



American
Urological
Association

The State of the Urology Workforce and Practice in the United States 2025

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

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Preface

The AUA Annual Census serves as a vital resource for understanding the evolving landscape of the urological workforce. Through a rigorous and comprehensive data collection process, the Census captures key insights into practice patterns, workforce demographics and critical issues related to diversity and disparities in urology. This initiative supports informed decision-making, policy development and evidence-based research across the field.

In 2025, the importance of participating in the Census remains paramount. By sharing your experiences and perspectives, you contribute to a collective effort that strengthens the quality, equity and sustainability of urological care worldwide.

Designed as a two-part survey, the Census enables both cross-sectional and longitudinal analyses. Core questions are repeated annually to monitor trends in geographic distribution, training pathways, demographic characteristics and clinical practice. Each year, the AUA also introduces new questions aligned with emerging topics and priorities. For 2025, these include topics such as efficiency and care delivery models, structural approaches to coverage, and ambulatory surgery center ownership and practice. Additional areas of focus include quality payment program participation, emerging tools and innovations, and disability, parenthood and reproductive considerations.

The insights generated from the AUA Annual Census are invaluable to clinicians, researchers and health policy leaders. AUA Census data are accessible through AUA Statistical Services to support member-driven research and advocacy efforts aimed at improving patient care and shaping the future of urology.

The 2026 Census will officially launch at the AUA Annual Meeting in Washington, D.C., and remain open through the end of September. This upcoming Census will include dedicated sections on burnout and artificial intelligence as well as an opportunity to further engage with the AUA research program. All members of the urology community are encouraged to participate to ensure the data remain representative, actionable and impactful.



Hung-Jui (Ray) Tan, MD, MSHPM, FACS

Chair, AUA Data Committee
Division Chief, Urologic Oncology
Urologic Oncology Fellowship Director,
Department of Urology
Associate Professor of Urology
University of North Carolina
Chapel Hill, N.C.



Matthew Nielsen, MD

Chair, AUA Science and Quality Council
Chair, Department of Urology
John Sloan Rhodes and John Flint Rhodes
Distinguished Professor of Urology
University of North Carolina
Chapel Hill, N.C.

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

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Table of Contents

PREFACE	1	SECTION 1: GEOGRAPHIC DISTRIBUTION	17
LIST OF TABLES	4	SECTION 2: DEMOGRAPHICS	25
LIST OF FIGURES	6	SECTION 3: FELLOWSHIP TRAINING & CREDENTIALING	29
EXECUTIVE SUMMARY	7	SECTION 4: UROLOGY PRACTICE CHARACTERISTICS AND PERFORMANCE ASSESSMENT.	34
PRIMARY OBSERVATIONS	8	SECTION 5: VOLUME & SCOPE OF WORK	43
ABOUT THE AMERICAN UROLOGICAL ASSOCIATION (AUA).	12	SECTION 6: EFFICIENCY & CARE DELIVERY MODELS (ACCESS TO CARE: WAIT TIMES, MEDICAL SCRIBES, MD-APP ARRANGEMENTS)	47
ABOUT THE AUA ANNUAL CENSUS	12	SECTION 7: STRUCTURAL APPROACHES TO COVERAGE (SATELLITE CLINICS, LOCUM TENENS, NIGHT AND WEEKEND ON-CALL, AMBULATORY SURGERY CENTERS).	55
DEFINITION OF TERMS	13	SECTION 8: QUALITY PAYMENT PROGRAM PARTICIPATION	59
GLOSSARY	13	SECTION 9: EMERGING TOOLS & INNOVATIONS (AI UTILIZATION, QUALITY OF LIFE METRICS, DISPOSABLE CYSTOSCOPES, GUIDELINES NOTES TEMPLATES)	64
METHODOLOGY	14	SECTION 10: DISABILITY, PARENTHOOD & REPRODUCTIVE CONSIDERATIONS	69
		REFERENCES	73

List of Tables

Table 1-1: Practicing Status

Table 1-2: Urologist-to-Population Ratio by State of Primary Practice Location

Table 1-3: County of Primary Practice Location

Table 1-4: Rurality Level of Primary Practice Location

Table 2-1: Age

Table 2-2: Gender

Table 2-3: Race and/or Ethnicity

Table 2-4: Sexual Orientation

Table 2-5: Planned Full Retirement Age

Table 3-1: Formal Fellowship Training

Table 3-2: Fellowship Areas

Table 3-3: Fellowship Training Accredited Program

Table 3-4: Factors Influencing Decision to Pursue Fellowship Training

Table 3-5: Percentage of Practice Related to Fellowship Training

Table 3-6: Would Choose the Same Fellowship Training Again

Table 3-7: Number of State Medical Licenses

Table 3-8: ABU or AOBS Certification Status

Table 4-1: Primary Practice Setting

Table 4-2: Primary Practice Setting by Gender

Table 4-3: Number of Practicing Urologists per Practice

Table 4-4: Practicing Urologists Who Work Directly With at Least One APP

Table 4-5: Primary Subspecialty Areas

Table 4-6: Any Subspecialty Area

Table 4-7: Employment Status

Table 5-1: Hours Worked in a Typical Week

Table 5-2: Clinical Hours in a Typical Week

Table 5-3: Nonclinical Hours in a Typical Week

Table 5-4: Number of Minutes Spent With a Patient in a Typical Office Visit

Table 5-5: Number of Patient Visits/Encounters in a Typical Week

Table 5-6: MIOs Performed in a Typical Month

Table 5-7: Number of Practicing Urologists Performing MIOs by Age

Table 6-1: Average Wait Time for New Patients First Appointment With a Urologist

Table 6-2: Average Wait Time for New Patients First Appointment With an APP

Table 6-3: Average Wait Time for Follow-up Appointments With a Urologist

Table 6-4: Average Wait Time for Follow-up Appointments With an APP

Table 6-5: Average Wait Time for Elective Procedures

Table 6-6: Settings for Routine Work With an APP

Table 6-7: Preferred Tasks for APPs to Perform More Of

Table 6-8: In-Person Scribes Access and Utilization

Table 6-9: Virtual Scribes Access and Utilization

Table 6-10: AI-Powered Scribes Access and Utilization

Table 6-11: Satisfaction With In-Person Scribes

Table 6-12: Satisfaction With Virtual Scribes

Table 6-13: Satisfaction With AI-Powered Scribes

Table 7-1: In-Person Satellite Clinic Participation and Distance from Primary Practice

Table 7-2: Average Time Spent Going to Satellite Clinics per Month

Table 7-3: Locum Tenens to Supplement Income

Table 7-4: Hospital Management of Night or Weekend On-Call Coverage

Table 7-5: Ambulatory Surgery Center Ownership Interest

Table 7-6: Surgical Practice Volume in an Ambulatory Surgery Center

Table 8-1: 2023 CMS QPP Participation

Table 8-2: 2023 CMS QPP Participation by Primary Practice Setting

Table 8-3: 2023 MIPS Reporting Method to CMS

Table 8-4: 2023 CMS QPP Participation Type

Table 8-5: 2023 CMS QPP Payment Adjustment

Table 8-6: Believes There Are Sufficient CMS QPP Measures to Reflect Care Provided

Table 8-7: Top Barriers to Effective Performance Measurement and Quality Improvement

Table 9-1: AI Use Cases Routinely Incorporated Into Practice

Table 9-2: Routine Assessment of Patient Quality of Life

Table 9-3: Role of QoL Metrics in Decision-Making Process

Table 9-4: Factors Limiting Routine Assessment of QoL

Table 9-5: Disposable Cystoscopes Utilization

Table 9-6: Average Disposable Cystoscopes Used per Year

Table 9-7: More Likely to Use AUA Guidelines if Notes Template Based on Guidelines Were Available

Table 10-1: Disability Status

Table 10-2: Disability Type

Table 10-3: Experienced Discrimination or Barriers at Practice Due to Disability

Table 10-4: Employer Made Work Environment Accessible to Disability

Table 10-5: Parenthood

Table 10-6: Career Stage When Having or Attempting to Have Children

Table 10-7: Support Methods When Having or Attempting to Have Children

Table 10-8: Delayed Having or Attempting to Have Children Due to Medical Training or Career

Table 10-9: Delayed Having or Attempting to Have Children Due to Medical Training or Career by Gender

List of Figures

Figure 1-1: Number of Practicing Urologists and Urologist-to-Population Ratio (per 100,000 Population) From 2015 to 2025

Figure 1-2: Number of Practicing Urologists by State of Primary Practice Location

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

Figure 1-4: Number of Practicing Urologists by AUA Section Based on Primary Practice Location

Figure 1-5: Number of Practicing Urologists by County

Figure 1-6: Percentage of Practicing Urologists Whose Primary Practice Locations Are in Nonmetropolitan Areas by Age

Figure 2-1: Total Number of Practicing Urologists and Percentage of Female Practicing Urologists in the Workforce From 2014 to 2025

Figure 2-2: Percentage of Female Practicing Urologists in the Workforce by Age

Figure 2-3: African American/Black Urologists in the Workforce From 2014 to 2025

Figure 3-1: Percentage of Practicing Urologists With Completed Fellowship Training by Gender and Age

Figure 4-1: Percentage of Practicing Urologists in Private Practice From 2014 to 2025

Figure 4-2: Percentage of Practicing Urologists in Private Practices by Age

Figure 4-3: Percentage of Practicing Urologists Who Work Directly With at Least One APP by Practice Setting

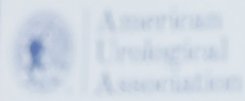
Figure 4-4: Percentage of Practicing Urologists Who Work Directly With at Least One APP by Metropolitan Status

Figure 4-5: Percentage of Employed Practicing Urologists From 2014 to 2025

Figure 4-6: Percentage of Employed Practicing Urologists by Gender and Age

Figure 5-1: Mean Number of Minutes Spent With a Patient in a Typical Office Visit by Urologist's Gender

Figure 5-2: Mean Number of Patient Visits in a Typical Week by Urologist's Gender



AUA Annual Census
AQUA Registry



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 2025 AUA Annual Census began online in April 2025 and continued until the end of September 2025.

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 2025 U.S. urologist population consists of a total of 14,609 practicing urologists excluding urologists in residency training.

