
- Eleven percent of practicing urologists reported that they had ever worked for a medical practice that was partnered with a private equity firm (TABLE 9-12). Among those who had never worked for a medical practice partnered with private equity, 9.2% worked for a practice that was considering a partnership that failed to materialize and 1.1% are currently considering it (TABLE 9-13).
- Among those who have worked for a medical practice partnered with a private equity firm, the top areas that were reported as being negatively impacted by private equity were physician autonomy (54.0% reported a negative impact), physician reimbursement (48.1%), day to day management of practice (43.2%) and practice operational efficiency (43.1%). The top areas that were reported as being positively impacted by private equity were practice revenue (39.5% reported a positive impact), practice access to strategic guidance (33.7%), and Physician reimbursement (31.5%; TABLES 9-14 to 9-22).
- Eighty-seven percent of practicing urologists in academic medical centers or medical schools reported some percentage of their time was spent on research as compared to 22.8% of urologists in other practice settings (TABLE 10-1).

- Among academic urologists who engaged in research, the majority engaged in clinical research excluding clinical trials (77.9%) and similar percentages were engaged in clinical trials research (35.4%) and health services/quality outcomes/implementation science research (33.0%). Among urologists who engaged in research from other practice settings, similar percentages were engaged in clinical trials research (55.0%) and clinical research excluding clinical trials (53.4%) and 21.0% were engaged in health services/quality outcomes/implementation science research (TABLE 10-2).
- The top barriers preventing urologists from engaging in their preferred amount of research were clinical duties taking priority (45.4%) and not having enough time (41.4%). Forty percent reported that they were not interested in research and only 2.6% reported that they have not experienced any barriers (TABLE 10-3).
- Sources of research funding received by practicing urologists from most to least common were institutional funds (20.5%; TABLE 10-8), industry funding (17.8%; TABLE 10-7), philanthropy (13.7%; TABLE 10-10), government funding (10.7%; TABLE 10-6), clinical revenue (10.4%; TABLE 10-9), AUA or Urology Care Foundation (UCF) grants (7.1%; TABLE 10-4) and other foundation grants (7.0%; TABLE 10-5).
- The most common artificial intelligence (AI) use cases among practicing urologists were creation of discharge instructions or progress notes (14.2%), documentation of billing codes, medical charts or visit notes (11.9%), generation of chart summaries (7.8%), translation services (7.7%), automation of insurance preauthorization (6.8%), summaries of medical research standards of care (6.8%) and generation of draft responses (6.5%). Sixty-five percent reported that they do not currently incorporate any of the AI use cases into their practices (TABLE 10-12).
- There were noticeable age differences with regard to feelings about the potential increased use of AI in their professional life, with more younger urologists reporting that they were more excited than concerned (44.0% among urologists under 45 vs. 18.8% among urologists 65 or older; TABLE 10-15). Conversely, while less than 10% of those under 45 were more concerned than excited, over a quarter of urologists 65 or older were more concerned (TABLE 10-14).
- The top two reasons for utilizing AUA guidelines were to inform diagnostic/management decisions (84.7%) and to maintain general practice knowledge (70.2%). Only 2.5% reported that they do not use AUA guidelines (TABLE 10-16). While 68.9% of practicing urologists reported that they have not experienced any barriers to utilizing AUA guidelines, the top barrier experienced was not having enough time (15.2%; TABLE 10-17).
- The mean planned or actual age at retirement among practicing urologists was 67.1 years and half of practicing urologists plan to work beyond age 65 (50.8%; TABLE 11-1).
- While 54.6% of male urologists plan to work beyond age 65, only 24.4% of female urologists plan to do the same (TABLE 11-2).
- Seventy percent of practicing urologists reported they are planning to do a phased retirement, 33.4% are planning to do part-time work, 29.6% are planning to do locum tenens work and 17.4% are planning to do clinic-based with no OR as alternative retirement models (TABLE 11-3).
- Among those who plan to work beyond age 65, the most influential factors were enjoyment of practicing medicine (50.7%), financial considerations (24.8%) and mental stimulation (14.0%; TABLE 11-4).
- Among those who plan to retire by age 65, the most influential factors were their health and well-being (64.1%), call burden (58.9%), personal fulfillment (29.2%) and family considerations (28.1%; TABLE 11-5).
- The top factors that would encourage practicing urologists to delay full retirement were elimination of call hours (67.5%), part-time schedule (58.1%), more schedule flexibility (50.0%), phased retirement plan (41.2%) and reduced patient load (34.2%; TABLE 11-6).

About the American Urological Association (AUA)

THE ORGANIZATION

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

About the AUA Annual Census

The AUA supports the generation and dissemination of urological knowledge through a sophisticated statistical approach. The AUA's Annual Census is a systematically designed, specialty-representative survey of urology (similar to the U.S. Census). The results of the AUA's Annual Census are weighted to adjust for nonresponse bias to more 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 urology community effectively. The findings also depict workforce characteristics, current clinical practice and recent educational and practicing trends, along with procedures to treat urological 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
AI	artificial intelligence
APN	advanced practice nurse
APP	advanced practice provider
AUA	American Urological Association
BCG	bacillus Calmette-Guérin
CIS	carcinoma in situ
CPT	Current Procedural Terminology
CT	computed tomography
DO	doctor of osteopathic medicine
EHR	electronic health record
GSM	genitourinary syndrome of menopause
HGT1	high-grade T1
HMO	health maintenance organization
MD	medical doctor
MH	microhematuria
MIOP	major inpatient operative procedure
MOE	margin of error
MRI	magnetic resonance imaging
N/A	not applicable
NMIBC	non-muscle invasive bladder cancer
NP	nurse practitioner
NPI	National Provider Identifier
OR	operating room
PA	physician assistant
RUCA	rural-urban commuting area
RVUs	relative value units
UA	urinalysis
UCF	Urology Care Foundation
UTI	urinary tract infection
VA	Veterans Affairs

Methodology

Data in the AUA Annual Census were collected and analyzed using the survey methodology developed by Robert Groves and his colleagues.ⁱⁱ Two data files were established. One file was a population file containing basic demographic, geographic and certification information for all practicing urologists in the U.S. in 2024. 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 in a 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 if the following criteria were 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 and matched to either the 2024 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 2024.

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, “Practicing Urologists in the United States” which is available in the spring of the following year.

CENSUS DATA COLLECTION

Data collection for the 2024 AUA Annual Census began on April 28, 2024, and ended on September 30, 2024. 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, an AUA membership ID number, or an email address tied directly to their NPI number.

A total of 4,189 respondents completed the 2024 AUA Annual Census — 1,729 of whom were practicing urologists in the U.S. representing a 12.1% response rate out of the total 14,274 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.

SAMPLE WEIGHTING

To adjust for nonresponses and resulting biases in the 2024 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 urologist population data (Section I) or weighted Census samples (Sections 2 through II) 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 (MOE) or a confidence interval, with an estimation of measurement precision at a 90% level of confidence. Sums from column numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

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

A 90% confidence interval (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, nonvalidated and may be subject to recall bias or misrepresentation.



**PRACTICING
UROLOGISTS**
in the United States

Section 1: Geographic Distribution

Primary Observations

- There were 14,274 U.S. practicing urologists in 2024. Of those practicing urologists, 84.7% are “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- While the total number of urologists in the U.S. continued to increase from 2014 to 2024 at the national level, the urologist-to-population ratio decreased slightly from 2023 to 2024 (FIGURE 1-1). Among the 50 U.S. states, New York continued to be the state with the highest urologist-to-population ratio (5.74 urologists per 100,000 population), while Wyoming was the state with the lowest ratio (2.40 urologists per 100,000 population; TABLE 1-2). The Southeastern AUA Section had the most practicing urologists (n=3,059; 21.4%; FIGURE 1-4).
- The majority of counties in the U.S. did not have any practicing urologists (61.5%; TABLE 1-3).
- Ten percent of practicing urologists in the U.S. maintained their primary practices outside of metropolitan areas (10.0%; TABLE 1-4).

TABLE 1-1
Practicing Status

Practicing Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Total Practicing Urologists	14,274	100	N/A [^]
Active Practicing Urologists*	12,090	84.7	1.7

Data sources: National Provider Identifier 09/2024 file, ABU certification records from the ABMS Directory of Board-Certified Medical Specialists, AOA DO Directory, AUA 2024 Annual Census.

*Active practicing urologists are defined as those who work 25 or more clinical hours per week.

[^]Not applicable as the number of practicing urologists was 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
United States	334,914,895	14,274	4.26	
New York	19,571,216	1,124	5.74	High
Massachusetts	7,001,399	389	5.56	
New Hampshire	1,402,054	75	5.35	
Connecticut	3,617,176	189	5.23	
Maine	1,395,722	72	5.16	
Pennsylvania	12,961,683	645	4.98	
Rhode Island	1,095,962	54	4.93	
Louisiana	4,573,749	224	4.90	
New Jersey	9,290,841	452	4.87	
Maryland	6,180,253	297	4.81	
Ohio	11,785,935	561	4.76	
Illinois	12,549,689	578	4.61	
Florida	22,610,726	1,038	4.59	
Tennessee	7,126,489	326	4.57	
Oregon	4,233,358	192	4.54	
Minnesota	5,737,915	258	4.50	
North Carolina	10,835,491	486	4.49	
West Virginia	1,770,071	79	4.46	
Washington	7,812,880	345	4.42	
Colorado	5,877,610	258	4.39	
Wisconsin	5,910,955	256	4.33	Medium
Vermont	647,464	28	4.32	
Michigan	10,037,261	426	4.24	
Indiana	6,862,199	286	4.17	

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
Virginia	8,715,698	363	4.16	Medium
South Carolina	5,373,555	219	4.08	
Missouri	6,196,156	252	4.07	
Hawaii	1,435,138	58	4.04	
Kentucky	4,526,154	179	3.95	
California	38,965,193	1,538	3.95	
Alabama	5,108,468	195	3.82	Medium Low
Nebraska	1,978,379	75	3.79	
Kansas	2,940,546	111	3.77	
Arizona	7,431,344	275	3.70	
South Dakota	919,318	34	3.70	
Georgia	11,029,227	392	3.55	
Iowa	3,207,004	112	3.49	
Oklahoma	4,053,824	140	3.45	
Montana	1,132,812	39	3.44	
Arkansas	3,067,732	105	3.42	
Texas	30,503,301	1,000	3.28	Low
Mississippi	2,939,690	96	3.27	
Delaware	1,031,890	33	3.20	
Alaska	733,406	23	3.14	
Idaho	1,964,726	61	3.10	
New Mexico	2,114,371	63	2.98	
Utah	3,417,734	93	2.72	
North Dakota	783,926	21	2.68	
Nevada	3,194,176	82	2.57	
Wyoming	584,057	14	2.40	

Data sources: National Provider Identifier 09/2024 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

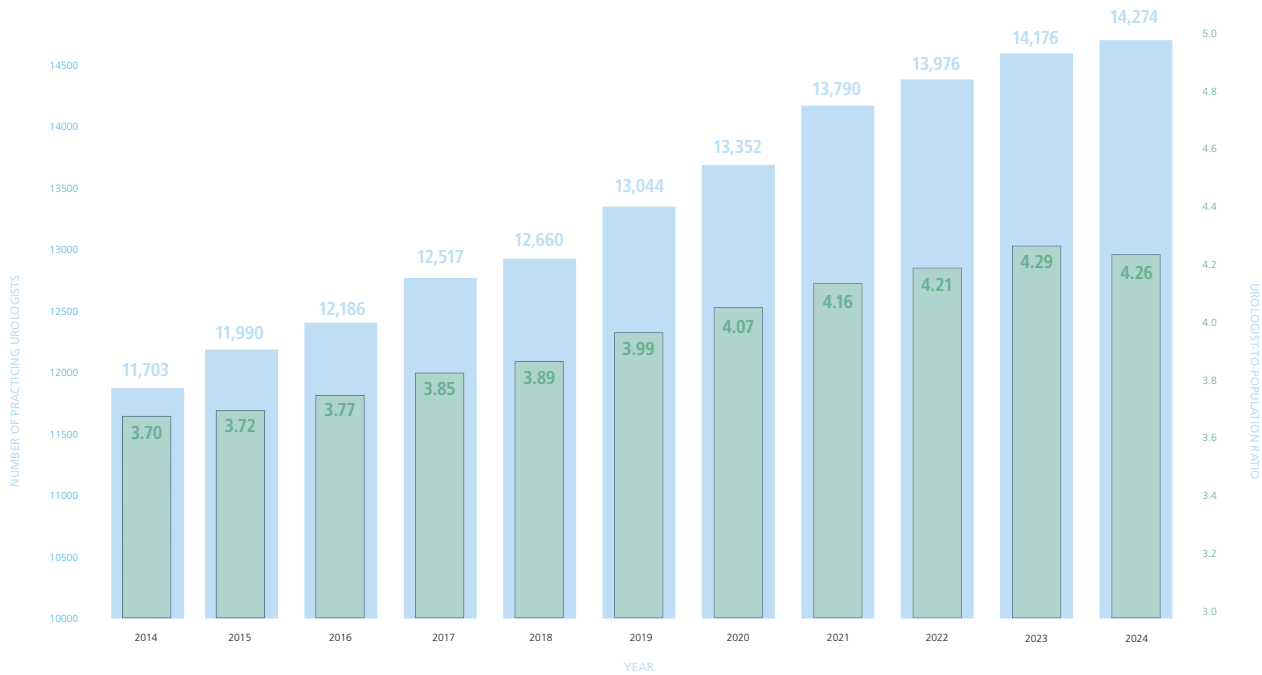
Note: The District of Columbia is not included due to its incomparability with other U.S. states.

*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

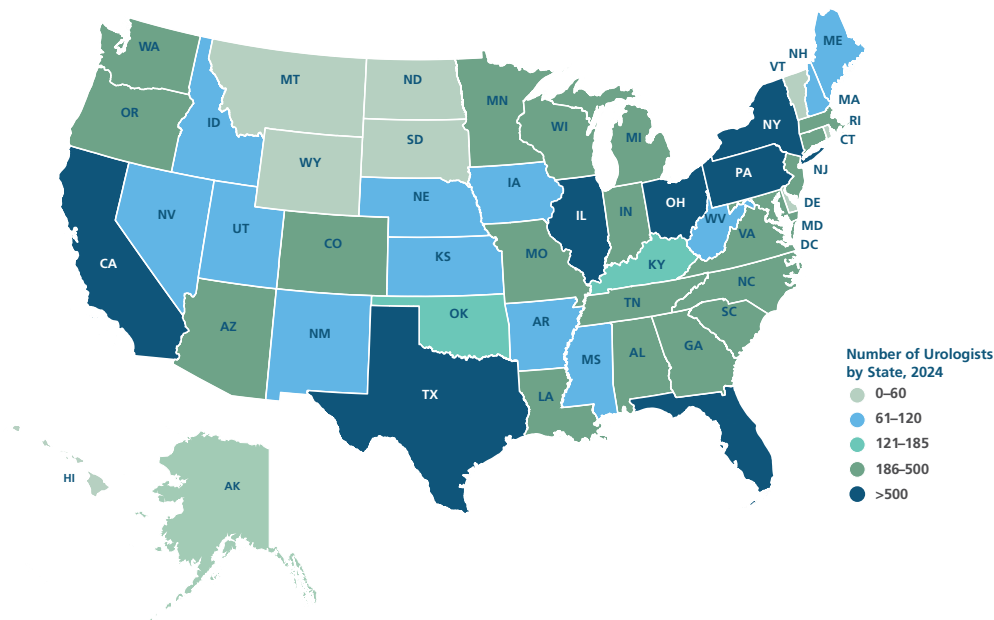
Number of Practicing Urologists and Urologist-to-Population Ratio (per 100,000 Population) From 2014 to 2024



Data sources: National Provider Identifier 09/2024 file, ABU certification records from the ABMS Directory of Board-Certified Medical Specialists and U.S. Census Bureau U.S. population files.
 Blue: Number of practicing urologists; Green: Urologist-to-population ratio (per 100,000 population).