Data Collection and Weighting

The analysis sample for this report is based on 1,676 confirmed practicing urologists in the U.S. who completed the 2025 AUA Annual Census, representing an 11.5% response rate out of the total 2025 population of 14,609 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 14,609 U.S. practicing urologists in 2025. Of those practicing urologists, 84.5% were “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- While the total number of practicing urologists increased from 2015 to 2025, the urologist-to-population ratio has held steady at 4.3 urologists per 100,000 population since 2023 (FIGURE 1-1). Among the 50 U.S. states, New York has the highest urologist-to-population ratio (5.74 urologists per 100,000 population), while Wyoming has the lowest ratio (2.21 urologists per 100,000 population; TABLE 1-2).
- Most counties in the U.S. (62%) did not have any practicing urologists (TABLE 1-3).
- Ten percent of practicing urologists in the U.S. maintained their primary practices outside of metropolitan areas (9.8%; TABLE 1-4).
- The median age of practicing urologists was 54 years, with nearly a third of urologists being 65 years or older (32.7%; TABLE 2-1).
- The percentage of female practicing urologists continued to rise from 7.7% in 2014 to almost 13% in 2025 (FIGURE 2-1).
- There were noticeable gender differences by urologists’ age group in 2025, with nearly 27% of practicing urologists less than 45 years old being female compared to only 2% of practicing urologists 65 years and older being female (FIGURE 2-2).
- Seventy percent of practicing urologists reported their race and ethnicity as White, non-Hispanic, with 13.7% reported as Asian, non-Hispanic, 5% Hispanic or Latino, and 3.1% Black or African American, non-Hispanic (TABLE 2-3).
- While over half of male urologists plan to retire after age 65 (60.9%), only 19.7% of female urologists plan to retire after 65 (TABLE 2-5).
- Just under half of practicing urologists reported that they completed a formal fellowship training, defined as programs at least 1 year in duration (44.4%; TABLE 3-1). The majority of these (71.7%) participated in an accredited program (TABLE 3-3).

- The top areas in which fellowship training was received were oncology (13.5%), robotic surgery (8.2%), pediatrics (7.9%) and endourology/stone disease (7.9%; TABLE 3-2).
- The top factors influencing their decision to pursue fellowship training were interest in the subspecialty (78.2%), academic subspecialty job selection (57.8%) and improving specific surgical skills (48.2%; TABLE 3-4).
- Among those who completed fellowship training, half reported that much of their practice (>80%) was related to their fellowship training (TABLE 3-5).
- Nearly all fellowship trained urologists strongly agreed (71.6%) or agreed (18.5%) that they would choose the same fellowship training again if given the opportunity (TABLE 3-6).
- The percentage of practicing urologists in private practice settings (i.e., solo practices, single urology groups, multispecialty groups) was largely unchanged from 2024 (43.2% in 2025 vs. 42.4% in 2024; FIGURE 4-1).
- Eighty-three percent of practicing urologists worked directly with an advanced practice provider (APP; TABLE 4-4).
- While more than half of practicing urologists (54.6%) reported they were general urologists without a primary subspecialty, the top primary subspecialty areas were oncology (13.3%), pediatrics (7.1%) and endourology/stone disease (5.7%; TABLE 4-5).
- When asked to report all subspecialties in which they practice, endourology/stone disease (65.3%), oncology (63%), erectile dysfunction (53.2%) and robotic surgery (37.7%) were the top subspecialty areas (TABLE 4-6).
- Seventy percent of urologists reported that they were employed by others, with 19.4% being partners in their practice, 7.2% being sole owners of their practice and the remaining 3% being a combination of those (TABLE 4-7).
- The median number of hours practicing urologists in the U.S. worked in a typical week was 55, and a third (32.5%) reported working more than 60 hours per week (TABLE 5-1).
- While male urologists see more patients (74 patient encounters) in a typical week than female urologists (62.7 patient encounters; FIGURE 5-2), female urologists spend more time (18.7 minutes) with patients during a typical office visit compared to their male counterparts (16.0 minutes; FIGURE 5-1).
- Overall, 77.9% of practicing urologists performed major inpatient operative procedures (MIOPs), with the lowest percentage reported among urologists aged 65 years or older (63.4%; TABLES 5-6 & 5-7).
- Nearly a third of practicing urologists (31.6%; TABLE 5-6) reported performing 10 or more MIOPs in a typical month.
- Almost half of urologists reported an average wait time of less than 1 month for a new patient's first appointment with a urologist (47%), 44.6% reported a wait time of 1 to 3 months, and 8.3% reported a wait time longer than 3 months (TABLE 6-1). Similar wait times were reported for follow-up visits with a urologist (41.9% less than 1 month, 48.6% 1 to 3 months and 9.5% longer than 3 months; TABLE 6-3).
- Average waiting times for appointments with an APP were shorter, with three-quarters reporting a wait time of less than 1 month for both new and follow-up visits with an APP (TABLES 6-2 & 6-4).
- More than half of urologists (56.5%) reported that the average wait time for elective procedures was 1 to 3 months, while 39.6% reported an average time of less than 1 month. Only 3.8% reported a wait time of longer than 3 months for elective procedures (TABLE 6-5).
- Seventy-two percent of urologists reported routinely working with APPs during outpatient office visits, 47.6% worked with APPs during inpatient care, 20.7% worked with APPs for operating room (OR) assistance, and 12.4% worked with APPs during outpatient procedures (TABLE 6-6).
- When asked which tasks urologists would like APPs to perform more often in their practice, 51.4% wanted APPs to perform more independent office visits, 40.4% wanted more APP inpatient management, rounding and care coordination, 38.6% wanted more APP inpatient consults, 22.8% wanted more APP independent office/outpatient procedures, and 16.1% wanted more OR assistance from APPs (TABLE 6-7).

- When asked about access to and utilization of different types of scribes, 19.6% of urologists have access to in-person scribes and 9.2% regularly use them (TABLE 6-8), 15.9% have access to virtual scribes and 4.6% regularly use them (TABLE 6-9), and 38.1% have access to artificial intelligence (AI)-powered scribes, with 13.3% regularly using them (TABLE 6-10).
- Among those who have access to or use each type of scribe, in-person scribes had the highest level of satisfaction (60.9% satisfied vs. 12.4% dissatisfied; TABLE 6-11), followed by AI scribes (52% satisfied vs. 19.1% dissatisfied; TABLE 6-13), and virtual scribes had the lowest satisfaction (38.9% satisfied vs. 22.2% dissatisfied; TABLE 6-12).
- Over a third of urologists participate in in-person satellite clinics to increase access for patients (34.6%), a quarter of whom travel at least 50 miles from their primary practice to the satellite clinic (TABLE 7-1).
- Less than 10% of practicing urologists reported doing locum tenens to supplement their income (TABLE 7-3).
- When asked how their hospital manages urological care when no one from their practice is providing night or weekend call coverage, many urologists (64.8%) reported that there is no time that call is not covered, 12.4% reported their hospital looks to transfer, 9.2% hire locums or other urology coverage, 8.3% use telephone consultations with a hospitalist within their practice, and only 2.3% use telephone consultations with a hospitalist with an external urology practice (TABLE 7-4).
- Nineteen percent of urologists have an ownership interest in an ambulatory surgery center (TABLE 7-5). Forty-three percent of those with ownership interest reported that more than half of their surgical volume was performed at ambulatory surgery centers, compared to 15.7% with no ownership interest (TABLE 7-6).
- A quarter of urologists reported they or their practice participated in the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP) in performance year 2023 (27.3%), while 17.3% did not participate. More than half were unsure of their 2023 CMS QPP participation status (55.4%; TABLE 8-1). There was a noticeable difference in QPP participation status by practice type, with almost half in private practices participating (44.8%), compared to academic medical centers and public or private hospitals (13.5% participated) and other settings (13.9% participated), where most were unsure of their participation status (74.5% unsure in academic medical centers and public or private hospitals, and 63.9% unsure in other settings; TABLE 8-2).
- Very few urologists (2.4%) reported participating in the QPP through the Alternative Payment Model (APM) track (TABLE 8-1).
- While many QPP participating urologists were unsure how they reported Merit-Based Incentive Payment System (MIPS) quality measures to CMS (39.1%), a quarter reported directly through the QPP portal (25.5%), 17% reported through their electronic medical record (EMR), 12.9% reported through a third party or consultant, and 7.6% reported through the AUA Quality (AQUA) Registry (TABLE 8-3).
- More than half of QPP participating urologists reported submitting as a group (60%), with 13.2% submitting as individuals, and over a quarter (28.4%) were unsure how they participated (TABLE 8-4).
- Among QPP participating urologists, many did not know if they received a payment adjustment for 2023 (58.8%), while 27% reported receiving a bonus, 12.2% reported a neutral payment adjustment, and only 2.3% reported receiving a penalty (TABLE 8-5).
- Only 7.7% of urologists believe there are sufficient CMS QPP measures to reflect the care they provide, while 27.9% do not believe there are sufficient measures and 64.3% were unsure (TABLE 8-6).
- When asked to report the top two barriers to effective performance measurement for quality improvement, insufficient resources (37.2%), information systems not conducive to collecting and reporting quality measurement data (25.6%), and not enough quality measures that are relevant to their work (22.6%) were the top barriers. Nearly a third of urologists (29.5%) reported that they did not know what the barriers were (TABLE 8-7).
- Over a third of urologists (37.1%) reported routinely incorporating AI into their practice. The most

common AI use cases included creation of discharge instructions, care plans and/or progress notes (13.9%), documentation of billing codes, medical charts or visit notes (13.6%), generation of chart summaries (8.4%) and translation services (7.6%; TABLE 9-1).

- Nearly half of urologists (48.1%) reported that they routinely assess patient quality of life (QoL) at new patient visits using validated tools, and a third (34.1%) reported routinely assessing QoL at follow-up visits (TABLE 9-2). Among those who routinely assess QoL, only 11.3% reported that they are critical and heavily influence treatment plans, and half reported that they significantly inform their treatment decisions (49.1%; TABLE 9-3). The remaining 40% reported that they are not essential or rarely or never influence their decision-making process (TABLE 9-3).
- When asked to report the top two factors limiting routine assessment of QoL, insufficient time with patients (32.4%) and electronic health record (EHR) systems that do not support capture and tracking of QoL measures (31.3%) were the greatest limiting factors (TABLE 9-4).
- Nearly half of urologists reported that they do not use disposable cystoscopes (47.4%), while 22.3% reported that they use disposable cystoscopes for all flexible cystoscopies and 30.3% only use disposable cystoscopes for certain cases (TABLE 9-5).
- Most urologists (78%) reported that they would be more likely to use AUA guidelines if there were a guidelines-based notes template incorporated into their EHR (TABLE 9-7).
- Very few (1.4%) urologists self-identified as disabled, most of whom reported physical (53.7%) or mobility-related disability (43.6%; TABLES 10-1 & 10-2).
- Almost 90% of urologists have children, with an additional 2% reporting they attempted to have children (TABLE 10-5). Among them, residency (51.3%) and 0 to 3 years postgraduate (31.9%) were the top career stages during which they had or attempted to have children (TABLE 10-6), and 13% reported using assistive reproductive technology, surrogacy or adoption (TABLE 10-7).
- Close to half (42.3%) of urologists reported they delayed having or attempting to have children due to their medical training or career (TABLE 10-8). There was a noticeable gender difference, with 70.5% of female urologists reporting they delayed children, compared to 38% of male urologists (TABLE 10-9).