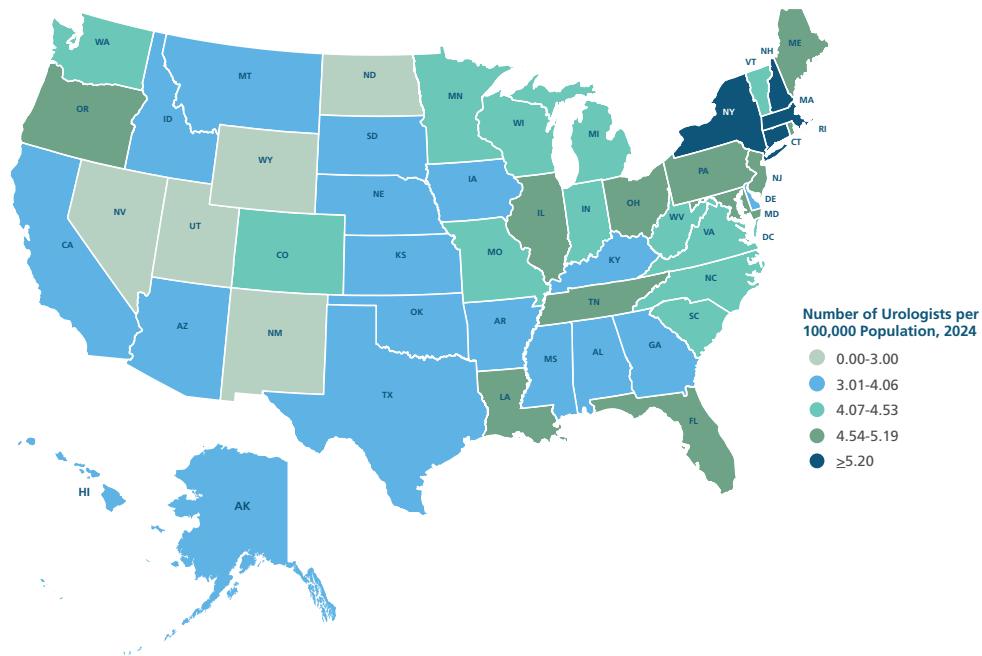
FIGURE 1-2

Number of Practicing Urologists by State of Primary Practice Location



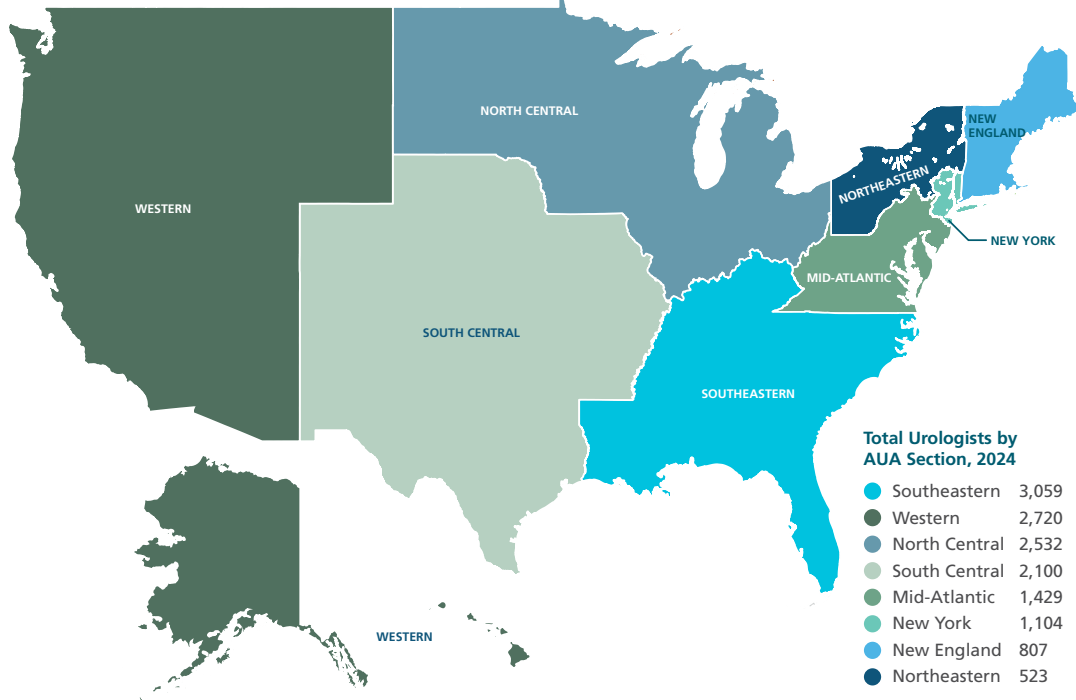
Data sources: National Provider Identifier 09/2024 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

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



Data sources: National Provider Identifier 09/2024 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*



Data sources: National Provider Identifier 09/2024 file and ABU certification records from the ABMS Directory of Board Certified Medical Specialists.

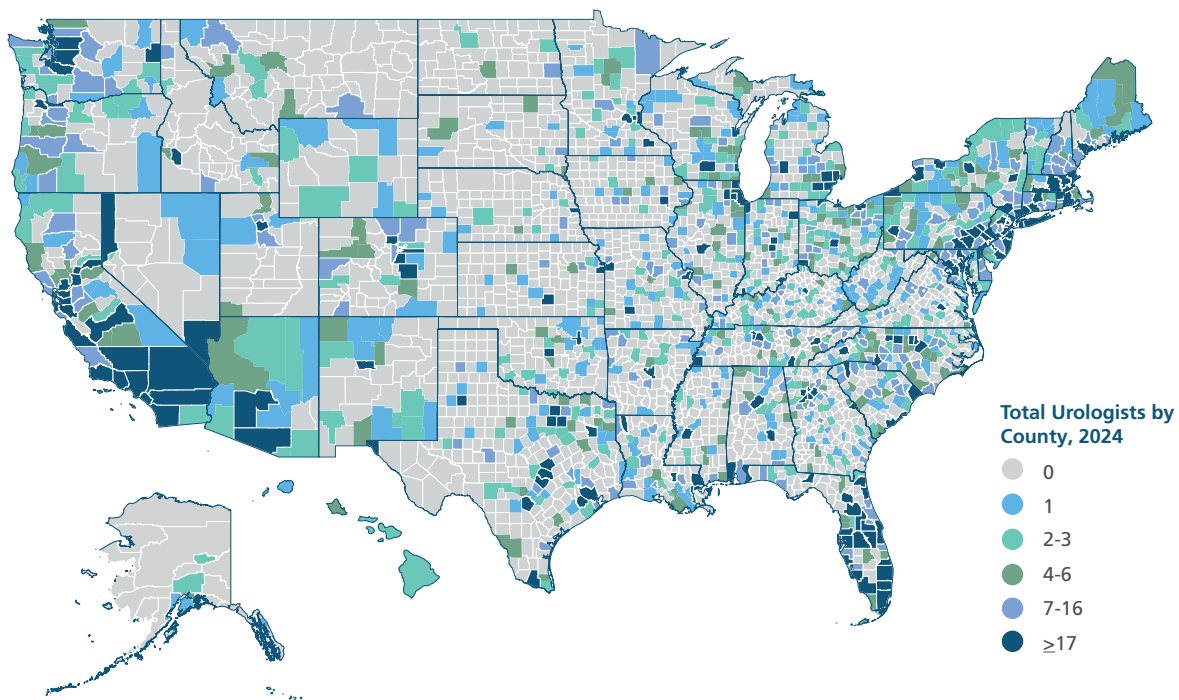
*Some AUA Sections include non-U.S. members, but analysis was restricted to U.S. urologists only.

TABLE 1-3
County of Primary Practice Location

Supply of Practicing Urologists	Number of Counties	Percent
Counties with no urologists	1,934	61.5
Counties with at least 1 urologist	1,210	38.5
Counties with 1 urologist	290	9.2
Counties with 2-3 urologists	297	9.6
Counties with 4-6 urologists	193	6.1
Counties with 7-16 urologists	231	7.3
Counties with 17 or more urologists	199	6.3
Total	3,144	100

Data sources: National Provider Identifier 09/2024 file.

FIGURE 1-5
Number of Practicing Urologists by County



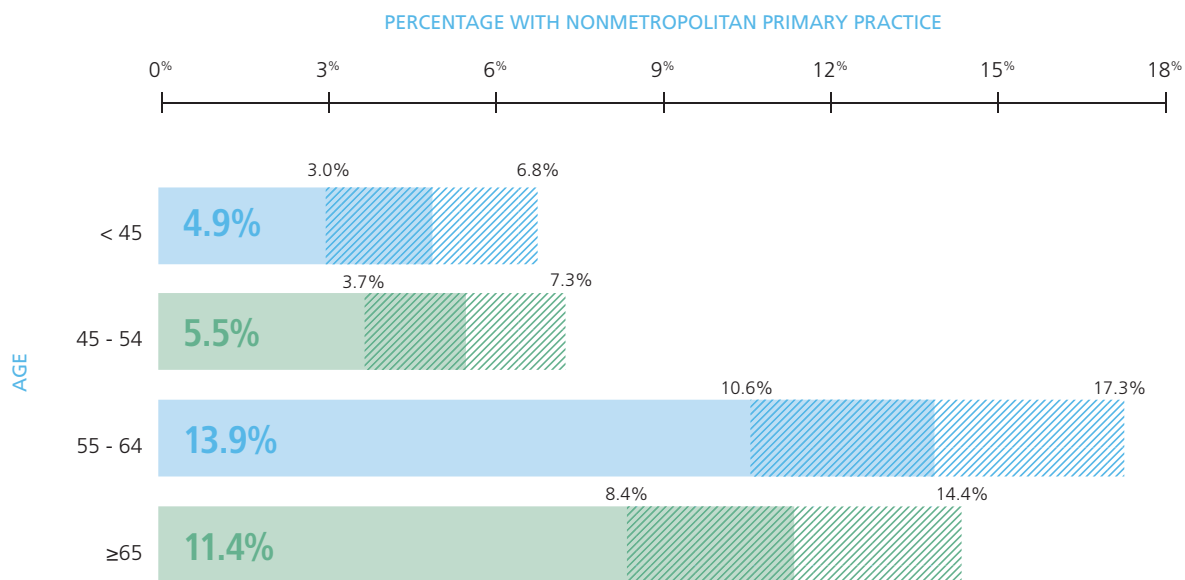
Data sources: Provider Identifier 09/2024 file and ABU certification records from the ABMS Directory of Board Certified Medical Specialists.

TABLE 1-4
Rurality Level of Primary Practice Location

Rurality Level	Number of Practicing Urologists	Percent
Metropolitan areas (population ≥ 50,000)	12,841	90.0
Nonmetropolitan areas (population < 50,000)	1,433	10.0
Micropolitan (population = 10,000-49,999)	1,132	7.9
Small town (population = 2,500-9,999)	234	1.6
Rural (population < 2,500)	67	0.5
Total	14,274	100

Data sources: National Provider Identifier 09/2024 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 09/2024 file, weighted samples from the 2024 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 54 years, with 65 years and older being the largest age group (26.3%; TABLE 2-1).
- After rising from 7.7% in 2014 to 11.8% in 2023, the percentage of female practicing urologists rose only slightly to 12.1% in 2024 (FIGURE 2-1).
- There were noticeable gender differences by age group in 2024, with nearly 22% 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 increased from 1.8% in 2023 to 2.9% in 2024 (FIGURE 2-3).
- The percentage of practicing urologists with Hispanic ethnicity increased from 4.7% in 2023 to 5.9% in 2024 (FIGURE 2-4).
- Almost a quarter of practicing urologists (22.6%; TABLE 2-6) were first-generation college students and 12.4% met the criteria for coming from a disadvantaged background (TABLE 2-7).

TABLE 2-1
Age

Age Groups	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 35 years old	882	6.2	1.4
35 to 44 years old	3,564	25.0	1.6
45 to 54 years old	3,058	21.4	1.5
55 to 64 years old	3,013	21.1	1.5
Over 65 years old	3,756	26.3	1.4
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census. The median age is 54.

TABLE 2-2
Gender*

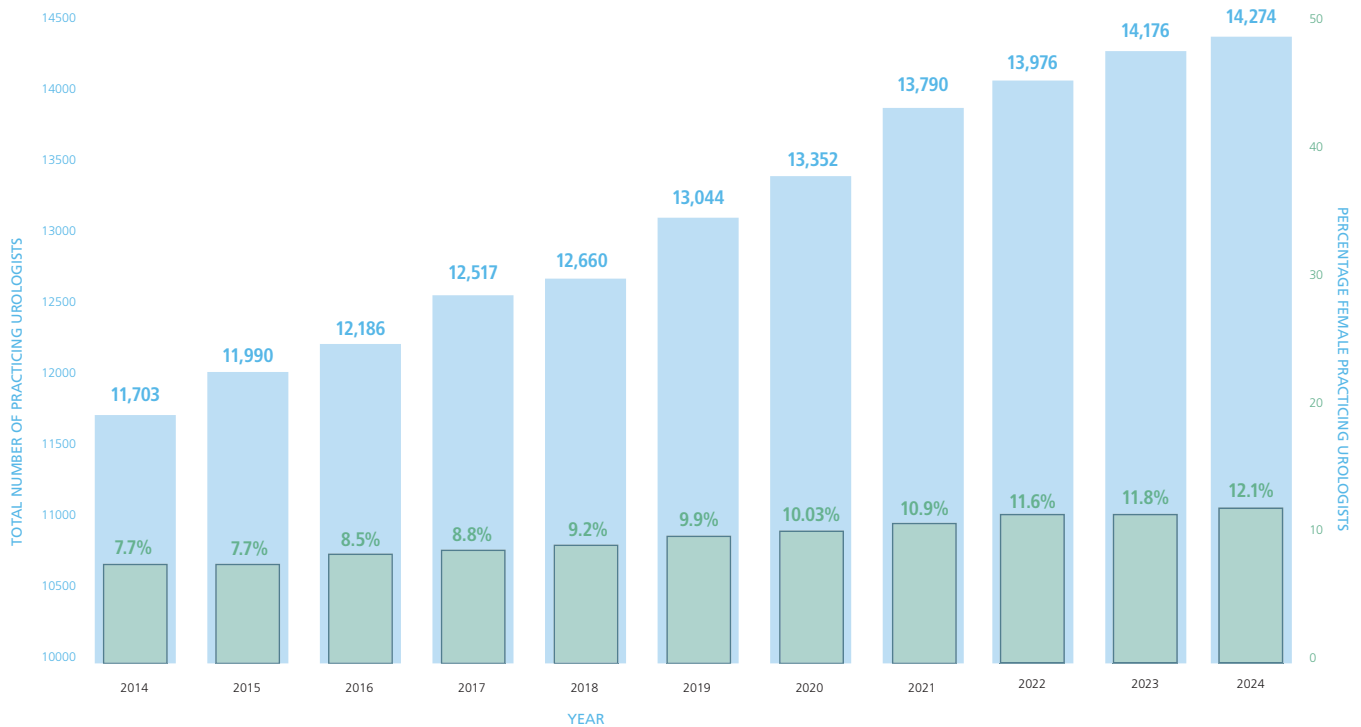
NPI Documented Gender	Total Number	Percent
Female	1,734	12.1
Male	12,540	87.9
Total	14,274	100

Data source: National Provider Identifier 09/2024 file.

*The Census included a 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

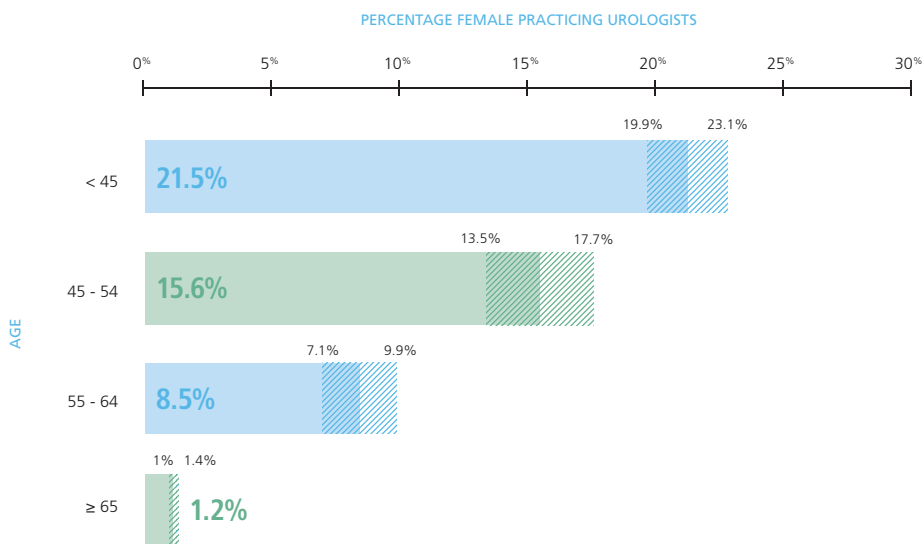
Total Number of Practicing Urologists and Percentage of Female Practicing Urologists in the Workforce From 2014 to 2024



Data sources: National Provider Identifier files and weighted samples from the AUA Annual Census from 2014 to 2024. Blue: Total number of practicing urologists; Green: Percentage of female practicing urologists.

FIGURE 2-2

Percentage of Female Practicing Urologists in the Workforce by Age*



Data sources: National Provider Identifier 09/2024 file and weighted samples from the 2024 AUA Annual Census. Percentages represent the proportion of women in the workforce within the specified age groups. For example, among practicing urologists less than 45 years old, 21.5% are women.

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

TABLE 2-3
Sexual Orientation

Sexual Orientation	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Bisexual	39	0.3	*
Heterosexual	13,246	97.2	0.9
Lesbian, gay or homosexual	253	1.9	0.8
None of the above	97	0.7	*
Total	13,635	100	
Not reported	639		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 2-4

Race

Race [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
White	10,844	79.6	2.0
Asian	2,126	15.6	1.8
African American/Black	394	2.9	0.8
Other races* including multiple races	257	1.9	0.6
Total reported	13,621	100	
Not reported	653		
Total	14,274		

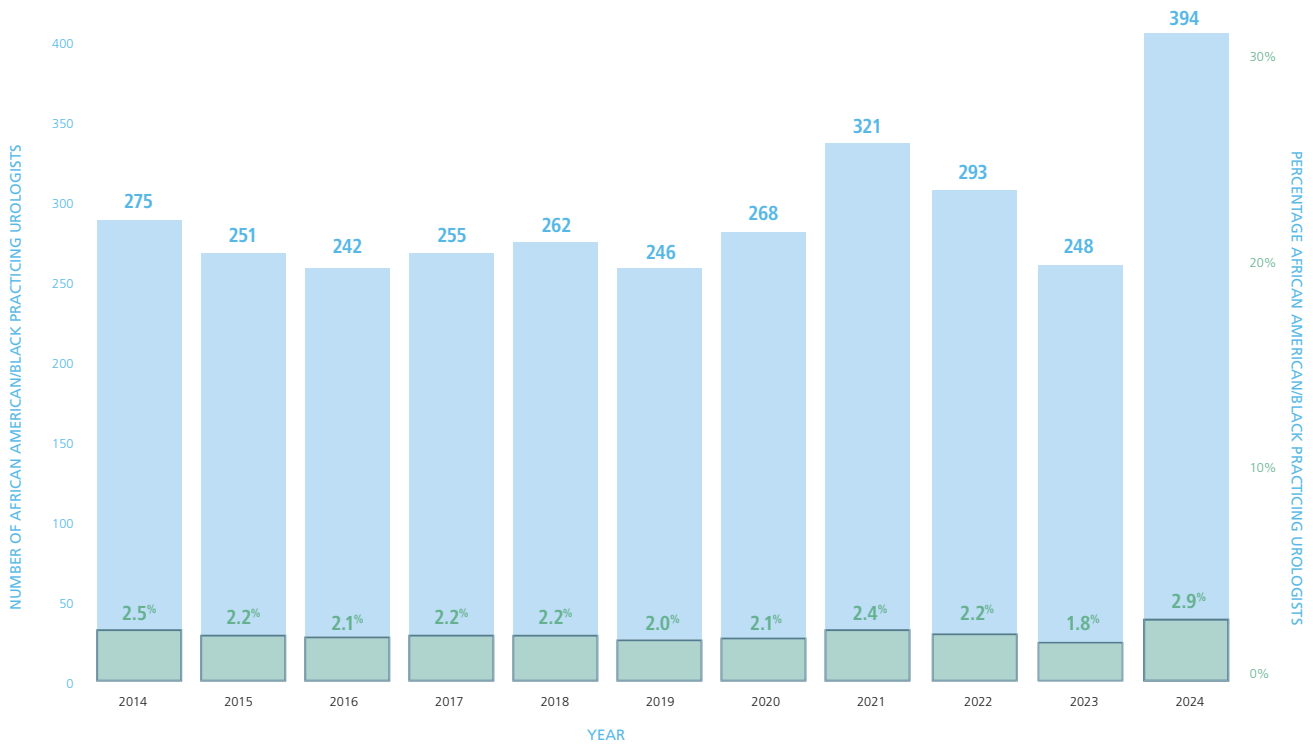
Data source: Weighted samples from the 2024 AUA Annual Census.

[^]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 2024



Data sources: Weighted samples from the AUA Annual Census from 2014 to 2024.
 Blue: Total number of African American/Black practicing urologists; Green: Percentage African American/Black practicing urologists.

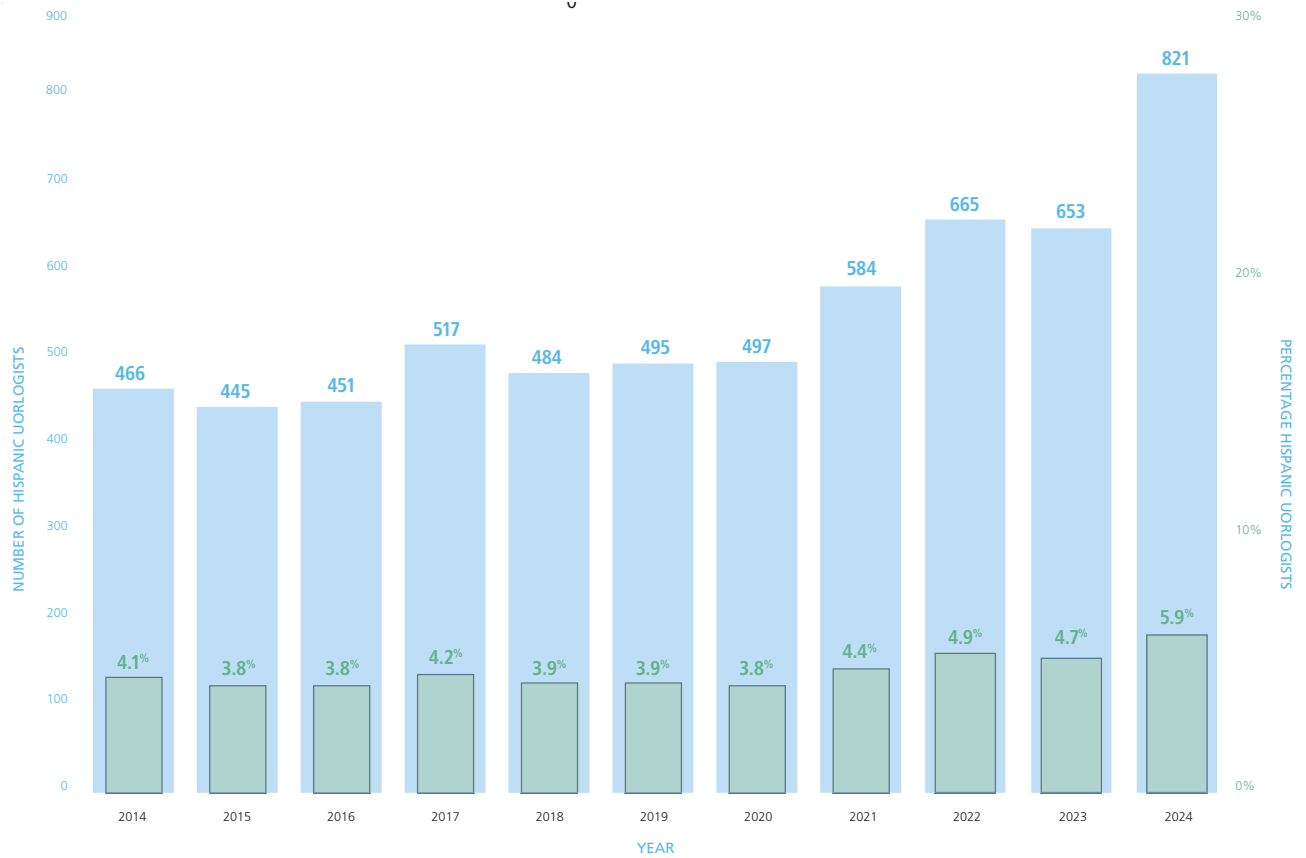
TABLE 2-5
Hispanic Ethnicity

Hispanic Ethnicity	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Hispanic	821	5.9	1.3
Non-Hispanic	13,047	94.1	1.3
Total reported	13,868	100	
Not reported	406		
Total	14,274		

Data sources: Weighted samples from the 2024 AUA Annual Census.

FIGURE 2-4

Hispanic Practicing Urologists in the Workforce From 2014 to 2024



Data sources: Weighted samples from the AUA Annual Census from 2014 to 2024.
 Blue: Total number of Hispanic practicing urologists; Green: Percentage of Hispanic practicing urologists.

TABLE 2-6

First Generation College Student

First Generation College Student [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	3,131	22.6	2.0
No	10,735	77.4	2.0
Total reported	13,866	100	
Not reported	408		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]First-generation college student defined as — (A) An individual both of whose parents did not complete a baccalaureate degree, or (B) In the case of any individual who regularly resided with and received support from only one parent, an individual whose only such parent did not complete a baccalaureate degree.

TABLE 2-7**Disadvantaged Background**

Disadvantaged Background [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	1,709	12.4	1.6
No	12,052	87.6	1.6
Total reported	13,761	100	
Not reported	513		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Based on NIH definition of disadvantaged background: https://www.era.nih.gov/commons/disadvantaged_def.htm

Section 3: Fellowship Training & Credentialing

Primary Observations

- Just under half of practicing urologists completed fellowship training during their career (46.3%; TABLE 3-1). A larger percentage of female practicing urologists over 45 completed fellowship training compared to their male counterparts (60.9% for females vs. 35.7% for males; FIGURE 3-1).
- The top three areas for fellowship training were oncology (14.9%), robotic surgery (7.6%) and endourology/stone disease (7.5%; TABLE 3-2).
- Over a quarter of practicing urologists are licensed to practice medicine in more than one state (26.8%; TABLE 3-3).
- Four out of five practicing urologists in the U.S. are certified by the ABU (80.3%; TABLE 3-4).

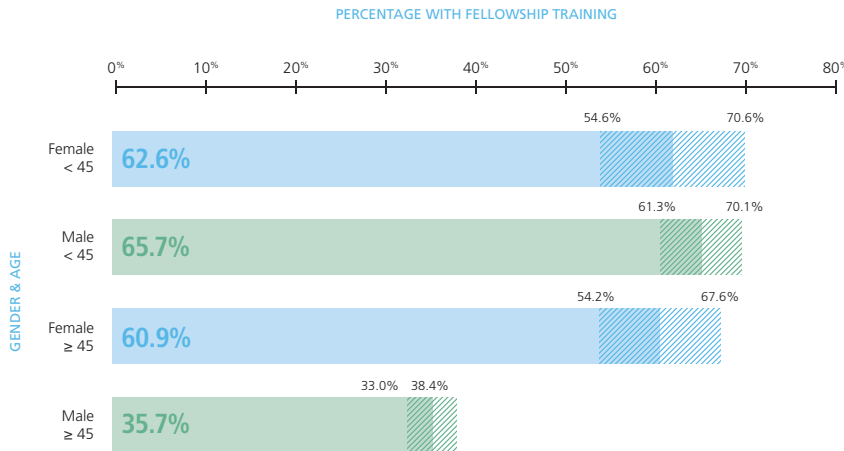
TABLE 3-1
Completion of Fellowship Training

Fellowship Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
No fellowship training	7,594	53.7	2.2
Fellowship training completed	6,549	46.3	2.2
Total reported	14,142	100	
Not reported	132		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census. Fellowship training is defined as participation in a fellowship program with a duration of one year or longer.

FIGURE 3-1

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



Data source: Weighted samples from the 2024 AUA Annual Census. Fellowship training is defined as participation in a fellowship program with a duration of one year or longer. *Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 3-2

Fellowship Areas (select all that apply)

Fellowship Area	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Oncology	2,121	14.9	1.7
Robotic surgery	1,081	7.6	1.2
Endourology/stone disease	1,067	7.5	1.2
Pediatrics	985	6.9	1.2
Female pelvic medicine and reconstructive surgery	801	5.6	0.9
Erectile dysfunction	705	4.9	1.1
Male reconstruction/trauma	676	4.7	1.0
Male infertility	621	4.4	1.0
Laparoscopic surgery	564	4.0	0.9
Renal Transplantation	187	1.3	0.6

Data source: Weighted samples from the 2024 AUA Annual Census. Fellowship training is defined as participation in a fellowship program with a duration of one year or longer. Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

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

State Medical Licenses	Practicing Urologists Represented	
	Number	Percent
1	10,447	73.2
2	2,952	20.7
3	682	4.8
4	189	1.3
Total reported	14,270	100
Not reported	4	
Total	14,274	

Data source: National Provider Identifier 09/2024 file.