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 included in 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 (RUCA) 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 \geq 50,000
- **Nonmetropolitan Area:** population $<$ 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
ADA	Americans With Disabilities Act
ABU	American Board of Urology
AI	artificial intelligence
AOA	American Osteopathic Association
AOBS	American Osteopathic Board of Surgery
APN	advanced practice nurse
APP	advanced practice provider
AUA	American Urological Association
CI	confidence interval
CMS	Centers for Medicare & Medicaid Services
DO	doctor of osteopathic medicine
EHR	electronic health record
EMR	electronic medical record
HMO	health maintenance organization
MD	medical doctor
MIOP	major inpatient operative procedure
MIPS	Merit-Based Incentive Payment System
MOE	margin of error
N/A	not applicable
NP	nurse practitioner
NPI	National Provider Identifier
OR	operating room
PA	physician assistant
QoL	quality of life
QPP	Quality Payment Program
RUCA	rural-urban commuting area
UCF	Urology Care Foundation
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 2025. 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 UROLOGIST 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 2025 ABU certification records as a urologist or the American Osteopathic Board of Surgery (AOBS) 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 2025.

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 priority 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 2025 AUA Annual Census began on April 28, 2025, and ended on September 30, 2025. 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 4,151 respondents completed the 2025 AUA Annual Census – 1,676 of whom were practicing urologists in the U.S., representing an 11.5% response rate out of the total 14,609 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 2025 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 1) or weighted Census samples (Sections 2 through 10) 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 (CI), with an estimation of measurement precision at a 90% level of confidence. Sums from 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% 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.
- Questions for longitudinal analyses may have undergone changes that could impact comparability from year to year.
- Census data are self-reported, nonvalidated and may be subject to recall bias or misrepresentation.

PRACTICING UROLOGISTS in the United States



APP COMPENSATION FOR PRIMARY JOB

43%
STRAIGHT SALARY

22%
BASE SALARY PLUS EDUCATION FUNDS



RESIDENTS AND FELLOWS

64%
REPORTED HAVING MUSCULOSKELETAL SYMPTOMS THEY ATTRIBUTE TO OPERATING OR PERFORMING PROCEDURES

40%
REPORTED HAVING ANY FORMAL ERGONOMICS TEACHING OR TRAINING



UROLOGISTS WHO
RESIDENTS & FELLOWS

Workforce United States

MANAGEMENT AND STATISTICAL ANALYSIS

DATA MANAGEMENT AND STATISTICAL ANALYSIS

With Data Research Program

With Statistical Services

PHIP

A brown paper coffee cup with a white lid and a straw, sitting on the table.

PRESENCE

A grid of logos for various organizations, including American Urological Association, American Society of Urologic Surgeons, and others.

PHIP

A man in a dark suit and glasses is sitting at a desk, looking at a laptop. He is wearing a watch on his left wrist.

Section 1: Geographic Distribution

Primary Observations

- There were 14,609 U.S. practicing urologists in 2025. Of those practicing urologists, 84.5% were “actively” practicing, meaning they devote at least 25 hours per week to clinical activities (TABLE 1-1).
- While the total number of practicing urologists increased from 2015 to 2025, the urologist-to-population ratio has held steady at 4.3 urologists per 100,000 population since 2023 (FIGURE 1-1). Among the 50 U.S. states, New York has the highest urologist-to-population ratio (5.74 urologists per 100,000 population), while Wyoming has the lowest ratio (2.21 urologists per 100,000 population; TABLE 1-2).
- Most counties in the U.S. (62%) did not have any practicing urologists (TABLE 1-3).
- Ten percent of practicing urologists in the U.S. maintained their primary practices outside of metropolitan areas (9.8%; TABLE 1-4).

TABLE 1-1
Practicing Status

Practicing Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Total practicing urologists	14,609	100	N/A [^]
Active practicing urologists*	12,343	84.5	1.6

Data sources: National Provider Identifier 09/2025 file, ABU certification records from the ABMS Directory of Board-Certified Medical Specialists, AOA DO Directory, AUA 2025 Annual Census.

[^] N/A indicates the total number of practicing urologists was determined by AUA urologist master file rather than by a sample estimate.

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

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	340,110,988	14,609	4.30	
New York	19,867,248	1,141	5.74	High
Massachusetts	7,136,171	395	5.54	
Maine	1,405,012	76	5.41	
Rhode Island	1,112,308	60	5.39	
Connecticut	3,675,069	194	5.28	
New Hampshire	1,409,032	73	5.18	
Vermont	648,493	33	5.09	
Pennsylvania	13,078,751	661	5.05	
Maryland	6,263,220	310	4.95	
Louisiana	4,597,740	224	4.87	
New Jersey	9,500,851	462	4.86	
Minnesota	5,793,151	277	4.78	
Ohio	11,883,304	568	4.78	
South Dakota	924,669	44	4.76	
Illinois	12,710,158	583	4.59	
Oregon	4,272,371	195	4.56	
North Carolina	11,046,024	504	4.56	
Florida	23,372,215	1,053	4.51	
Colorado	5,957,493	267	4.48	Medium
Washington	7,958,180	356	4.47	
Montana	1,137,233	50	4.40	
Wisconsin	5,960,975	260	4.36	
Michigan	10,140,459	442	4.36	
West Virginia	1,769,979	77	4.35	

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
Tennessee	7,227,750	314	4.34	Medium
Missouri	6,245,466	270	4.32	
Indiana	6,924,275	298	4.30	
Virginia	8,811,195	367	4.17	
South Carolina	5,478,831	227	4.14	
Alaska	740,133	30	4.05	
California	39,431,263	1,581	4.01	Medium Low
Alabama	5,157,699	202	3.92	
Kansas	2,970,606	116	3.90	
Arizona	7,582,384	295	3.89	
Kentucky	4,588,372	176	3.84	
Hawaii	1,446,146	54	3.73	
Delaware	1,051,917	39	3.71	
Iowa	3,241,488	118	3.64	
Nebraska	2,005,465	72	3.59	
Georgia	11,180,878	397	3.55	
Oklahoma	4,095,393	142	3.47	
Texas	31,290,831	1,025	3.28	
Arkansas	3,088,354	101	3.27	
Mississippi	2,943,045	92	3.13	
Idaho	2,001,619	61	3.05	
North Dakota	796,568	24	3.01	
Utah	3,503,613	98	2.80	
New Mexico	2,130,256	55	2.58	
Nevada	3,267,467	77	2.36	
Wyoming	587,618	13	2.21	

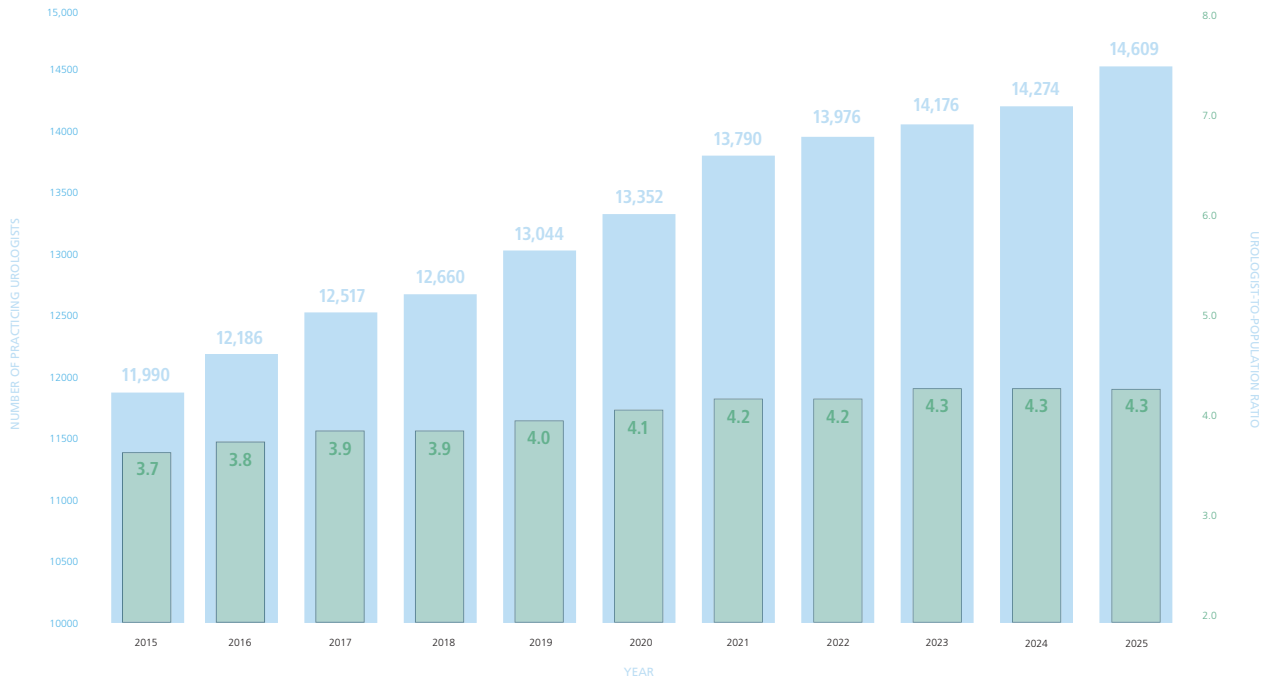
Data sources: National Provider Identifier 09/2025 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists. Note: The District of Columbia was not listed separately due to its incomparability with other U.S. states.

* In reporting results from the 2025 AUA Census, 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

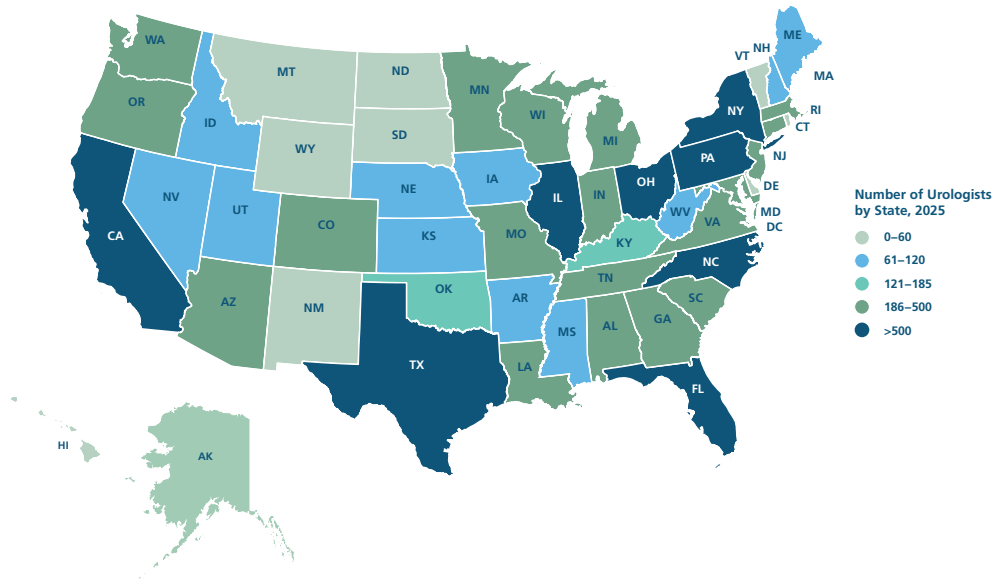
Number of Practicing Urologists and Urologist-to-Population Ratio (per 100,000 Population) From 2015 to 2025



Data sources: National Provider Identifier 09/2025 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

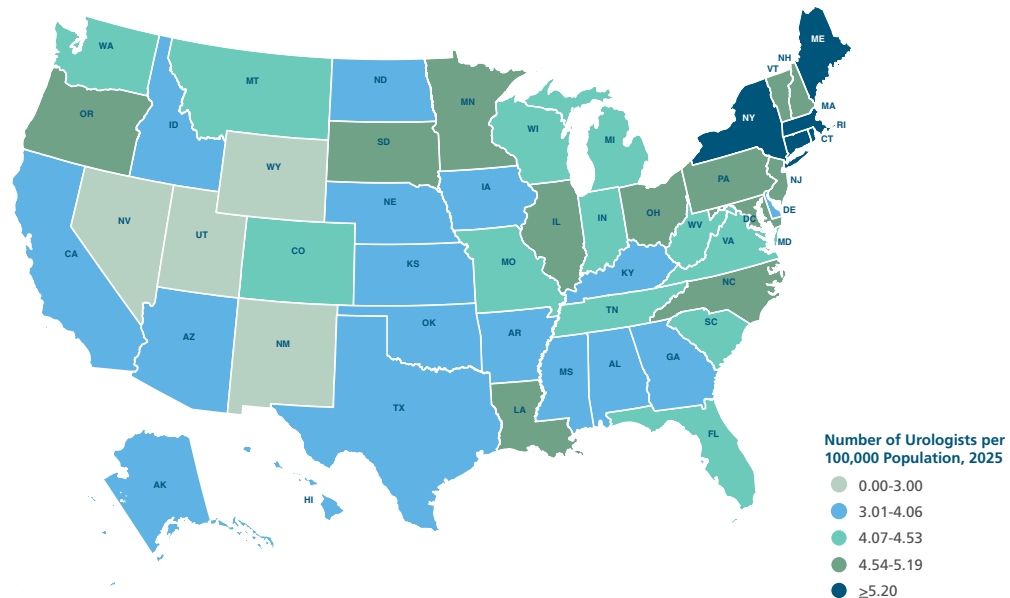
Number of Practicing Urologists by State of Primary Practice Location



Data sources: National Provider Identifier 09/2025 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

FIGURE 1-3

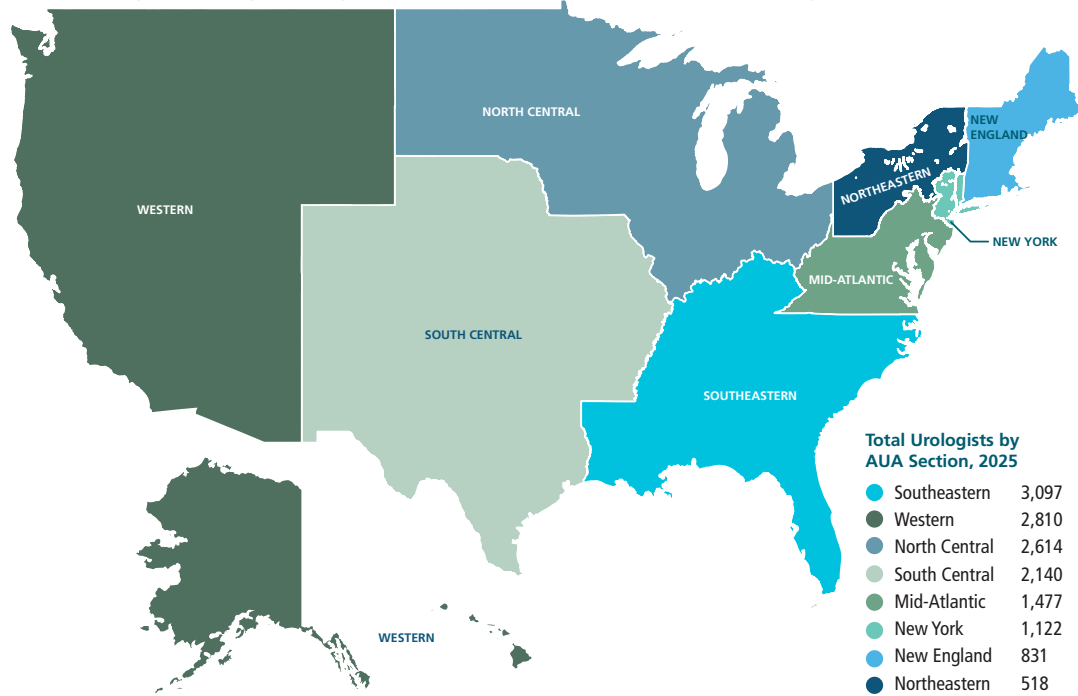
Practicing Urologist-to-Population Ratio by State of Primary Practice Location



Data sources: National Provider Identifier 09/2025 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*

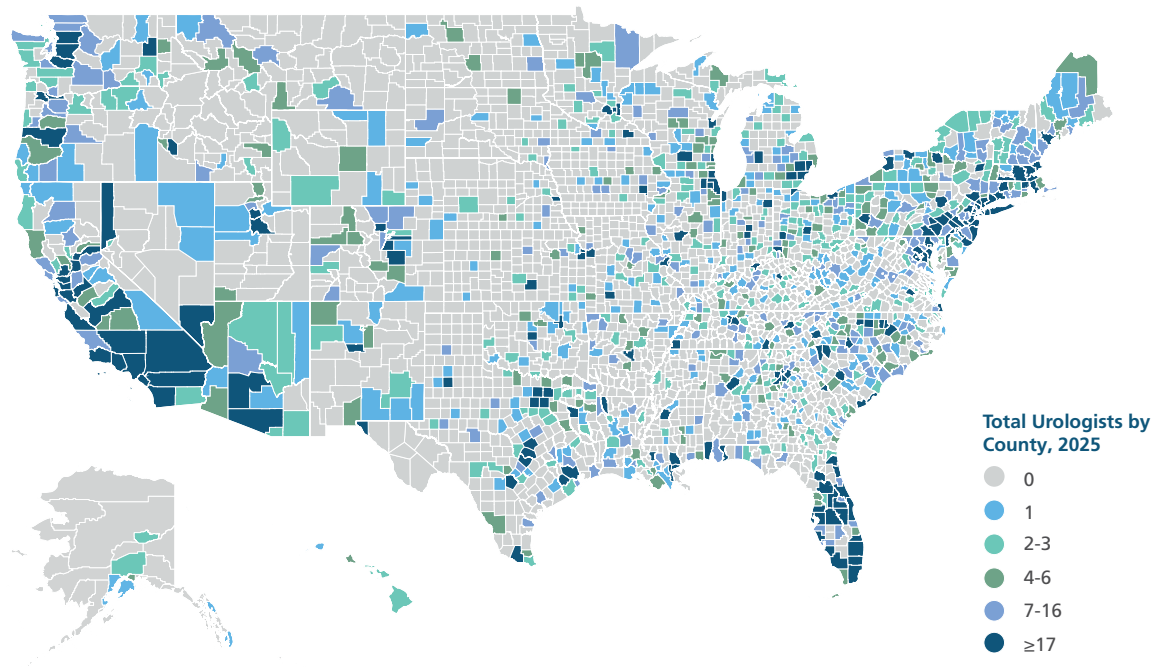


Data sources: Provider Identifier 09/2025 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.
 * Some AUA Sections include non-U.S. members, but analysis was restricted to U.S. urologists only.

TABLE 1-3**County of Primary Practice Location**

Supply of Practicing Urologists	Number of Counties	Percent
Counties with no urologists	1,948	62.0
Counties with at least 1 urologist	1,196	38.0
Counties with 1 urologist	289	9.2
Counties with 2-3 urologists	279	8.9
Counties with 4-6 urologists	188	6.0
Counties with 7-17 urologists	236	7.5
Counties with 18 or more urologists	204	6.5
Total	3,144	100

Data sources: National Provider Identifier 09/2025 file.

FIGURE 1-5**Number of Practicing Urologists by County**

Data sources: Provider Identifier 09/2025 file and ABU certification records from the ABMS Directory of Board-Certified Medical Specialists.

TABLE 1-4

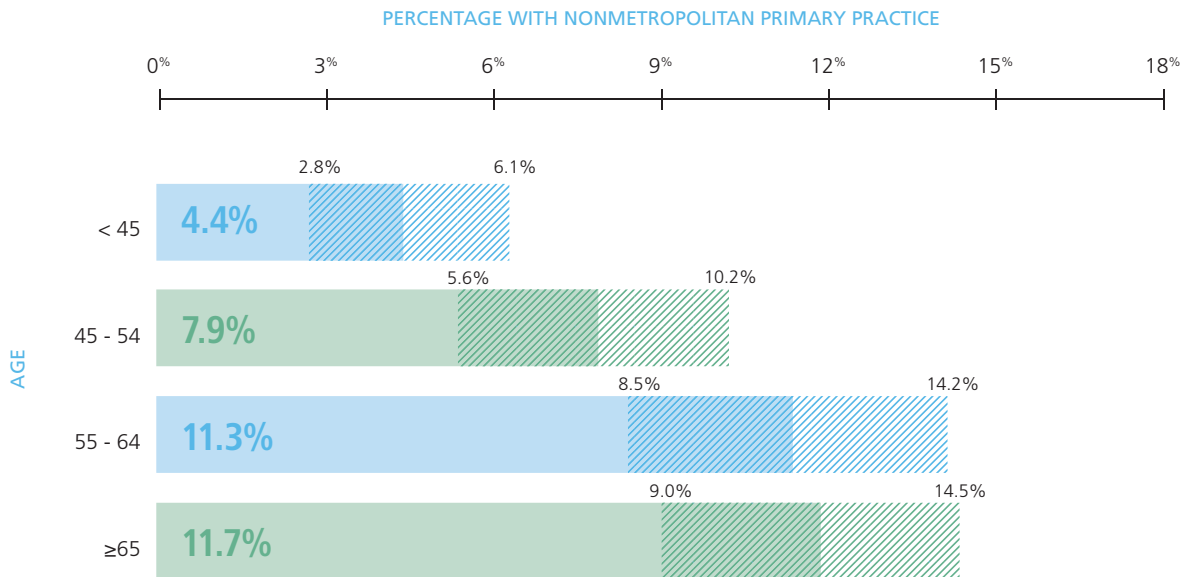
Rurality Level of Primary Practice Location

Rurality Level	Number of Practicing Urologists	Percent
Metropolitan areas (population ≥50,000)	13,191	90.2
Nonmetropolitan areas (population <50,000)	1,418	9.8
Micropolitan (population = 10,000-49,999)	1,125	7.7
Small town (population = 2,500-9,999)	227	1.6
Rural (population <2,500)	66	0.5
Total	14,609	100

Data sources: National Provider Identifier 09/2025, Rural-Urban Commuting Area Codes Data from RUCA3.10.