TABLE 3-4**ABU or AOBS Certification Status[^]**

ABU or AOBS Certification Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Certified by the ABU only	11,461	80.3	1.2
Certified by the AOBS only	762	5.3	1.2
Not certified by the ABU or AOBS	2,051	14.4	1.5
Total	14,274	100	

Data source: National Provider Identifier 09/2024 file.

[^]No respondents selected an option for "Certified by both the ABU and AOBS."

Section 4: Urology Practice Characteristics

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 42.4% in 2024 (FIGURE 4-1).
- Female practicing urologists and practicing urologists less than 45 years old had lower percentages in private practice (33.1% and 28.6%, respectively; TABLE 4-2 and FIGURE 4-2).
- Eighty-four percent of practicing urologists worked directly with an APP (TABLE 4-4), with those in academic medical centers having the highest percentage working directly with an APP (96.9%; FIGURE 4-3).
- The percentage of practicing urologists employed by others increased from 64.4% in 2023 to 70.5% in 2024 (FIGURE 4-5).
- While more than half of practicing urologists (53.9%) reported they were general urologists without a primary subspecialty, the top primary subspecialty areas were oncology (13.1%), pediatrics (6.5%) and endourology/stone disease (5.7%; TABLE 4-6).

TABLE 4-1

Primary Practice Setting

Primary Practice Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Private practices	6,052	42.4	2.2
Solo practice	832	5.8	1.0
Single-specialty urology group	3,274	22.9	1.9
Multispecialty group	1,945	13.6	1.5
Institutional settings	8,015	56.2	2.2
Academic medical center/medical school	4,624	32.4	2.1
Public or private hospital	1,474	10.3	1.4
Private hospital	631	4.4	1.0
VA	363	2.5	0.6
Other public, nonmilitary hospital	355	2.5	0.7
Non-VA military hospital	124	0.9	*
Community health center	74	0.5	*
HMO/managed care organization	270	1.9	0.6
Health system	1,574	11.0	1.5
Industry (pharmaceuticals, EHR vendors, device manufacture, etc.)	6	0.0	*
Other settings[^]	207	1.4	0.5
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

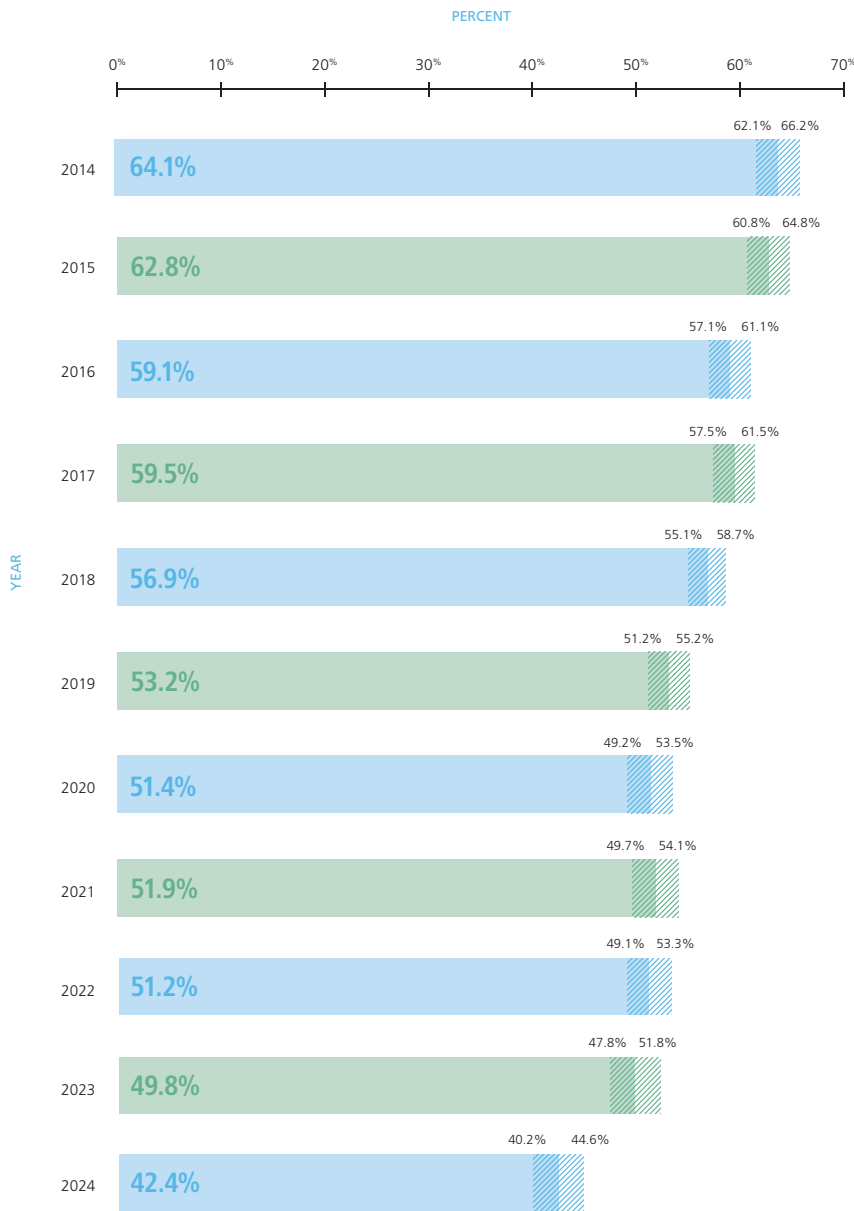
*The estimated value should be used with caution due to small samples.

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

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

FIGURE 4-1

Percentage of Practicing Urologists in Private Practice from 2014 to 2024*



Data source: Weighted samples from the AUA Annual Census from 2014 to 2024.

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

TABLE 4-2

Primary Practice Setting by Gender

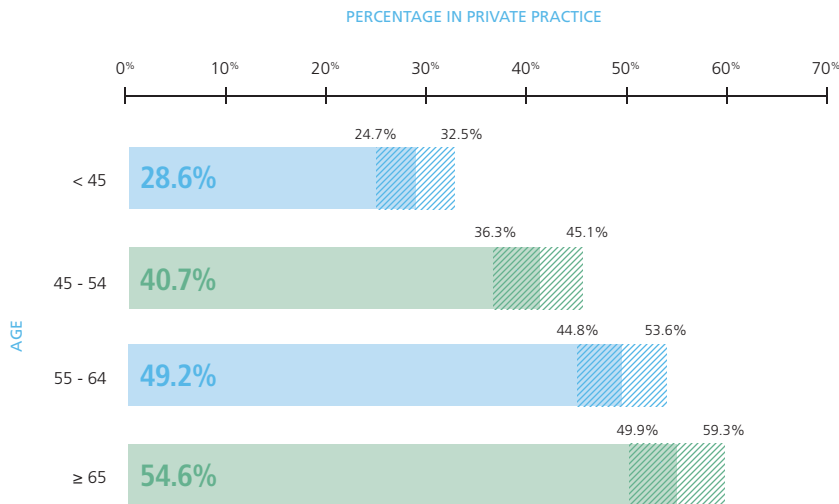
Primary Practice Setting	Male Practicing Urologists Represented			Female Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Private practices	5,478	43.7	2.4	574	33.1	5.3
Academic medical centers/ medical school	3,919	31.3	2.3	705	40.6	5.2
Public and private hospitals	1,273	10.2	1.6	201	11.6	3.0
Other settings [^]	1,869	14.9	1.8	255	14.7	3.5
Total	12,540	100		1,734	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Other settings include federal, state or local government, industry (pharmaceuticals, EHR vendors, device manufacturers, etc.). Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 4-2

Percentage of Practicing Urologists in Private Practice by Age*



Data source: Weighted samples from the 2024 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

Practicing Urologists per Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
All practice settings			
1	1,856	13.0	1.5
2	1,225	8.6	1.3
3	1,316	9.2	1.4
4	948	6.6	1.2
5-9	3,212	22.5	2.0
10-15	2,200	15.4	1.7
> 15	3,517	24.6	1.9
Total	14,274	100.0	
Academic medical centers			
1-9	1,456	31.5	4.0
10-19	1,598	34.6	4.0
≥ 20	1,569	33.9	3.7
Total	4,624	100.0	0.0
Public and private hospitals			
1-2	456	31.0	6.8
3-4	399	27.1	6.7
≥ 5	619	42.0	7.2
Total	1,474	100.0	0.0
Private practices (solo, single-specialty and multispecialty)			
1	1,183	19.5	2.8
2-3	1,242	20.5	2.9
4-6	1,203	19.9	2.8
7-15	1,130	18.7	2.6
≥ 16	1,294	21.4	2.8
Total	6,052	100.0	
Other settings[^]			
1-5	1,229	57.8	6.1
≥ 6	896	42.2	6.1
Total	2,125	100.0	

Data source: Weighted samples from the 2024 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

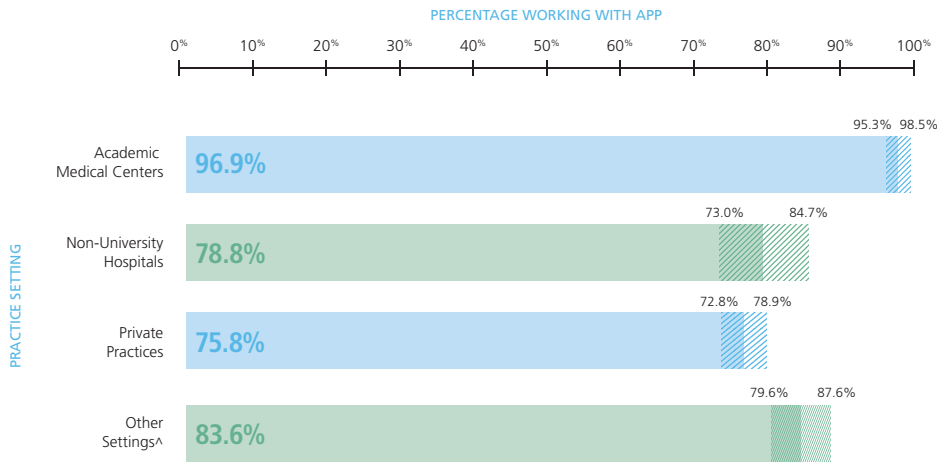
Practicing Urologists Who Work Directly With at Least One APP

Number of APPs	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None	2,215	15.9	1.7
At least one	11,693	84.1	1.7
1-2	3,154	22.7	2.0
3-4	2,467	17.7	1.8
5-9	3,258	23.4	2.0
≥ 10	2,814	20.2	1.8
Total reported	13,908	100.0	
Not reported	366		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.
 APPs include physician assistants (PAs), nurse practitioners (NPs) and advanced practice nurses (APNs).
 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

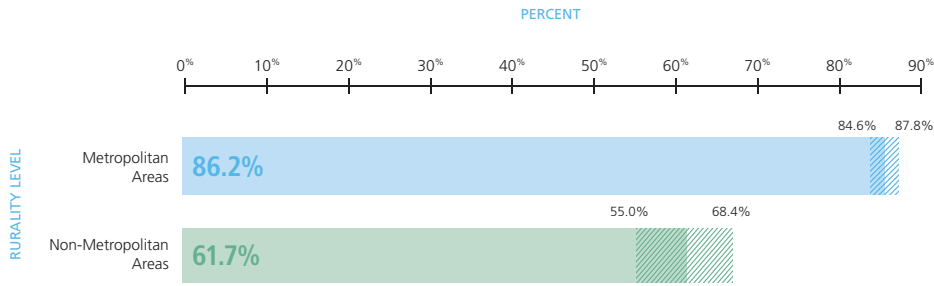
Percentage of Practicing Urologists Who Work Directly With at Least One APP by Practice Setting*



Data source: Weighted samples from the 2024 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.
[^]Other settings include community health centers, HMOs and managed care organizations.

FIGURE 4-4

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



Data source: Weighted samples from the 2024 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.

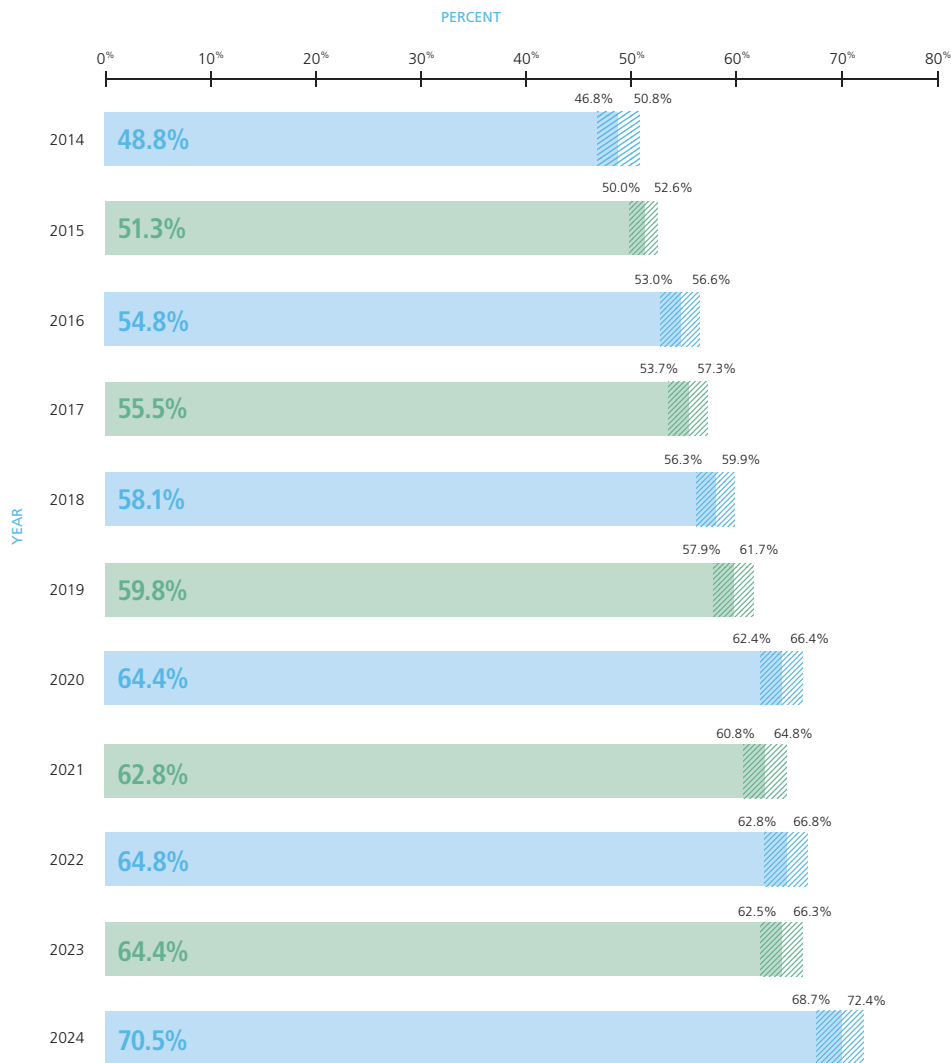
TABLE 4-5

Employment Status

Employment Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I am an employee of my practice	10,064	70.5	1.8
I am a partner in my practice	2,841	19.9	1.6
I am the sole owner of my practice	915	6.4	1.1
A combination of the above	454	3.2	0.8
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

FIGURE 4-5
Percentage of Employed Practicing Urologists From 2014 to 2024*

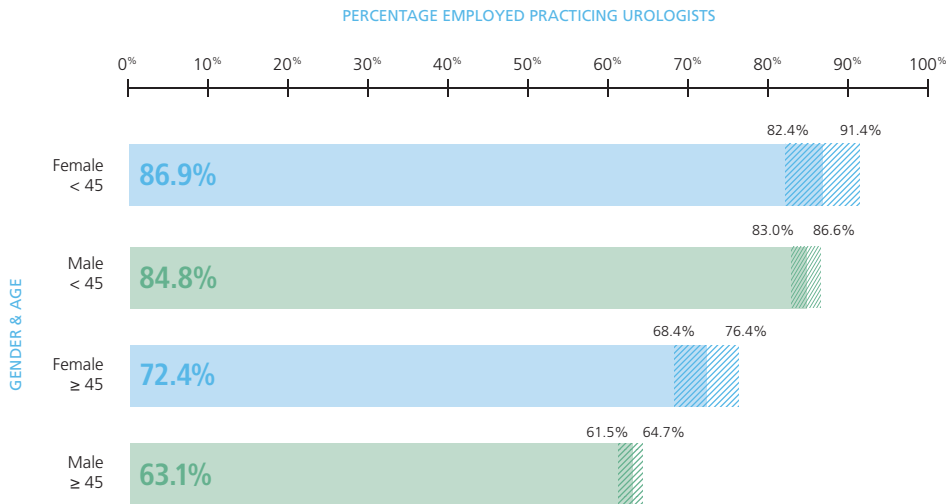


Data source: Weighted samples from the AUA Annual Census from 2014 to 2024.

*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 2024 AUA Annual Census.

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

TABLE 4-6

Primary Subspecialty Areas

Primary Subspecialty	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
General without subspecialty	7,689	53.9	2.2
Oncology	1,875	13.1	1.6
Pediatrics	922	6.5	1.1
Endourology/stone disease	819	5.7	1.1
Female pelvic medicine and reconstructive surgery	745	5.2	0.9
Robotic surgery	739	5.2	1.0
Male genitourinary reconstruction/trauma	437	3.1	0.8
Male infertility	425	3.0	0.8
Erectile dysfunction	371	2.6	0.7
Renal transplantation	48	0.3	*
Laparoscopic surgery	12	0.1	*
Other	190	1.3	0.6
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

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

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

TABLE 4-7**Any Subspecialty Area (select all that apply)**

Subspecialty Area of Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Endourology/stone disease	9,085	63.6	2.2
Oncology	8,885	62.2	2.2
Erectile dysfunction	7,453	52.2	2.3
Robotic surgery	5,619	39.4	2.1
Laparoscopic surgery	4,081	28.6	2.0
Female pelvic medicine and reconstructive surgery	3,720	26.1	2.0
Male infertility	3,507	24.6	2.0
Male genitourinary reconstruction	2,156	15.1	1.7
Pediatrics	2,119	14.8	1.6
Renal transplantation	240	1.7	0.7

Data source: Weighted samples from the 2024 AUA Annual Census.

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

Section 5: Volume & Scope of Work

Primary Observations

- The median number of hours practicing urologists in the U.S. worked in a typical week was 55, and 35.4% reported working more than 60 hours (TABLE 5-1).
- While male practicing urologists see more patients (70.8 patient encounters) in a typical week than female practicing urologists (65.3 patient encounters; FIGURE 5-2), female practicing urologists spend more time (18.3 minutes) with a patient during a typical office visit compared to their male counterparts (16.3 minutes; FIGURE 5-1).
- Overall, 78.7% of practicing urologists performed major inpatient operating procedures with higher percentages reported among younger urologists aged less than 45 (88.6%; TABLE 5-6).
- Nearly a third of practicing urologists (31.1%; TABLE 5-7) reported performing 10 or more MIOPs in a typical month.

TABLE 5-1
Number of Hours Worked in a Typical Week

Worked Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 35	2,259	15.8	1.8
36-40	653	4.6	0.9
41-45	984	6.9	1.2
46-50	1,760	12.3	1.5
51-55	1,557	10.9	1.4
56-60	2,001	14.0	1.6
≥ 61	5,060	35.4	2.2
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census. The median number of work hours per week is 55. The total number of hours worked was derived by summing the responses for clinical and nonclinical hours worked in a typical week. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

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

Number of Clinical Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 25	2,184	15.3	1.7
≥ 25	12,090	84.7	1.7
25-30	878	6.2	1.1
31-35	634	4.4	1.0
36-40	2,080	14.6	1.6
41-45	1,061	7.4	1.2
46-50	2,151	15.1	1.6
51-55	852	6.0	1.0
56-60	2,510	17.6	1.8
61 or more	1,924	13.5	1.6
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

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

Number of Nonclinical Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 1	2,387	16.7	1.8
2-5	5,040	35.3	2.2
6-10	3,503	24.5	2.0
11-15	1,167	8.2	1.3
16-20	1,219	8.5	1.3
21 or more	958	6.7	1.0
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 5-4

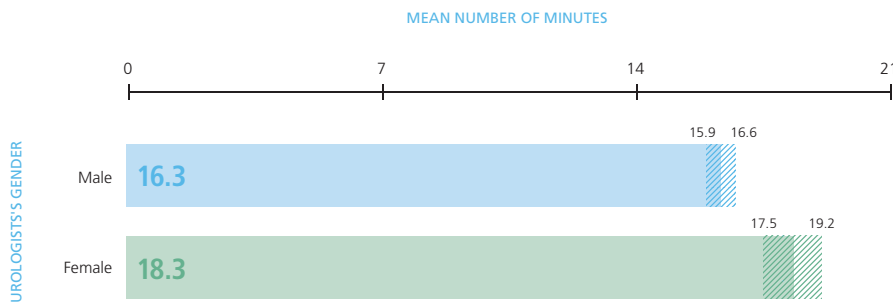
Number of Minutes Spent With a Patient in a Typical Office Visit

Minutes Spent With Patients	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 15	4,392	30.8	2.1
15-19	4,998	35.0	2.2
≥ 20	4,884	34.2	2.3
Total	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.
The median number of minutes spent with a patient during a typical office visit is 15.

FIGURE 5-1

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



Data source: Weighted samples from the 2024 AUA Annual Census.
*Bold numbers are point estimates.
The dashed bars represent upper and lower 90% confidence limits.

TABLE 5-5

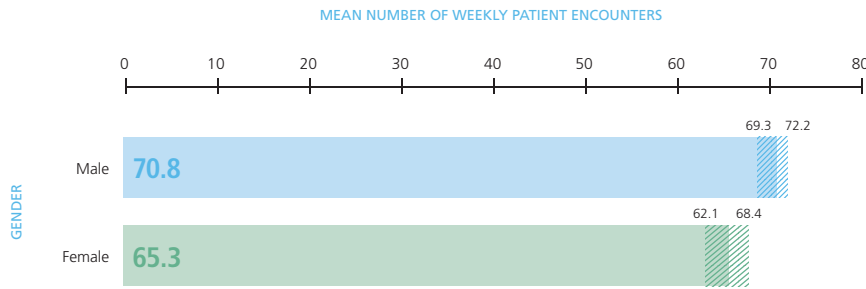
Number of Patient Encounters in a Typical Week

Number of Patient Visits/Encounters	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤ 50	4,706	33.0	2.2
51-75	3,834	26.9	2.1
76-100	3,681	25.8	1.9
101 or more	2,052	14.4	1.6
Total reported	14,274	100	

Data source: Weighted samples from the 2024 AUA Annual Census.
The median number of patient 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 Encounters in a Typical Week by Urologist's Gender*



Data source: Weighted samples from the 2024 AUA Annual Census.
 *Bold numbers are point estimates.
 The dashed bars represent upper and lower 90% confidence limits.

TABLE 5-6

Number of Practicing Urologists Performing MIOs by Age

Age of Urologists	Practicing Urologists Represented			
	Total Number of Urologists	Urologists Who Perform MIOs	Percent	+/- MOE (%)
< 45	4,447	3,938	88.6	2.8
45-54	3,058	2,658	86.9	3.3
55-64	3,013	2,294	76.1	3.8
≥ 65	3,756	2,341	62.3	4.6
Total	14,274	11,230	78.7	1.8

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 5-7

MIOs Performed in a Typical Month

Number of MIOs Performed	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None	3,044	21.3	1.8
1-4	3,557	24.9	1.9
5-9	3,238	22.7	2.0
≥ 10	4,434	31.1	2.2
Total	14,274	100.0	

Data source: Weighted samples from the 2024 AUA Annual Census.
 Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

Section 6: Kidney Cancer & Bladder Cancer

Primary Observations

- Nearly two-thirds (65.5%; TABLE 6-1) of practicing urologists treat patients with kidney cancer.
- Among practicing urologists who treat patients with kidney cancer, 13.9% never order renal mass biopsy for a small renal mass, 54.3% reported occasionally ordering it, 21.6% reported sometimes ordering it and 10.0% reported they often or always order it (TABLE 6-2).
- The top three factors most limiting use of small renal mass biopsy were lack of benefit on decision-making (60.0%), technical concerns/accuracy (42.6%) and patient preference (18.8%; TABLE 6-3). The top three barriers most encountered for kidney cancer active surveillance for small renal mass were patient fear/worry (53.9%), patient preference for something to be done (53.6%) and need for long-term monitoring (16.2%; TABLE 6-4).
- Among practicing urologists who treat patients with kidney cancer, nearly half reported that they have encountered, performed or ordered self-referral for ablation by radiology for small renal masses (46.4%) and one-fifth reported encountering, performing or ordering thermal ablation without concurrent or pre-procedure biopsy (20.4%; TABLE 6-5).
- Eighty percent of practicing urologists treat patients with bladder cancer (TABLE 6-6).
- For a patient who received induction BCG for HGTI or CIS then recurs with the same disease just before the fourth round of maintenance BCG, gemcitabine/docetaxel (47.6%), repeat induction BCG (36.0%), radical cystectomy (30.1%) and referral to a clinical trial (24.5%; TABLE 6-8) were the most frequently recommended next steps from oncology urologists.
- Over 90% of practicing urologists who treat bladder cancer with oncology as their subspecialty reported adapting their practice in response to BCG shortages. Their top BCG shortage adaptation strategies include increased use of gemcitabine/docetaxel or other intravesical chemotherapy (75.2%), split doses of BCG for maintenance (46.7%), no or reduced BCG maintenance (45.6%) and split doses of BCG for induction (31.9%; TABLE 6-10).
- The primary barriers to administering sequential gemcitabine/docetaxel for patients with NMIBC were inability to administer in a non-hospital based clinic (22.5%) and lack of experience/protocol for regimen (21.8%). Over a third (34.7%) reported they did not have any barriers to administering it (34.7%; TABLE 6-11).
- The barriers most encountered for trimodal therapy were coordination with medical or radiation oncology (17.3%), side effects or local symptom control (12.2%) and lack of effectiveness (9.1%). Nearly half of practicing urologists who treated bladder cancer reported that they have not encountered any barriers for trimodal therapy (43.0%; TABLE 6-12).

Kidney Cancer

TABLE 6-1

Kidney Cancer Treatment

Do you see or manage patients with kidney cancer?	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	9,218	65.5	3.1
No	4,848	34.5	3.1
Total	14,066	100	
Not reported	208		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 6-2

Small Renal Mass[#] Biopsy Frequency[^]

I order a renal mass biopsy:	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Never	1,265	13.9	2.7
Occasionally	4,947	54.3	3.8
Sometimes	1,970	21.6	3.1
Often	839	9.2	2.4
Always	84	0.9	*
Total reported	9,105	100	
Not reported	114		
Total	9,219		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 9,218 who reported they see or manage patients with kidney cancer in Table 6-1.

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

[#]Small renal mass defined as a solid, enhancing mass < 4 cm in diameter suspicious for kidney cancer. Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

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

TABLE 6-3**Factors Most Limiting Use of Small Renal Mass[#] Biopsy[^] (select top 2)**

The factors most limiting my use of renal mass biopsy:	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Lack of benefit on decision-making	5,532	60.0	4.0
Technical concerns/accuracy (e.g., insufficient tissue, fine needle aspiration)	3,923	42.6	4.0
Patient preference	1,734	18.8	3.3
Patient fear/worry	613	6.7	2.2
Inability to perform in-office	598	6.5	2.0
I prefer not to answer	105	1.1	*
None of the above	949	10.3	2.4

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 9,218 who reported they see or manage patients with kidney cancer in Table 6-1.

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

[#]Small renal mass defined as a solid, enhancing mass < 4 cm in diameter suspicious for kidney cancer. Respondents could select more than one, so the sum may exceed the total number of practicing urologists.

TABLE 6-4**Barriers to Kidney Cancer Active Surveillance for Small Renal Mass[#][^] (select top 2)**

The barrier to active surveillance I most encounter:	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Patient fear/worry	4,969	53.9	4.0
Patient preference for resolution/something to be done	4,938	53.6	4.0
Need for long-term monitoring	1,492	16.2	3.0
Concern for metastasis	885	9.6	2.5
Productivity demands	63	0.7	*
I prefer not to answer	96	1.0	*
None of the above	1,083	11.7	2.3

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 9,218 who reported they see or manage patients with kidney cancer in Table 6-1.

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

[#]Small renal mass defined as a solid, enhancing mass < 4 cm in diameter suspicious for kidney cancer.

Respondents could select more than one, so the sum may exceed the total number of practicing urologists.

TABLE 6-5

Small Renal Mass# Procedures^ (select all that apply)

I have encountered, performed or ordered in the past year:	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Self-referral for ablation by radiology	4,275	46.4	3.9
Thermal ablation without concurrent or pre-procedure biopsy	1,881	20.4	3.4
Stereotactic body radiotherapy for primary treatment	1,030	11.2	2.7
Fine needle aspiration instead of core biopsy	836	9.1	2.4
Sestamibi nuclear medicine scan	650	7.1	2.1
In-office renal mass biopsy with ultrasound	242	2.6	1.2
I prefer not to answer	323	3.5	1.3
None of the above	3,224	35.0	3.8

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 9,218 who reported they see or manage patients with kidney cancer in Table 6-1.