FIGURE 1-6

Percentage of Practicing Urologists Whose Primary Practice Locations Are in Nonmetropolitan Areas by Age*



Data sources: National Provider Identifier 09/2025 file, weighted samples from the 2025 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 nearly a third of urologists being 65 years or older (32.7%; TABLE 2-1).
- The percentage of female practicing urologists continued to rise from 7.7% in 2014 to almost 13% in 2025 (FIGURE 2-1).
- There were noticeable gender differences by urologists' age group in 2025, with nearly 27% of practicing urologists less than 45 years old being female compared to only 2% of practicing urologists 65 years and older being female (FIGURE 2-2).
- Seventy percent of practicing urologists reported their race and ethnicity as White, non-Hispanic, with 13.7% reported as Asian, non-Hispanic, 5% Hispanic or Latino, and 3.1% Black or African American, non-Hispanic (Table 2-3).
- While over half of male urologists plan to retire after age 65 (60.9%), only 19.7% of female urologists plan to retire after 65 (Table 2-5).

TABLE 2-1

Age

Age Groups	Practicing Urologists Represented		
	Number of Practicing Urologists	Percent	+/- MOE (%)
< 35 years	543	3.7	0.9
35 to 44 years	3,337	22.8	1.3
45 to 54 years	2,809	19.2	1.2
55 to 64 years	3,141	21.5	1.4
≥65 years	4,779	32.7	1.2
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census. The median age is 54.

TABLE 2-2

Gender*

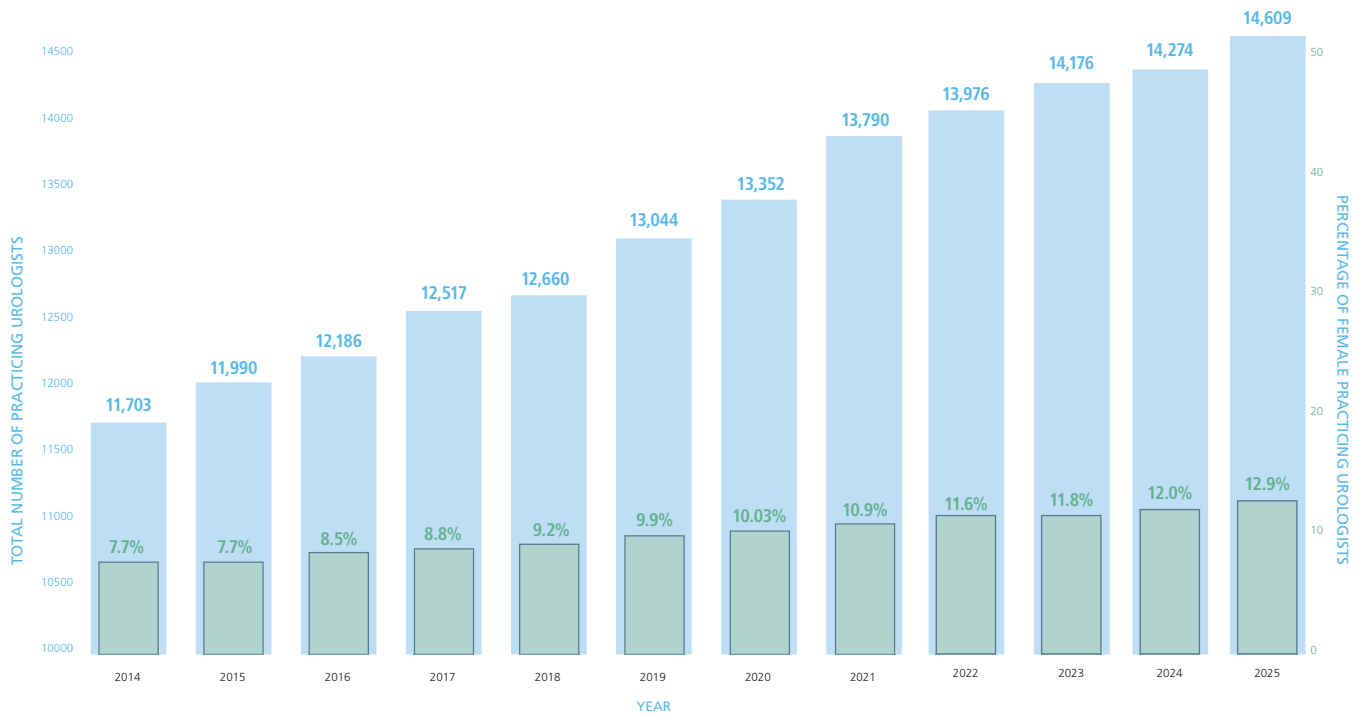
NPI Documented Gender	Total Number	Percent
Female	1,882	12.9
Male	12,727	87.1
Total	14,609	100

Data source: National Provider Identifier 09/2025 file.

* The Census included a demographic question on gender with additional options of "Transgender Man," "Transgender Woman," "Nonbinary," "Genderqueer or gender fluid," and "Other." Less than 2% of respondents selected "I prefer not to answer" and no respondents selected any of the other gender options besides "Female" or "Male." To account for and capture gender for nonrespondents, NPI-documented gender is presented above and used for analyses in this report.

FIGURE 2-1

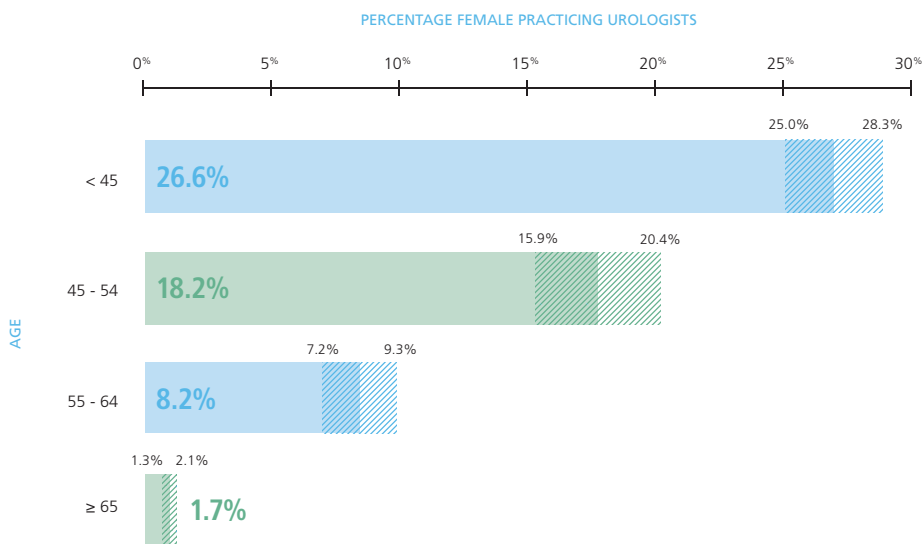
Total Number of Practicing Urologists and Percentage of Female Practicing Urologists in the Workforce From 2014 to 2025



Data sources: National Provider Identifier files and weighted samples from the AUA Annual Census from 2014 to 2025. 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 09/2025 file and weighted samples from the 2025 AUA Annual Census. Percentages represent the proportion of women in the workforce within the specified age groups. For example, among practicing urologists under 45 years of age, 26.6% are women.

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

TABLE 2-3

Race and/or Ethnicity

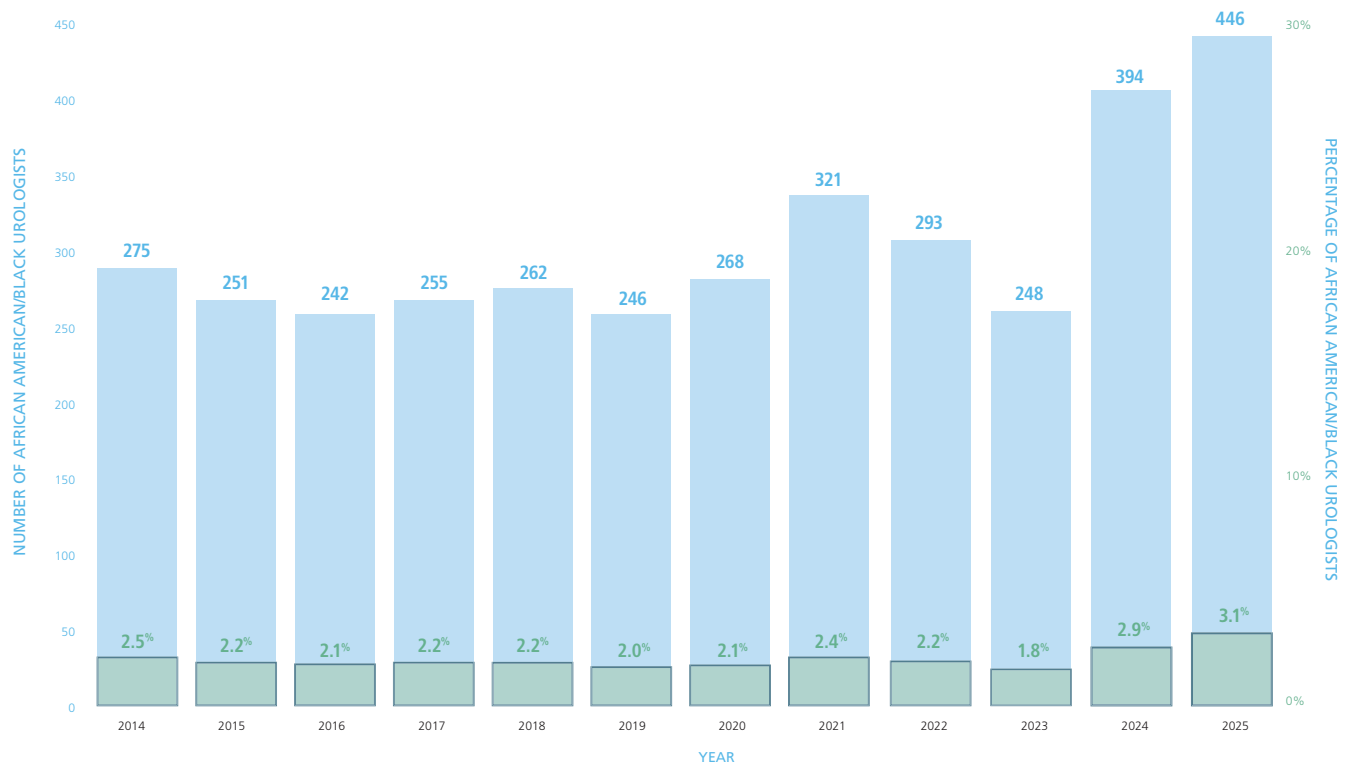
Sexual Orientation	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
White, non-Hispanic	10,291	70.9	2.0
Asian, non-Hispanic	1,984	13.7	1.5
Black or African American, non-Hispanic	446	3.1	0.7
Hispanic or Latino	728	5.0	1.0
Other races and ethnicities, including multiple races*	572	3.9	0.8
Total	14,021	100	
Not reported	588		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

* Other options included American Indian or Alaska Native, Middle Eastern or North African, and Native Hawaiian or Pacific Islander.