#Small renal mass defined as a solid, enhancing mass < 4 cm in diameter suspicious for kidney cancer. Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

Bladder Cancer

TABLE 6-6

Bladder Cancer Treatment

Do you see or manage patients with bladder cancer?	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	11,350	79.9	2.6
No	2,860	20.1	2.6
Total	14,209	100	
Not reported	65		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 6-7

For a patient who received induction BCG for HGT1 or CIS then recurs with the same disease just before the fourth round of maintenance BCG (at 18 months of a 3-year schedule), what do you most often recommend?^ (select top 2)

Recommended Next Steps	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Repeat induction BCG	5,148	45.4	3.7
Gemcitabine/docetaxel	4,179	36.8	3.4
Radical cystectomy	2,540	22.4	3.1
Enroll/refer for clinical trial	1,349	11.9	2.4
Pembrolizumab	778	6.9	2.0
Adstiladrin	396	3.5	1.3
I do not see or manage these patients	703	6.2	1.6
I don't know/I prefer not to answer	357	3.1	1.1

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

Respondents could select more than one answer, so the sum may exceed the total number of practicing urologists.

TABLE 6-8

For a patient who received induction BCG for HGT1 or CIS then recurs with the same disease just before the fourth round of maintenance BCG (at 18 months of a 3-year schedule), what do you most often recommend?^ by Subspecialty (select top 2)

Recommended Next Steps	Other Subspecialty			Oncology Subspecialty		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Repeat induction BCG	4,511	47.1	4.0	637	36.0	9.6
Gemcitabine/docetaxel	3,334	34.8	3.8	845	47.6	9.3
Radical cystectomy	2,006	20.9	3.1	534	30.1	8.6
Enroll/refer for clinical trial	914	9.5	2.4	435	24.5	8.3
Pembrolizumab	663	6.9	2.1	115	6.5	*
Adstiladrin	289	3.0	1.4	107	6.0	*
I do not see or manage these patients	692	7.2	1.9	11	0.6	*
I don't know/I prefer not to answer	313	3.3	1.0	44	2.5	*

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

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

The respondents could select more than one answer, so the sum may exceed the total number of practicing urologists.

TABLE 6-9

If you have encountered BCG shortages, how have you and your practice adapted your management?^ (select all that apply)

BCG Shortage Adaptations	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Increased use of gemcitabine/docetaxel or other intravesical chemotherapy	6,120	53.9	3.6
Split doses of BCG for maintenance	4,803	42.3	3.6
Split doses of BCG for induction	2,916	25.7	3.2
No or reduced BCG maintenance	2,915	25.7	3.0
Referral to another practice or group	1,248	11.0	2.3
Increased use of upfront cystectomy	384	3.4	1.5
I have not encountered BCG shortages	1,071	9.4	2.2
None of the above	338	3.0	1.3
I don't know/I prefer not to answer	268	2.4	0.9

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 6-10

If you have encountered BCG shortages, how have you and your practice adapted your management?[^] by Subspecialty (select all that apply)

BCG Shortage Adaptations	Other Subspecialty			Oncology Subspecialty		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Increased use of gemcitabine/docetaxel or other intravesical chemotherapy	4,787	50.0	3.9	1,333	75.2	7.2
Split doses of BCG for maintenance	3,976	41.5	3.9	828	46.7	9.5
Split doses of BCG for induction	2,350	24.5	3.3	566	31.9	9.6
No or reduced BCG maintenance	2,106	22.0	3.0	809	45.6	9.0
Referral to another practice or group	1,145	12.0	2.6	103	5.8	*
Increased use of upfront cystectomy	89	0.9	*	295	16.7	8.2
I have not encountered BCG shortages	940	9.8	2.5	130	7.5	*
None of the above	301	3.1	1.5	37	2.1	*
I don't know/I prefer not to answer	268	2.8	1.1	0	0.0	0.00

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

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

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 6-11

What is the primary barrier to administering sequential gemcitabine/docetaxel for patients with NMIBC?[^]

Primary Barrier to Sequential Gemcitabine/Docetaxel	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I do not have any barriers to administering gemcitabine/docetaxel	3,734	34.7	3.5
Inability to administer in non-hospital based clinic	2,416	22.5	3.0
Lack of experience/protocol for regimen	2,343	21.8	3.1
I do not administer gemcitabine/docetaxel to patients with NMIBC	1,157	10.8	2.1
Duration of treatment	712	6.6	1.9
Toxicity of treatment	399	3.7	1.5
Total reported	10,761	100	
Not reported	589		
Total	11,350		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 6-12**Barriers Most Encountered for Trimodal Therapy**

Trimodal Therapy Barriers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I have not encountered barriers for trimodal therapy	3,947	43.0	4.0
Coordination with medical or radiation oncology	1,593	17.3	3.1
Side effects or local symptom control	1,123	12.2	2.6
None of the above	1,035	11.3	2.5
Lack of effectiveness	834	9.1	2.6
Difficulties performing radical cystectomy in setting of relapse	385	4.2	1.4
Surveillance requirements	271	2.9	1.4
Total reported	9,187	100	
Not reported	2,162		
Total	11,350		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 11,350 who reported seeing or managing patients with bladder cancer in Table 6-6.

Section 7: Other Select Urological Conditions (Genitourinary Syndrome of Menopause & Hematuria)

Primary Observations

- Half of practicing urologists treat patients with GSM (50.6%; TABLE 7-1). Among them, a third reported they were somewhat knowledgeable about interventions for managing urogenital symptoms associated with decreased estrogen or menopause (31.8%), half reported they were moderately knowledgeable (49.4%) and 18.2% reported they were extremely knowledgeable (TABLE 7-2). Less than 1% said they were not at all knowledgeable (0.7%; TABLE 7-2).
- Among practicing urologists who treat GSM, 3% reported they never prescribe vaginal estrogen for postmenopausal women diagnosed with recurrent UTIs, while 41.0% reported that they always do (TABLE 7-3). Five percent reported that they never prescribe vaginal estrogen for postmenopausal women diagnosed with dyspareunia, while 35.5% reported they always do (TABLE 7-4). Fifteen percent reported that they never prescribe vaginal estrogen for postmenopausal women diagnosed with overactive bladder symptoms, while 12.3% reported they always do (TABLE 7-5).
- Nearly all practicing urologists reported treating patients with hematuria (94.8%; TABLE 7-6). Among them, half reported that they implemented some changes to their practice based on individual patient risk in response to the updated 2020 AUA microscopic hematuria guidelines (48.8%), a third have fully implemented risk stratification recommendations based on the change (32.0%), 12.8% were already using a risk-based evaluation prior to the change and 5.8% did not modify their practice and do a complete evaluation for all patients (TABLE 7-7).
- For low-risk microhematuria patients with normal renal function and no allergies to contrast materials, 74.3% of practicing urologists who treat hematuria performed ultrasound, 11.8% performed CT with contrast or urogram and 13.7% did not perform any imaging (TABLE 7-8).
- For intermediate-risk microhematuria patients with normal renal function and no allergies to contrast materials, 67.2% of practicing urologists who treat hematuria performed CT with contrast or urogram and 31.6% performed ultrasound (TABLE 7-9).
- For high-risk microhematuria patients with normal renal function and no allergies to contrast materials, nearly all practicing urologists who treat hematuria performed CT with contrast or urogram (95.7%), 2.8% performed ultrasound and 1.4% performed MRI with contrast or urogram (TABLE 7-10).
- For gross hematuria patients with normal renal function and no allergies to contrast materials, nearly all practicing urologists who treat hematuria performed CT with contrast or urogram (96.6%), 2.7% performed ultrasound and less than 1% performed MRI with contrast or urogram (0.7%; TABLE 7-11).
- After a negative evaluation for microhematuria, half of practicing urologists recommended repeat UA within 12 months and repeat evaluation if microhematuria is still present (49.8%), 15.3% recommended repeat evaluation in 2 years or more, 15.0% recommended return for gross hematuria only, 10.9% recommended discharge from clinic entirely and 9.0% recommended repeat evaluation in 12 months regardless (TABLE 7-12).

Genitourinary Syndrome of Menopause

TABLE 7-1

Do you see or manage patients with GSM?

GSM Treatment	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	7,149	50.6	3.2
No	6,991	49.4	3.2
Total reported	14,140	100	
Not reported	134		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 7-2

How knowledgeable are you about urogenital symptoms or complaints associated with decreased estrogen/menopause and the interventions for managing them?^

GSM Knowledgeability	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Not at all knowledgeable	47	0.7	*
Somewhat knowledgeable	2,262	31.8	4.3
Moderately knowledgeable	3,518	49.4	4.7
Extremely knowledgeable	1,293	18.2	3.4
Total reported	7,120	100	
Not reported	30		
Total	7,149		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 7,149 who reported seeing or managing patients with GSM in Table 7-1.

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

TABLE 7-3

How often do you prescribe vaginal estrogen for postmenopausal women diagnosed with each of the following conditions?

Recurrent UTIs	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Never	183	2.6	*
Sometimes	985	13.8	3.1
Often	3,037	42.6	4.3
Always	2,918	41.0	3.8
Total reported	7,123	100	
Not reported	26		
Total	7,149		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 7,149 who reported seeing or managing patients with GSM in Table 7-1.

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

TABLE 7-4

How often do you prescribe vaginal estrogen for postmenopausal women diagnosed with each of the following conditions?

Dyspareunia	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Never	323	5.2	1.9
Sometimes	1,409	22.5	4.0
Often	2,310	36.9	4.6
Always	2,222	35.5	4.1
Total reported	6,264	100	
Not reported	885		
Total	7,149		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 7,149 who reported seeing or managing patients with GSM in Table 7-1.

TABLE 7-5

How often do you prescribe vaginal estrogen for postmenopausal women diagnosed with each of the following conditions?^

Overactive Bladder Symptoms	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Never	1,072	15.0	3.5
Sometimes	2,676	37.5	4.0
Often	2,506	35.1	4.1
Always	878	12.3	3.3
Total reported	7,131	100	
Not reported	18		
Total	7,149		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 7,149 who reported seeing or managing patients with GSM in Table 7-1.

Hematuria

TABLE 7-6

Do you see or manage patients with hematuria?

Hematuria Treatment	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	13,516	94.8	1.4
No	745	5.2	1.4
Total reported	14,262	100	
Not reported	12		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 7-7

Have you modified your practice based on the updated AUA microscopic hematuria guideline recommendations from 2020?

Hematuria Guideline Practice Modifications	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes, I have implemented some changes to my practice based on individual patient risk	6,316	48.0	3.3
Yes, I have fully implemented risk stratification recommendations into my practice based on the guideline change	4,215	32.0	3.2
No, I do a complete evaluation (cystoscopy and CT imaging) for all patients	758	5.8	1.8
No, I already used a risk-based evaluation prior to the change	1,682	12.8	2.2
Not applicable/I was not in practice at this time	186	1.4	0.7
Total reported	13,157	100	
Not reported	359		
Total	13,516		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

TABLE 7-8

For each of the following types of patients with normal renal function and no allergies to contrast materials, what imaging do you perform?^

Low-Risk MH	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Ultrasound	9,732	74.3	2.9
MRI with contrast or urogram	23	0.2	*
CT with contrast or urogram	1,548	11.8	2.3
I do not perform any imaging for these patients	1,794	13.7	2.2
Total reported	13,097	100	
Not reported	419		
Total	13,516		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

TABLE 7-9

For each of the following types of patients with normal renal function and no allergies to contrast materials, what imaging do you perform?^

Intermediate-Risk MH	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Ultrasound	4,141	31.6	3.3
MRI with contrast or urogram	134	1.0	*
CT with contrast or urogram	8,811	67.2	3.3
I do not perform any imaging for these patients	18	0.1	*
Total reported	13,104	100	
Not reported	412		
Total	13,516		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

TABLE 7-10

For each of the following types of patients with normal renal function and no allergies to contrast materials, what imaging do you perform?^

High-Risk MH#	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Ultrasound	370	2.8	1.2
MRI with contrast or urogram	190	1.4	*
CT with contrast or urogram	12,550	95.7	1.4
Total reported	13,109	100	
Not reported	407		
Total	13,516		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

#No respondents selected an option for "I do not perform any imaging for these patients."

TABLE 7-11

For each of the following types of patients with normal renal function and no allergies to contrast materials, what imaging do you perform?^

Gross Hematuria [#]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Ultrasound	351	2.7	1.2
MRI with contrast or urogram	94	0.7	*
CT with contrast or urogram	12,753	96.6	1.3
Total reported	13,198	100	
Not reported	318		
Total	13,516		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

[#]No respondents selected an option for "I do not perform any imaging for these patients."

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

TABLE 7-12

After a negative evaluation (cystoscopy and imaging) for microhematuria, what do you recommend for follow-up?^

Recommended Follow-up	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Return for gross hematuria only	1,931	15.0	2.4
Repeat UA within 12 months and repeat evaluation if MH+ still	6,401	49.8	3.4
Repeat evaluation in 2 years or more	1,967	15.3	2.3
Repeat evaluation in 12 months regardless	1,158	9.0	2.0
Discharge from clinic entirely	1,395	10.9	2.1
Total reported	12,853	100	
Not reported	664		
Total	13,517		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]Out of the 13,516 who reported seeing or managing patients with hematuria in Table 7-6.

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

Section 8: Virtual/EHR and Telehealth Care

Primary Observations

- While 22% of practicing urologists reported that they were satisfied or very satisfied with their compensation and reimbursement for providing virtual or telehealth care, 33% reported they were dissatisfied or very dissatisfied and 28.6% were neither. Sixteen percent reported that they do not provide virtual or telehealth care (TABLE 8-1).
- The top challenges faced in delivering telehealth care were patient technical difficulties (63.6%), reduced reimbursement compared to in-person visits (32.8%), time constraints (27.6%), lack of patient broadband access (22.0%) and lack of reimbursement (19.2%). Only 5% reported they do not face any challenges in providing telehealth care (TABLE 8-2).
- Over 60% of practicing urologists reported that they were dissatisfied or very dissatisfied with the level of compensation or reimbursement they receive for responding to patient questions through an EHR (61.4%) and less than 5% were satisfied or very satisfied (3.6%; TABLE 8-3).
- Sixty percent of practicing urologists were not aware that they could bill for time spent addressing patient messages on the EHR for some insurances (59.5%), 26.7% were aware but have not billed for them and only 13.8% have billed for them (TABLE 8-4).
- Seventy-two percent of practicing urologists respond to patient messages on the patient portal after hours or at home, with a quarter spending an average of 3 or more hours per week on this (TABLE 8-5).
- Almost half of practicing urologists reported using asynchronous telemedicine in the form of eConsults, with 6.2% spending an average of 3 or more hours per week on eConsults (TABLE 8-6).
- The top challenges faced in delivering asynchronous care related to patient messaging in the EHR were lack of reimbursement (53.0%), time constraints (47.1%), patient overuse (41.2%), fatigue (24.5%) and miscommunication (22.9%; TABLE 8-7).

TABLE 8-1

How satisfied or dissatisfied are you with your current level of compensation and reimbursement for providing virtual care or telehealth?

Satisfaction Level	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very satisfied	597	4.3	1.4
Satisfied	2,484	17.7	2.5
Neither satisfied nor dissatisfied	4,003	28.6	3.1
Dissatisfied	3,159	22.5	2.8
Very dissatisfied	1,466	10.5	1.9
I do not provide virtual care or telehealth to patients	2,304	16.4	2.5
Total reported	14,012	100	
Not reported	262		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 8-2

Which of the following challenges do you face in delivering telehealth for patients?
(select all that apply)

Telehealth Challenges	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Technical difficulties on patient's side	9,085	63.6	3.1
Reduced reimbursement compared to equivalent in-person visits	4,680	32.8	3.1
Time constraints	3,941	27.6	3.0
Lack of broadband access for some patients	3,139	22.0	2.6
Lack of reimbursement	3,093	21.7	2.7
Technical difficulties on provider's side	2,743	19.2	2.8
Fatigue	887	6.2	1.3
Other	799	5.6	1.6
I do not face any challenges in delivering telehealth care to patients	768	5.4	1.6
I do not provide telehealth care to patients	2,090	14.6	2.4
I prefer not to answer	174	1.2	*

Data source: Weighted samples from the 2024 AUA Annual Census.