FIGURE 2-3

African American/Black Urologists in the Workforce From 2014 to 2025



Data sources: Weighted samples from the AUA Annual Census from 2014 to 2025.

Blue: Total number of African American/Black practicing urologists; Green: Percentage of African American/Black practicing urologists.

TABLE 2-4**Sexual Orientation**

Sexual Orientation	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Straight	13,542	97.3	0.7
Other^	371	2.7	
Total	13,914	100	
Not reported	695		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

^ Other includes those who selected lesbian, gay, bisexual, queer, asexual or other options.

TABLE 2-5**Planned Full Retirement Age**

Planned or Actual Age at Retirement	Practicing Urologists Represented					
	Male			Female		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
<60 years	751	6.0	1.0	362	19.4	3.7
60-64 years	1,790	14.3	1.5	466	25.0	4.7
65 years	2,373	18.9	1.7	670	36.0	5.0
66-70 years	3,959	31.5	2.3	288	15.5	3.3
>70 years	3,687	29.4	2.1	78	4.2	1.6
Total	12,559	100		1,865	100	
Not planning to retire	168			17		
Total	12,727			1,882		

Data source: Weighted samples from the 2025 AUA Annual Census. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors. The median ages of planned retirement for male and female practicing urologists are 68 and 65, respectively.

Section 3: Fellowship Training & Credentialing

Primary Observations

- Just under half of practicing urologists reported that they completed a formal fellowship training, defined as programs at least 1 year in duration (44.4%; TABLE 3-1). The majority of these (71.7%) participated in an accredited program (TABLE 3-3).
- The top areas in which fellowship training was received were oncology (13.5%), robotic surgery (8.2%), pediatrics (7.9%) and endourology/stone disease (7.9%; TABLE 3-2).
- The top factors influencing their decision to pursue fellowship training were interest in the subspecialty (78.2%), academic subspecialty job selection (57.8%) and improving specific surgical skills (48.2%; TABLE 3-4).
- Among those who completed fellowship training, half reported that much of their practice (>80%) was related to their fellowship training (TABLE 3-5).
- Nearly all fellowship trained urologists strongly agreed (71.6%) or agreed (18.5%) that they would choose the same fellowship training again if given the opportunity (TABLE 3-6).

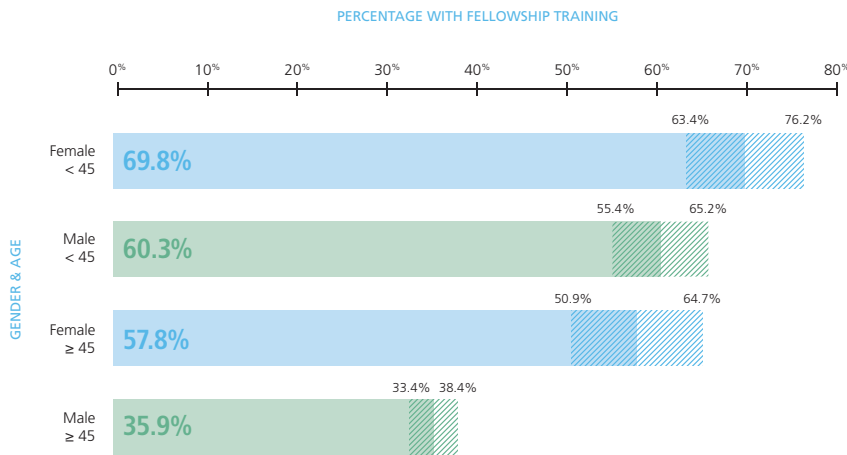
TABLE 3-1
Formal Fellowship Training[^]

Fellowship Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
No fellowship training	8,025	55.6	2.0
Fellowship trained	6,410	44.4	2.0
Total	14,435	100	
Not reported	174		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.
[^] Formal fellowship training was defined as programs at least 1 year in duration.

FIGURE 3-1

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



Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

* 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	1,972	13.5	1.4
Robotic surgery	1,199	8.2	1.1
Pediatrics	1,148	7.9	1.2
Endourology/stone disease	1,153	7.9	1.1
Female pelvic medicine and reconstructive surgery	791	5.4	0.9
Laparoscopic surgery	784	5.4	0.9
Male reconstruction/trauma	769	5.3	1.0
Erectile dysfunction	644	4.4	0.9
Male infertility	599	4.1	0.8
Renal transplantation	149	1.0	0.5

Data source: Weighted samples from the 2025 AUA Annual Census.

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

[^] Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

TABLE 3-3

Fellowship Training Accredited Program[^]

Accredited Program	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	4,407	71.7	3.0
No	1,736	28.3	3.0
Total	6,143	100	
Not reported	267		
Total	6,410		

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Out of the 6,410 who reported completing any formal fellowship training in Table 3-1. Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

TABLE 3-4

Factors Influencing Decision to Pursue Fellowship Training (select all that apply)[^]

Fellowship Training Decision Factors	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Interest in subspecialty	5,015	78.2	2.7
Subspecialty job selection — academic	3,706	57.8	3.1
Improve specific surgical skills	3,089	48.2	3.2
Influenced by mentorship from residency faculty of the fellowship specialty	1,926	30.1	2.9
Obtain subspecialty career mentorship	1,878	29.3	2.9
Improve personal career marketing ability	1,852	28.9	2.9
Opportunity for additional research experience or advanced degree	1,255	19.6	2.5
Subspecialty job selection — nonacademic	650	10.1	1.9
Increase earning potential	467	7.3	1.7
Other	160	2.5	1.0
None of the above	32	0.5	*
I prefer not to answer	13	0.2	*

Data source: Weighted samples from the 2025 AUA Annual Census.

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

[^] Out of the 6,410 who reported completing any formal fellowship training in Table 3-1. Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

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

TABLE 3-5**Percentage of Practice Related to Fellowship Training[^]**

Practice Related to Training	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
0%/None	129	2.0	1.0
1%-20%	442	7.0	1.6
21%-40%	675	10.6	2.0
41%-60%	979	15.4	2.4
61%-80%	1,102	17.3	2.4
81%-99%	1,538	24.2	2.7
100%/All	1,486	23.4	2.6
Total	6,351	100	
Not reported	58		
Total	6,409		

Data source: Weighted samples from the 2025 AUA Annual Census.

Sum differs from the total number in Table 3-1 due to intrinsic rounding errors.

[^] Out of the 6,410 who reported completing any formal fellowship training in Table 3-1. Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

TABLE 3-6**Would Choose the Same Fellowship Training Again[^]**

If given the opportunity, I would choose the same fellowship training again.	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Strongly disagree	135	2.1	0.9
Disagree	170	2.7	0.9
Neutral	326	5.1	1.4
Agree	1,182	18.5	2.5
Strongly agree	4,574	71.6	2.8
Total	6,387	100	
Not reported	23		
Total	6,410		

Data source: National Provider Identifier 09/2025 file.

[^] Out of the 6,410 who reported completing any formal fellowship training in Table 3-1. Fellowship training is defined as participation in a fellowship program at least 1 year in duration.

TABLE 3-7**Number of State Medical Licenses**

State Medical Licenses	Number	Percent
1	10,551	72.3
2	3,078	21.1
3	734	5.0
4	238	1.6
Total	14,609	100

Data source: National Provider Identifier 09/2025 file.

TABLE 3-8**ABU or AOBS Certification Status**

ABU or AOBS Certification Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Certified by the ABU only	12,424	85.0	0.6
Certified by the AOBS only	474	3.2	0.8
Certified by both the ABU and AOBS	12	0.1	*
Not certified by either the ABU or AOBS	627	4.3	1.0
Board eligible/pending certification by the ABU	1,072	7.3	1.0
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

Note: No respondents selected an option for "Board eligible/pending certification by AOBS."

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

Section 4: Urology Practice Characteristics and Performance Assessment

Primary Observations

- The percentage of practicing urologists in private practice settings (i.e., solo practices, single urology groups, multispecialty groups) was largely unchanged from 2024 (43.2% in 2025 vs. 42.4% in 2024; FIGURE 4-1).
- Eighty-three percent of practicing urologists worked directly with an APP (TABLE 4-4).
- While more than half of practicing urologists (54.6%) reported they were general urologists without a primary subspecialty, the top primary subspecialty areas were oncology (13.3%), pediatrics (7.1%) and endourology/stone disease (5.7%; TABLE 4-5).
- When asked to report all subspecialties in which they practice, endourology/stone disease (65.3%), oncology (63%), erectile dysfunction (53.2%) and robotic surgery (37.7%) were the top subspecialty areas (TABLE 4-6).
- Seventy percent of urologists reported that they were employed by others, with 19.4% being partners in their practice, 7.2% being sole owners of their practice and the remaining 3% being a combination of those (TABLE 4-7).

TABLE 4-1
Primary Practice Setting

Primary Practice Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Private practice	6,312	43.2	2.1
Solo practice	971	6.6	1.1
Single urology group	3,355	23.0	1.8
Multispecialty group	1,986	13.6	1.5
Institutional settings	7,974	54.6	2.1
Academic medical center/medical school	4,566	31.3	1.9
Public or private hospital	1,028	7.0	1.1
Health system	1,561	10.7	1.4
Other institutional settings [^]	819	5.6	1.0
Other settings*	323	2.2	0.7
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Other institutional settings include community health centers and HMOs/managed care organizations.

* Other settings include federal, state or local government, and industry (e.g., pharmaceuticals, EHR vendors, device manufacturers).