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

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 8-3

How satisfied or dissatisfied are you with the level of compensation or reimbursement you receive for responding to patient questions sent through an EHR?

Satisfaction Level	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very satisfied	168	1.2	*
Satisfied	339	2.4	1.1
Neither dissatisfied nor satisfied	1,716	12.1	2.3
Dissatisfied	3,487	24.6	2.9
Very dissatisfied	5,199	36.8	3.0
I'm not aware of the level of compensation or reimbursement that I receive	2,379	16.8	2.6
I do not respond to patient questions sent through an EHR	859	6.1	1.3
Total reported	14,146	100	
Not reported	128		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.
 *The estimated value should be used with caution due to small samples.

TABLE 8-4

Were you aware that you can bill for time spent on addressing patient messages on the EHR for some insurances (e.g., CPT 99421 for Medicare for spending 5 minutes on evaluation, assessment, management of problem in an established patient)?

EHR Patient Messaging CPT Codes Awareness and Utilization	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I was not aware of these CPT codes	7,881	59.5	3.3
I am aware of these CPT codes, but I have not billed for them	3,531	26.7	2.9
I am aware of these CPT codes and have billed for them	1,827	13.8	2.5
Total reported	13,239	100	
Not reported	1,035		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 8-5

How much time do you spend on average on each of the following asynchronous telemedicine activities?

Responding to messages on the patient portal or in the electronic medical record after hours or at home	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 1 hour per week	2,742	19.8	2.6
1-2 hours per week	3,774	27.2	3.0
3-4 hours per week	2,457	17.7	2.7
≥ 5 hours per week	1,058	7.6	1.6
I do not do this	3,852	27.7	2.9
Total reported	13,883	100	
Not reported	391		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census

TABLE 8-6

How much time do you spend on average on each of the following asynchronous telemedicine activities?

Using asynchronous telemedicine in the form of eConsults, responding to patient care questions from other providers, in your practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 1 hour per week	3,185	23.0	2.9
1-2 hours per week	2,403	17.3	2.7
3-4 hours per week	490	3.5	1.0
≥ 5 hours per week	379	2.7	0.9
I do not do this	7,396	53.4	3.4
Total	13,853	100	
Not reported	421		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 8-7

Which of the following challenges do you face in delivering asynchronous care related to patient messaging in EHR? (select all that apply)

Asynchronous EHR Care^ Challenges	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Lack of reimbursement	7,563	53.0	3.3
Time constraints	6,730	47.1	3.2
Patient overuse (e.g., excessive messages from patients)	5,881	41.2	3.2
Fatigue	3,490	24.5	2.8
Miscommunication (e.g., misunderstandings with patients)	3,262	22.9	2.6
Technical difficulties on the patient's side	2,053	14.4	2.4
Technical difficulties on the provider's side	1,101	7.7	1.9
Lack of reimbursement	7,563	53.0	3.3
None of the above	333	2.3	1.1
I do not provide asynchronous care	3,131	21.9	2.7
I prefer not to answer	480	3.4	1.1

Data source: Weighted samples from the 2024 AUA Annual Census.

^Asynchronous EHR care is defined as store-and-forward technology allowing patients and providers to communicate through patient portal or electronic medical record (e.g., reviewing lab results, addressing medication questions).

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

Section 9: Restrictive Covenants, Relative Value Units & Private Equity

Primary Observations

- Sixty percent of practicing urologists have a non-compete clause in their employment agreement with their primary practice, 13.3% have a non-solicitation of patients clause, 12.4% have a non-solicitation of employees clause, 8.1% have a non-compete clause with scope/activity restrictions and 4.1% have a non-compete clause with other restrictions (TABLE 9-1).
- When asked about the impact that different types of restrictive covenants have had on their career decisions/trajectory and on physician autonomy/flexibility in managing their business operations, 29.4% to 55.9% reported a negative impact with very few (< 2%) reporting positive impacts. Many reported restrictive covenants had neither a positive nor negative impact (42.4% to 71.1%; TABLES 9-2 to 9-9).
- The top factors that determine overall salary were individual RVUs (66.4%), administrative responsibilities (21.2%), group/practice RVUs (19.2%) and academic rank (18.2%; TABLE 9-10).
- Fifty-six percent of practicing urologists reported that compensation for their clinical work was determined by RVUs, 35.4% reported a fixed salary and 23.0% reported collections determined their clinical work compensation (TABLE 9-11).
- Eleven percent of practicing urologists reported that they have ever worked for a medical practice that was partnered with a private equity firm (TABLE 9-12). Among those who had never worked for a medical practice partnered with private equity, 9.2% worked for a practice that was considering a partnership that failed to materialize and 1.1% are currently considering it (TABLE 9-13).
- Among those who have worked for a medical practice partnered with a private equity firm, the top areas that were reported as being negatively impacted by private equity were physician autonomy (54.0% reported a negative impact), physician reimbursement (48.1%), day to day management of practice (43.2%) and practice operational efficiency (43.1%). The top areas that were reported as being positively impacted by private equity were practice revenue (39.5% reported a positive impact), practice access to strategic guidance (33.7%), and physician reimbursement (31.5%; TABLES 9-14 to 9-22).

Restrictive Covenants

TABLE 9-1

Which of the following types of restrictive covenants are currently in place in the employment agreement for your primary practice? (select all that apply)

Restrictive Covenants	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Non-compete clause with geographic restrictions	8,486	59.4	3.0
Non-solicitation of patients clause	1,898	13.3	2.2
Non-solicitation of employees clause	1,771	12.4	2.3
Non-compete clause with scope/activity restrictions	1,154	8.1	1.7
Non-compete clause with other restrictions	583	4.1	1.3
None of the above	3,127	21.9	2.6
I don't know/I prefer to not answer	2,000	14.0	2.3

Data source: Weighted samples from the 2024 AUA Annual Census.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 9-2

What impact have the following types of restrictive covenants had on your career decisions and trajectory?

Non-compete Clause With Geographic Restrictions	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	54	0.5	*
Positive impact	86	0.7	*
Neither positive nor negative impact	6,496	56.2	3.6
Negative impact	2,308	20.0	2.7
Very negative impact	2,622	22.7	3.2
Total reported	11,566	100	
I prefer not to answer / N/A	2,708		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.
 *The estimated value should be used with caution due to small samples.

TABLE 9-3

What impact have the following types of restrictive covenants had on your career decisions and trajectory?

Non-solicitation of Patients Clause	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	53	0.5	*
Positive impact	71	0.7	*
Neither positive nor negative impact	6,857	69.4	3.8
Negative impact	1,361	13.8	2.7
Very negative impact	1,543	15.6	3.1
Total reported	9,886	100	
I prefer not to answer / N/A	4,388		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 9-4

What impact have the following types of restrictive covenants had on your career decisions and trajectory?

Non-solicitation of Employees Clause	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	44	0.4	*
Positive impact	49	0.5	*
Neither positive nor negative impact	6,930	71.1	3.7
Negative impact	1,259	12.9	2.5
Very negative impact	1,465	15.0	3.1
Total reported	9,746	100	
I prefer not to answer / N/A	4,528		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 9-5

What impact have the following types of restrictive covenants had on your career decisions and trajectory?

Non-compete Clause With Scope/Activity Restrictions [^]	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	76	0.8	*
Neither positive nor negative impact	6,412	64.0	3.8
Negative impact	1,602	16.0	2.7
Very negative impact	1,931	19.3	3.3
Total reported	10,021	100	
I prefer not to answer / N/A	4,253		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

[^]No respondents selected an option for "Very positive impact."

TABLE 9 -6

What impact have each of the following types of restrictive covenants had on physician autonomy and flexibility in managing their business operations?

Non-compete Clause With Geographic Restrictions	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	62	0.6	*
Positive impact	123	1.1	*
Neither positive nor negative impact	4,701	42.4	3.8
Negative impact	3,064	27.6	3.5
Very negative impact	3,140	28.3	3.4
Total reported	11,089	100	
I prefer not to answer / N/A	3,185		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 9-7

What impact have each of the following types of restrictive covenants had on physician autonomy and flexibility in managing their business operations?

Non-solicitation of Patients Clause	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	60	0.6	*
Positive impact	134	1.3	*
Neither positive nor negative impact	5,298	52.6	4.0
Negative impact	2,377	23.6	3.5
Very negative impact	2,197	21.8	3.4
Total reported	10,066	100	
I prefer not to answer / N/A	4,208		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 9-8

What impact have the following types of restrictive covenants had on physician autonomy and flexibility in managing their business operations?

Non-solicitation of Employees Clause	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	62	0.6	*
Positive impact	133	1.3	*
Neither positive nor negative impact	5,355	53.1	3.9
Negative impact	2,489	24.7	3.6
Very negative impact	2,040	20.2	3.2
Total	10,080	100	
I prefer not to answer / N/A	4,194		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 9-9

What impact have the following types of restrictive covenants had on physician autonomy and flexibility in managing their business operations?

Non-compete Clause With Scope/Activity Restrictions	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very positive impact	44	0.4	*
Positive impact	71	0.7	*
Neither positive nor negative impact	4,853	47.5	4.0
Negative impact	2,565	25.1	3.5
Very negative impact	2,689	26.3	3.5
Total reported	10,222	100	
I prefer not to answer / N/A	4,052		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

Relative Value Units

TABLE 9-10

How is your overall salary, including bonuses, determined? (select all that apply)

Overall Salary Determination	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Individual RVUs	9,472	66.4	3.1
Administrative responsibilities	3,031	21.2	2.5
Group/practice RVUs	2,741	19.2	2.5
Academic rank	2,600	18.2	2.5
Teaching responsibilities	1,941	13.6	2.3
Patient satisfaction scores	1,927	13.5	2.2
Research productivity	1,632	11.4	2.1
Equipment/real estate ownership	685	4.8	1.2
Other	2,808	19.7	2.5
I don't know/I prefer not to answer	761	5.3	1.6

Data source: Weighted samples from the 2024 AUA Annual Census.

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 9-11

How is your compensation for your clinical work determined? (select all that apply)

Clinical Work Compensation Determination	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
RVUs	7,942	55.6	3.3
Fixed salary	5,052	35.4	3.1
Collections	3,289	23.0	2.7
Other	838	5.9	1.4
I don't know/I prefer not to answer	314	2.2	*

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

Data source: Weighted samples from the 2024 AUA Annual Census. Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

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

Private Equity

TABLE 9-12

Have you ever worked for a medical practice that was partnered with a private equity firm?

Private Equity Practice History	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	1,549	11.0	2.0
No	12,599	89.0	2.0
Total	14,148	100	
Not reported	126		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 9-13

Have you ever worked for a medical practice that was considering partnering?^

Practice Considering Private Equity Partnership	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes, we considered it, but the partnership did not materialize	1,124	9.2	1.9
Yes, we are currently considering it	137	1.1	*
No, none of the practices that I have ever worked for considered partnering with a private equity firm	11,010	89.7	1.9
Total reported	12,271	100	
Not reported	328		
Total	12,599		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 12,599 who reported they have never worked for a medical practice partnered with a private equity firm in Table 9-12.

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

TABLE 9-14

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Day-to-Day Management of Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	285	18.4	6.1
No impact	525	33.9	7.6
Negative impact	670	43.2	6.4
I'm not sure	70	4.5	*
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-15

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Healthcare Costs	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	392	25.3	6.6
No impact	507	32.7	7.2
Negative impact	456	29.4	6.4
I'm not sure	195	12.6	5.6
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

TABLE 9-16

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Practice Revenue	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	612	39.5	7.6
No impact	194	12.5	5.2
Negative impact	597	38.5	6.9
I'm not sure	146	9.4	*
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-17

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Practice Access to Strategic Guidance	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	519	33.7	6.7
No impact	410	26.7	6.7
Negative impact	459	29.8	6.0
I'm not sure	151	9.8	4.7
Total reported	1,539	100	
Not reported	10		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

TABLE 9-18

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Practice Operational Efficiency	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	464	30.1	5.4
No impact	318	20.6	6.5
Negative impact	664	43.1	6.7
I'm not sure	94	6.1	*
Total reported	1,539	100	
Not reported	10		
Total Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-19

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Physician Autonomy	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	116	7.5	*
No impact	571	37.1	6.7
Negative impact	831	54.0	6.4
I'm not sure	22	1.4	*
Total reported	1,539	100	
Not reported	10		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-20

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?^

Physician Reimbursement	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	489	31.5	7.4
No impact	243	15.7	5.9
Negative impact	745	48.1	7.1
I'm not sure	73	4.7	*
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-21

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?

Physician Retention	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	241	15.6	5.8
No impact	497	32.1	6.2
Negative impact	657	42.4	6.5
I'm not sure	154	10.0	*
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

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

TABLE 9-22

In your experience, how are the following areas impacted for medical practices that have partnered with a private equity firm?

Physician Work-Life Balance	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Positive impact	191	12.3	5.6
No impact	598	38.6	6.4
Negative impact	600	38.8	6.2
I'm not sure	160	10.3	4.9
Total reported	1,549	100	
Not reported	0		
Total	1,549		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 1,549 who reported they have ever worked for a medical practice that was partnered with a private equity firm in Table 9-12.

Section 10: Research, Use of AI, AUA Guidelines

Primary Observations

- Eighty-seven percent of practicing urologists in academic medical centers or medical schools reported some percentage of their time was spent on research as compared to 22.8% of urologists in other practice settings (TABLE 10-1).
- Among academic urologists who engaged in research, the majority engaged in clinical research excluding clinical trials (77.9%) and similar percentages were engaged in clinical trials research (35.4%) and health services/quality outcomes/implementation science research (33.0%). Among urologists who engaged in research from other practice settings, similar percentages were engaged in clinical trials research (55.0%) and clinical research excluding clinical trials (53.4%) and 21.0% were engaged in health services/quality outcomes/implementation science research (TABLE 10-2).
- The top barriers preventing urologists from engaging in their preferred amount of research were clinical duties taking priority (45.4%) and not having enough time (41.4%). Forty percent reported that they were not interested in research, and only 2.6% reported that they have not experienced any barriers (TABLE 10-3).
- Sources of research funding received by practicing urologists from most to least common were institutional funds (20.5%; TABLE 10-8), industry funding (17.8%; TABLE 10-7), philanthropy (13.7%; TABLE 10-10), government funding (10.7%; TABLE 10-6), clinical revenue (10.4%; TABLE 10-9), AUA or UCF grants (7.1%; TABLE 10-4) and other foundation grants (7.0%; TABLE 10-5).
- The most common AI use cases among practicing urologists were creation of discharge instructions or progress notes (14.2%), documentation of billing codes, medical charts, or visit notes (11.9%), generation of chart summaries (7.8%), translation services (7.7%), automation of insurance preauthorization (6.8%), summaries of medical research standards of care (6.8%) and generation of draft responses (6.5%). Sixty-five percent reported that they do not currently incorporate any of the AI use cases in their practice (TABLE 10-12).
- There were noticeable age differences with regard to feelings about the potential increased use of AI in their professional life, with more younger urologists reporting that they were more excited than concerned (44.0% among urologists under 45 vs. 18.8% among urologists 65 or older; TABLE 10-15). Conversely, while less than 10% of those under 45 were more concerned than excited, over a quarter of urologists 65 or older were more concerned (TABLE 10-14).
- The top two reasons for utilizing AUA guidelines were to inform diagnostic/management decisions (84.7%) and to maintain general practice knowledge (70.2%). Only 2.5% reported that they do not use AUA guidelines (TABLE 10-16). While 68.9% of practicing urologists reported that they have not experienced any barriers to utilizing AUA guidelines, the top barrier experienced was not having enough time (15.2%; TABLE 10-17).