TABLE 4-2

Primary Practice Setting by Gender

Primary Practice Setting	Practicing Urologists Represented					
	Male			Female		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Private practices	5,814	45.7	2.4	499	26.5	4.2
Academic medical centers/medical school	3,774	29.7	2.1	792	42.1	4.9
Public or private hospitals	843	6.6	1.2	185	9.8	3.0
Other settings [^]	2,297	18.0	1.8	406	21.6	4.2
Total	12,727	100		1,882	100	

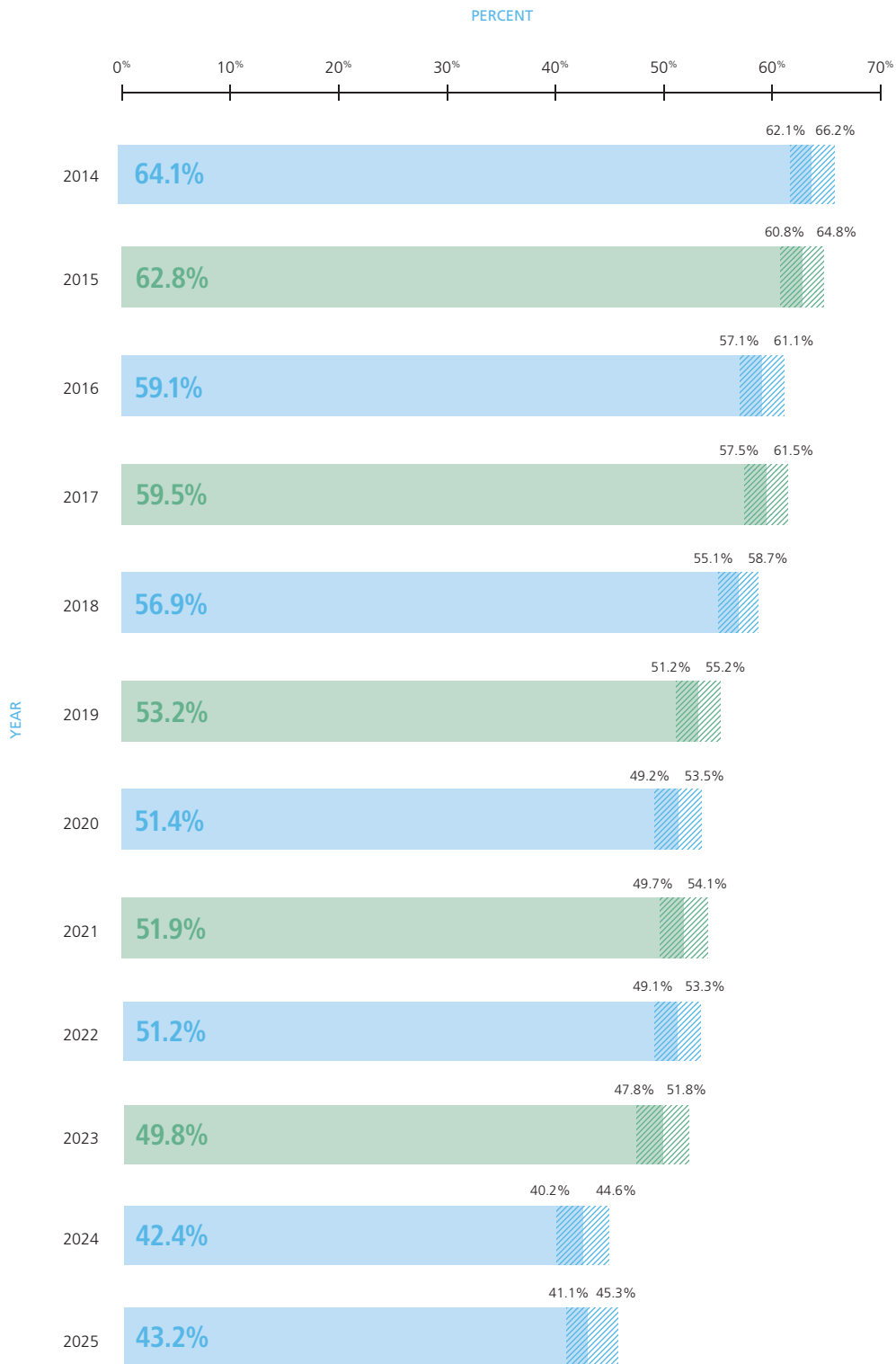
Data source: Weighted samples from the 2025 AUA Annual Census.

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

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

FIGURE 4-1

Percentage of Practicing Urologists in Private Practice From 2014 to 2025*

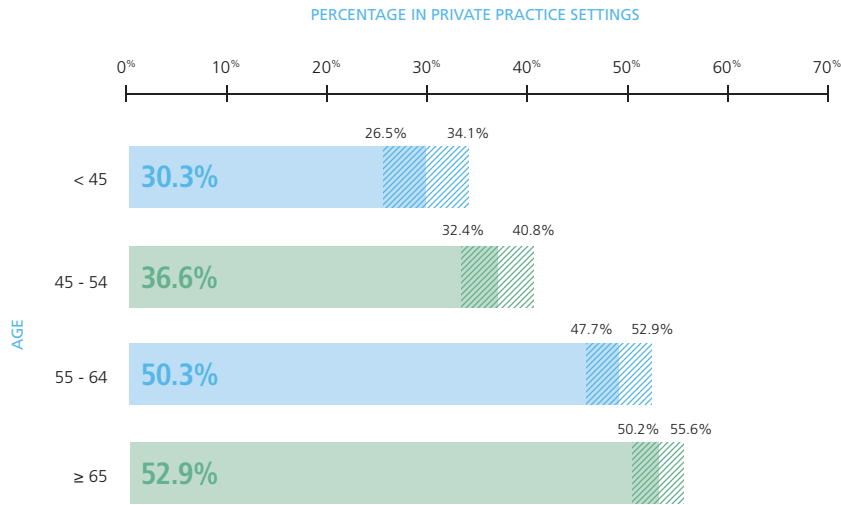


Data source: Weighted samples from the AUA Annual Census from 2014 to 2025.

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

FIGURE 4-2

Percentage of Practicing Urologists in Private Practices by Age*



Data source: Weighted samples from the 2025 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

Number of Urologists per Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
1	2,194	15.0	1.6
2	1,151	7.9	1.2
3	1,229	8.4	1.2
4	965	6.6	1.1
5-9	3,213	22.0	1.8
10-15	2,039	14.0	1.5
≥16	3,818	26.1	1.9
Total reported	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 4-4

Practicing Urologists Who Work Directly With at Least One APP[^]

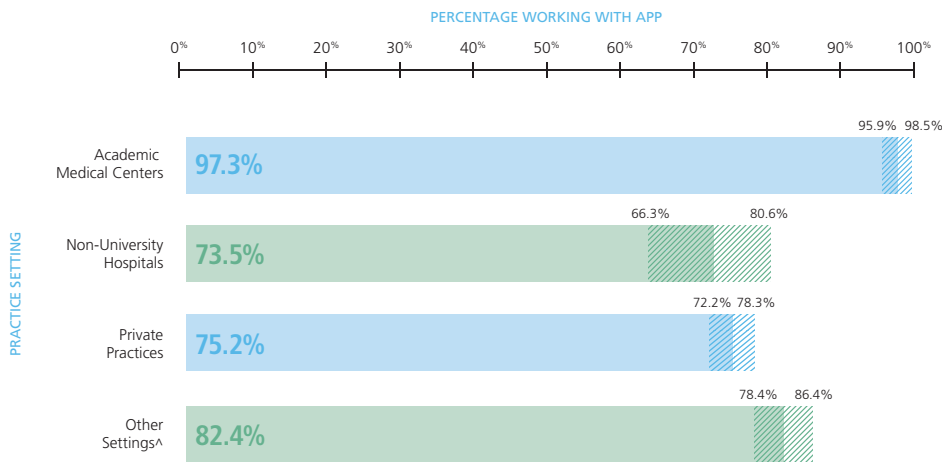
Number of APPs	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
None/does not work directly with APPs	2,377	16.8	1.7
Works directly with at least 1 APP	11,763	83.2	1.7
1-2	3,387	24.0	1.9
3-4	2,566	18.1	1.7
5-9	2,946	20.8	1.8
≥10	2,864	20.3	1.7
Total reported	14,140	100	
Not reported	469		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Working directly with APPs is defined as working with at least one PA or NP 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*



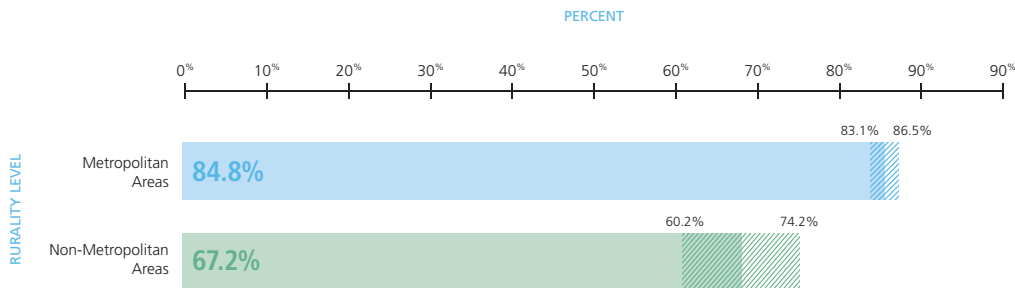
Data source: Weighted samples from the 2025 AUA Annual Census.

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

[^] Other settings include federal, state or local government, industry (pharmaceuticals, EHR vendors, device manufacturers, etc.), health systems, community health centers and HMOs/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 2025 AUA Annual Census.

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

TABLE 4-5

Primary Subspecialty Areas

Primary Subspecialty	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
General without subspecialty	7,970	54.6	2.1
Oncology	1,936	13.3	1.4
Pediatrics	1,039	7.1	1.1
Endourology/stone disease	838	5.7	1.0
Female pelvic medicine and reconstruction	740	5.1	0.9
Robotic surgery	573	3.9	0.8
Male reconstruction/trauma	533	3.6	0.8
Male infertility	406	2.8	0.8
Erectile dysfunction	368	2.5	0.7
Other	105	0.7	*
Renal transplantation	62	0.4	*
Laparoscopic surgery	37	0.3	*
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 4-6**Any Subspecialty Area (select all that apply)**

Subspecialty Area of Practice	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Endourology/stone disease	9,540	65.3	2.1
Oncology	9,211	63.0	2.1
Erectile dysfunction	7,770	53.2	2.2
Robotic surgery	5,513	37.7	1.9
Female pelvic medicine and reconstructive surgery	3,873	26.5	1.9
Male infertility	3,843	26.3	2.0
Laparoscopic surgery	3,833	26.2	1.9
Male genitourinary reconstruction	2,639	18.1	1.7
Pediatrics	2,298	15.7	1.6
Renal transplantation	272	1.9	0.7

Data source: Weighted samples from the 2025 AUA Annual Census.