Research

TABLE 10-1

Research Time by Practice Setting

Research Time Percentage	Other Practice Settings			Academic Medical Center/ Medical School		
	Number	Percent [^]	+/- MOE (%)	Number	Percent [^]	+/- MOE (%)
None	7,391	77.2	3.2	592	12.6	3.6
≥ 1%	2,184	22.8	3.2	4,106	87.4	3.6
1%-4%	726	7.6	2.0	431	9.2	3.0
5%-10%	1,228	12.8	2.5	2,374	50.5	5.5
11%-20%	133	1.4	*	589	12.5	3.5
> 20%	97	1.0	*	713	15.2	4.4
Total	9,576	100		4,698	100	

Data source: Weighted samples from the 2024 AUA Annual Census.
 *The estimated value should be used with caution due to small samples.

TABLE 10-2

Research Classification by Practice Setting[^] (select all that apply)

Research Classification	Other Practice Settings			Academic Medical Center/ Medical School		
	Number	Percent [^]	+/- MOE (%)	Number	Percent [^]	+/- MOE (%)
Clinical research (not including clinical trials)	1,166	53.4	7.8	3,201	77.9	4.3
Clinical trials	1,201	55.0	7.9	1,455	35.4	6.0
Health services/quality outcomes/ implementation science	459	21.0	6.0	1,356	33.0	5.9
Translational research	100	4.6	*	995	24.2	5.4
Basic science	47	2.1	*	414	10.1	3.8

Data source: Weighted samples from the 2024 AUA Annual Census.
[^]Out of the 6,291 who reported spending time on research in Table 10-1.
 *The estimated value should be used with caution due to small samples.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 10-3

Which of the following barriers prevent you from engaging in your preferred amount of research? (select up to 3)

Barriers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Clinical duties take priority	6,481	45.4	3.3
Not enough time	5,910	41.4	3.1
Not interested in research	5,726	40.1	3.2
Lack of departmental/institutional support	2,228	15.6	2.3
Lack of funding	1,892	13.3	2.3
Lack of administrative support	1,726	12.1	2.1
I am currently engaged in my preferred amount of research	1,209	8.5	1.9
Lack of research skills or experience	889	6.2	1.6
Lack of facilities or equipment	363	2.5	1.0
Other	271	1.9	0.8
I have not experienced any barriers that prevent me from engaging in research	375	2.6	1.0
I prefer not to answer	210	1.5	*

Data source: Weighted samples from the 2024 AUA Annual Census.

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

Respondents could select more than one option, so the sum may exceed the total number of practicing urologists.

TABLE 10-4

Which of the following types of funding have you applied for or received to support your research?

AUA or UCF Grants	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	527	3.9	1.3
I have neither applied for nor received this funding	11,961	89.0	2.0
I have received this funding	958	7.1	1.7
Total reported	13,446	100	
Not reported	828		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 10-5

Which of the following types of funding have you applied for or received to support your research?

Other Foundation Grants	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	384	2.9	1.1
I have neither applied for nor received this funding	12,025	90.1	1.9
I have received this funding	935	7.0	1.7
Total reported	13,344	100	
Not reported	930		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

^Examples of other foundation grants include American Association for Cancer Research, American Society of Clinical Oncology, Bladder Cancer Advocacy Network, Prostate Cancer Foundation, American Cancer Society

TABLE 10-6

Which of the following types of funding have you applied for or received to support your research?

Government Grants (e.g., NIH, DoD, National Science Foundation, VA)	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	598	4.5	1.3
I have neither applied for nor received this funding	11,342	84.8	2.4
I have received this funding	1,436	10.7	2.1
Total reported	13,376	100	
Not reported	898		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 10-7

Which of the following types of funding have you applied for or received to support your research?

Industry funding	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	369	2.7	1.1
I have neither applied for nor received this funding	10,671	79.5	2.7
I have received this funding	2,390	17.8	2.5
Total reported	13,430	100	
Not reported	844		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 10-8

Which of the following types of funding have you applied for or received to support your research?

Institutional Funds	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	431	3.2	1.2
I have neither applied for nor received this funding	10,225	76.3	2.8
I have received this funding	2,740	20.5	2.7
Total reported	13,396	100	
Not reported	878		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 10-9

Which of the following types of funding have you applied for or received to support your research?

Clinical Revenue	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	123	0.9	*
I have neither applied for nor received this funding	11,864	88.7	2.2
I have received this funding	1,385	10.4	2.1
Total reported	13,372	100	
Not reported	902		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 10-10

Which of the following types of funding have you applied for or received to support your research?

Philanthropy	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	151	1.1	*
I have neither applied for nor received this funding	11,345	85.2	2.3
I have received this funding	1,819	13.7	2.2
Total reported	13,316	100	
Not reported	958		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

TABLE 10-11

Which of the following types of funding have you applied for or received to support your research?

Other	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I applied for but did not receive this funding	34	0.3	*
I have neither applied for nor received this funding	12,417	95.9	1.4
I have received this funding	496	3.8	1.4
Total reported	12,947	100	
Not reported	1,327		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

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

Use of AI

TABLE 10-12

Which, if any, of these AI use cases do you currently incorporate into your practice?[^]
(select all that apply)

AI Use Cases	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Creation of discharge instructions, care plans and/or progress notes	2,024	14.2	2.4
Documentation of billing codes, medical charts or visit notes	1,694	11.9	2.2
Generation of chart summaries	1,110	7.8	1.6
Translation services	1,104	7.7	1.6
Automation of insurance preauthorization	972	6.8	1.6
Summaries of medical research and standards of care	975	6.8	1.8
Generation of draft responses to patient portal messages	931	6.5	1.7
Assistive diagnosis	746	5.2	1.5
Prediction health risks, quality gaps and treatment outcomes	645	4.5	1.4
Analysis of patient-generated wearable and remote patient monitoring device data	592	4.1	1.3
Surgical simulations and guidance	512	3.6	1.1
Patient-facing chatbot for customer service functions	426	3.0	1.0
Patient-facing health recommendations and self-care engagement	355	2.5	1.1
Triage and case prioritization support	321	2.2	1.1
Prediction of demand and associated workforce needs	266	1.9	0.9
None of the above	9,289	65.1	3.2
I prefer not to answer	671	4.7	1.5

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]AI questions adapted from the AMAs's 2023 AI Physician Sentiment Report.^y

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 10-13

Overall, would you say the potential increased use of AI in your professional life makes you feel....[^]

AI Use Feelings	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Equally concerned and excited	4,835	34.4	3.2
More excited than concerned	4,554	32.4	3.0
Neither concerned nor excited	2,372	16.9	2.4
More concerned than excited	2,304	16.4	2.2
Total	14,065	100	
Not reported	209		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]AI questions adapted from the AMAs's 2023 AI Physician Sentiment Report. ^v

TABLE 10-14

More Concerned Than Excited About Potential Use of AI by Age[^]

Age (years)	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 45	424	9.7	3.1
45-54	422	13.5	4.3
55-64	557	18.2	4.6
≥ 65	901	25.8	5.8
Total	2,304	16.4	2.2

Data source: Weighted samples from the 2024 AUA Annual Census.

[^]AI questions adapted from the AMAs's 2023 AI Physician Sentiment Report. ^v

TABLE 10-15

More Excited Than Concerned About Potential Use of AI by Age[^]

Age (years)	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 45	1,933	44.0	6.0
45-54	1,024	32.8	6.3
55-64	941	30.7	5.9
≥ 65	656	18.8	5.7
Total	4,554	32.4	3.0

Data source: Weighted samples from the 2024 AUA Annual Census.
[^]AI questions adapted from the AMAs’s 2023 AI Physician Sentiment Report. ^v

AUA Guidelines

TABLE 10-16

What is your primary reason(s) for utilizing AUA guidelines? (select all that apply)

AUA Guidelines Utilization Primary Reason	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
To inform diagnostic/management decisions	12,093	84.7	2.4
To maintain general practice knowledge	10,015	70.2	3.0
To inform patient education	7,474	52.4	3.1
To prepare for certifications/examinations	6,076	42.6	3.2
To inform trainee education	4,346	30.4	3.1
Other	59	0.4	*
I do not use AUA guidelines	352	2.5	1.0
I prefer not to answer	103	0.7	*

Data source: Weighted samples from the 2024 AUA Annual Census.
 *The estimated value should be used with caution due to small samples.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 10-17

What is your primary barrier to utilizing AUA guidelines?

AUA Guidelines Primary Barrier	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I have not experienced any barriers to utilizing AUA guidelines	9,567	68.9	3.0
I do not have time	2,110	15.2	2.3
I do not find them helpful to my practice	508	3.7	1.1
I have found an alternative resource	356	2.6	1.1
I do not know how to access the guidelines	233	1.7	*
I was unaware of clinical practice guidelines	104	0.7	*
Other	999	7.2	1.6
Total	13,878	100	
Not reported	396		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.

Section 11: Retirement Planning

Primary Observations

- The mean planned or actual age at retirement among practicing urologists was 67.1 years, and half of practicing urologists plan to work beyond age 65 (50.8%; TABLE 11-1)
- While 54.6% of male urologists plan to work beyond age 65, only 24.4% of female urologists plan to do the same (TABLE 11-2).
- Seventy percent of practicing urologists reported they are planning to do a phased retirement, 33.4% are planning to do part-time work, 29.6% are planning to do locum tenens work and 17.4% are planning to do clinic-based with no OR as alternative retirement models (TABLE 11-3).
- Among those who plan to work beyond age 65, the most influential factors were enjoyment of practicing medicine (50.7%), financial considerations (24.8%) and mental stimulation (14.0%; TABLE 11-4).
- Among those who plan to retire by age 65, the most influential factors were their health and well-being (64.1%), call burden (58.9%), personal fulfillment (29.2%) and family considerations (28.1%; TABLE 11-5).
- The top factors that would encourage practicing urologists to delay full retirement were elimination of call hours (67.5%), part-time schedule (58.1%), more schedule flexibility (50.0%), phased retirement plan (41.2%) and reduced patient load (34.2%; TABLE 11-6).

TABLE 11-1
Planned or Actual Age at Retirement

Retirement Age	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
< 60	1,332	9.4	1.4
60-64	2,268	16.1	1.5
65	3,342	23.7	1.9
66-70	4,111	29.1	2.1
> 70	3,066	21.7	1.8
Total reported	14,119	100	
Not planning to retire	155		
Total	14,274		

Data source: Weighted samples from the 2024 AUA Annual Census.
Mean age at planned or actual retirement: 67.1 years.

TABLE 11-2

Planned or Actual Age at Retirement by Gender

Planned or Actual Age at Retirement	Practicing Urologists Represented					
	Men			Women		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
< 60	1,027	8.3	1.5	305	17.6	3.5
60-64	1,868	15.1	1.6	401	23.2	4.1
65	2,739	22.1	2.1	603	34.9	5.0
66-70	3,774	30.5	2.3	337	19.5	4.5
> 70	2,982	24.1	2.0	84	4.9	2.1
Total reported	12,389	100		1,729	100	
Not planning to retire	150			5		
Total	12,539			1,734		

Data source: Weighted samples from the 2024 AUA Annual Census.

TABLE 11-3

Which of the following alternative retirement models, if any, are you planning to do? (select all that apply)

Alternative Retirement Models	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Phased retirement (i.e., flexible retirement arrangements, reducing work hours or work responsibilities)	9,932	69.6	2.1
Part-time work	4,770	33.4	2.2
Locum tenens work	4,226	29.6	2.1
Clinic-based practice with no OR	2,483	17.4	1.7
None of the above	1,284	9.0	1.2
I prefer not to answer	270	1.9	0.6

Data source: Weighted samples from the 2024 AUA Annual Census.

Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 11-4

Which factor is most influential in your decision to work beyond age 65?^

Most Influential Retirement Factors	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Enjoyment of practicing medicine	3,671	50.7	3.4
Financial considerations	1,797	24.8	2.8
Mental stimulation	1,009	14.0	2.3
Social engagement	345	4.8	1.5
Other	347	4.8	1.5
None of the above	64	0.9	*
Total reported	7,235	100	
I prefer not to answer	97		
Total	7,332		

Data source: Weighted samples from the 2024 AUA Annual Census.

^ Out of the 7,332 who reported they plan to retire after age 65 in Table 11-1.

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

TABLE 11-5

What factors are most influential in your decision to retire by age 65?^ (select top 3)

Most Influential Retirement Factors	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Health and well-being	2,307	64.1	3.7
Call burden	2,120	58.9	4.3
Personal fulfillment	1,051	29.2	3.8
Family considerations	1,013	28.1	3.6
Personal choice	797	22.1	3.9
Increased administrative burden	766	21.3	3.1
Age	690	19.2	3.0
Financial considerations	500	13.9	3.3
Practice or workplace conditions	325	9.0	2.3
ABU maintenance of certification	306	8.5	1.9
Change in current practice leadership	136	3.8	1.3
Location	61	1.7	*
I prefer not to answer	12	0.3	*
None of the above	16	0.4	*

Data source: Weighted samples from the 2024 AUA Annual Census.

^Out of the 3,600 who reported they plan to retire by age 65 in Table 11-1.

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

Respondents could select more than one, so the sum may exceed than the total number of practicing urologists.

TABLE 11-6

Which of the following options would encourage you to delay full retirement? (select all that apply)

Factors Delaying Retirement	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Elimination of call hours	9,634	67.5	2.1
Part-time schedule	8,287	58.1	2.3
More schedule flexibility	7,143	50.0	2.3
Phased retirement plan	5,877	41.2	2.3
Reduced patient load	4,884	34.2	2.2
Reduced productivity requirements	4,039	28.3	2.1
Retention bonus	3,796	26.6	2.0
APP support	3,352	23.5	2.0
Teaching/mentoring opportunity	3,190	22.3	2.0
Scribe support	3,057	21.4	1.9
Ability to work locum tenens	2,745	19.2	1.8
Clinic based practice with no OR	2,614	18.3	1.7
Increased ability to utilize telemedicine	1,661	11.6	1.5
None of the above	955	6.7	1.2

Data source: Weighted samples from the 2024 AUA Annual Census.

Respondents could select all that apply, so the sum may exceed than the total number of practicing urologists.

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