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

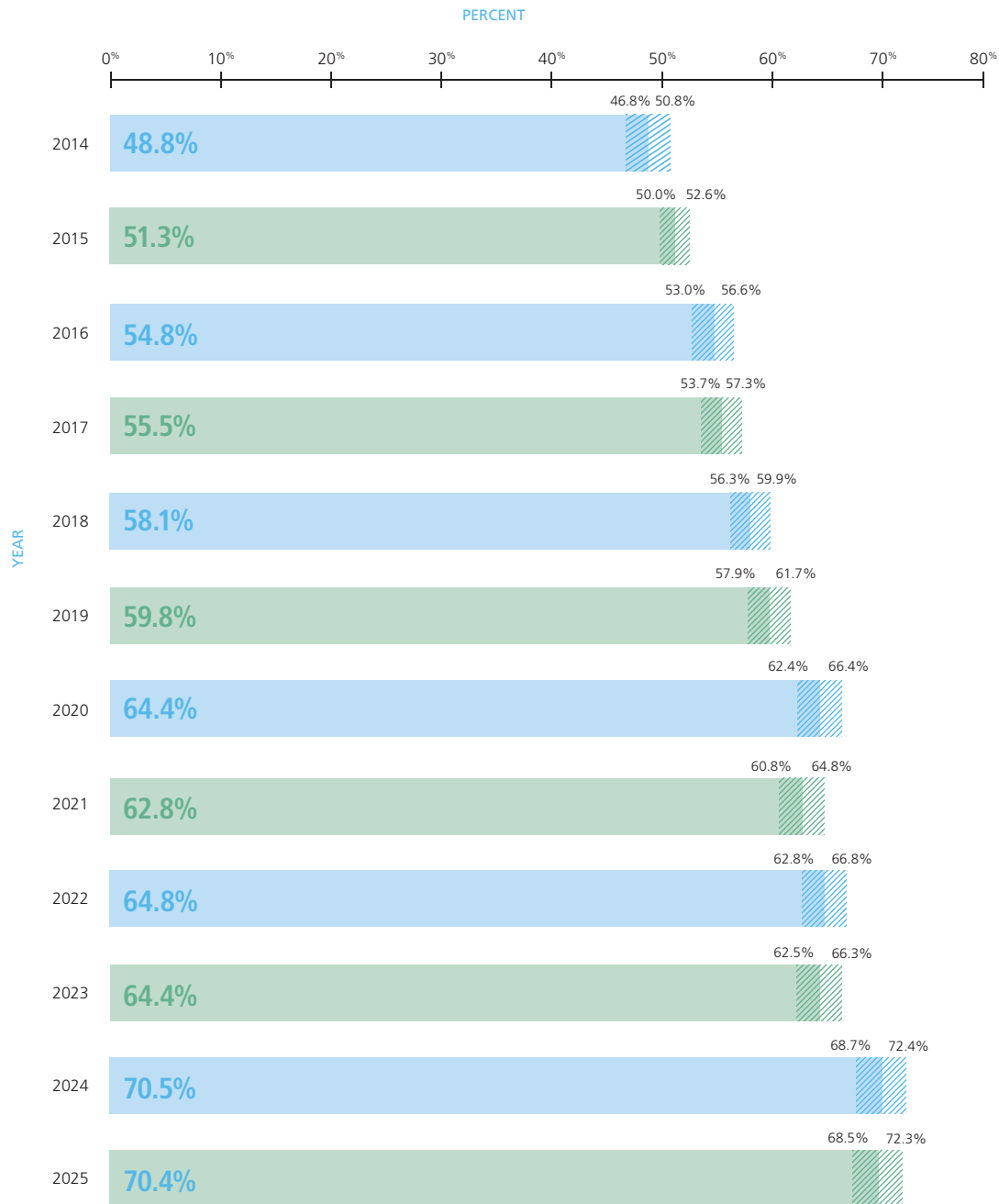
TABLE 4-7**Employment Status**

Employment Status	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I am employed by others	10,285	70.4	1.9
I am a partner in my practice	2,830	19.4	1.7
I am the sole owner of my practice	1,053	7.2	1.2
A combination of the above	440	3.0	0.7
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

FIGURE 4-5

Percentage of Employed Practicing Urologists From 2014 to 2025*

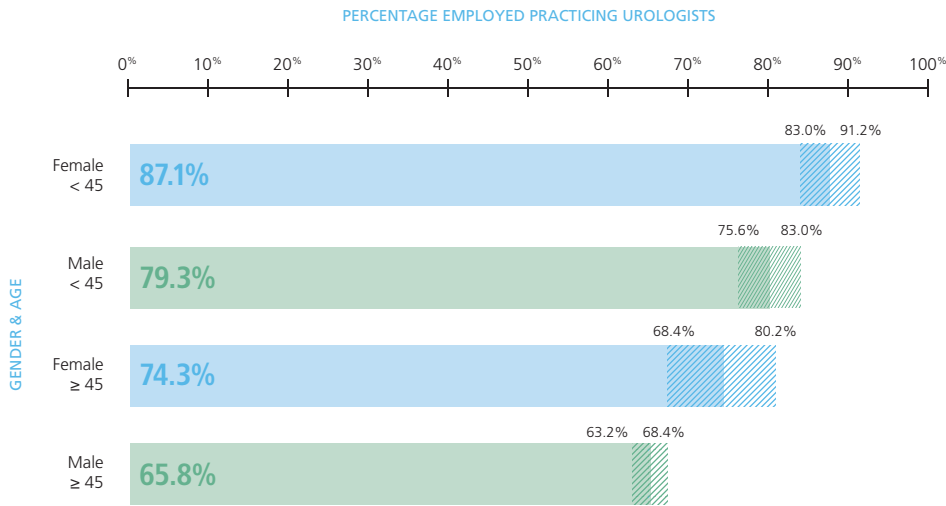


Data source: Weighted samples from the AUA Annual Census from 2014 to 2025.

* 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 2025 AUA Annual Census.

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

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 a third (32.5%) reported working more than 60 hours per week (TABLE 5-1).
- While male urologists see more patients (74 patient encounters) in a typical week than female urologists (62.7 patient encounters; FIGURE 5-2), female urologists spend more time (18.7 minutes) with patients during a typical office visit compared to their male counterparts (16.0 minutes; FIGURE 5-1).
- Overall, 77.9% of practicing urologists performed MIOPs, with the lowest percentage reported among urologists aged 65 years or older (63.4%; TABLES 5-6 & 5-7).
- Nearly a third of practicing urologists (31.6%; TABLE 5-6) reported performing 10 or more MIOPs in a typical month.

Volume of Work

TABLE 5-1
Hours Worked in a Typical Week

Hours per Week	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤35	2,600	17.8	1.7
36-40	887	6.1	1.1
41-45	1,270	8.7	1.3
46-50	1,416	9.7	1.3
51-55	1,781	12.2	1.4
56-60	1,906	13.0	1.4
≥61	4,749	32.5	2.0
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census. The total numbers depicted were derived from the responses received from two separate questions about clinical and nonclinical work hours. The median number of work hours per week is 55. Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

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

Number of Clinical Hours	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
<25 hours	2,266	15.5	1.6
≥25 hours	12,343	84.5	1.6
25-30 hours	966	6.6	1.1
31-35 hours	742	5.1	1.0
36-40 hours	2,269	15.5	1.6
41-45 hours	881	6.0	1.0
46-50 hours	2,325	15.9	1.6
51-55 hours	1,033	7.1	1.1
56-60 hours	2,321	15.9	1.6
>60 hours	1,808	12.4	1.4
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

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

Hours per Week	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤1 hour	3,048	20.9	1.8
2-5 hours	5,616	38.4	2.1
6-10 hours	3,269	22.4	1.8
11-15 hours	1,007	6.9	1.1
16-20 hours	1,022	7.0	1.1
>20 hours	646	4.4	0.9
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 5-4

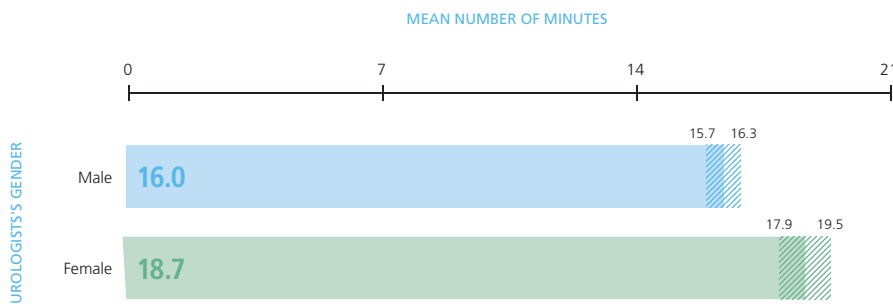
Number of Minutes Spent With a Patient in a Typical Office Visit

Minutes Spent With Patients	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤14 minutes	4,552	31.2	2.0
15-19 minutes	5,216	35.7	2.1
≥20 minutes	4,841	33.1	2.1
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.
 The median number of minutes spent with a patient during a typical office visit is 16.7.
 Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 5-1

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



Data source: Weighted samples from the 2025 AUA Annual Census.
 * Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 5-5

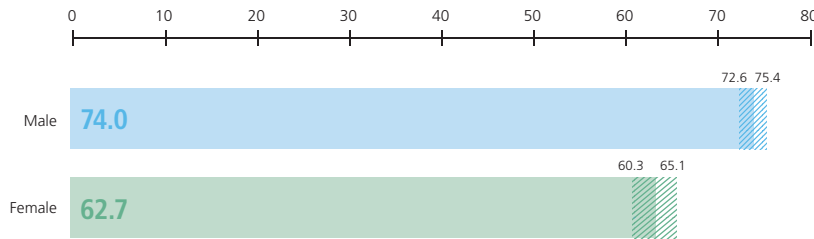
Number of Patient Visits/Encounters in a Typical Week

Patient Visits/Encounters per Week	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
≤50 encounters	4,715	32.3	2.1
51-75 encounters	3,434	23.5	1.8
76-100 encounters	4,065	27.8	2.0
>100 encounters	2,395	16.4	1.6
Total Reported	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.
 The median number of patient visits/encounters per week is 70.
 Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

FIGURE 5-2

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



Data source: Weighted samples from the 2025 AUA Annual Census.
 * Bold numbers are point estimates. The dashed bars represent upper and lower 90% confidence limits.

TABLE 5-6

MIOPs Performed in a Typical Month

MIOPs per Month	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Does not perform MIOPs	3,226	22.1	1.8
Performs MIOPs	11,383	77.9	1.8
1-4 MIOPs per month	3,711	25.4	1.9
5-9 MIOPs per month	3,053	20.9	1.8
≥10 MIOPs per month	4,619	31.6	2.0
Total	14,609	100	

Data source: Weighted samples from the 2025 AUA Annual Census.
 Sums from numbers and percentages may contrast with calculated totals due to intrinsic rounding errors.

TABLE 5-7

Number of Practicing Urologists Performing MIOPs by Age

Age	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
<45 years	3,425	88.3	2.6
45-54 years	2,481	88.3	2.7
55-64 years	2,445	77.8	3.7
≥65 years	3,032	63.4	4.2

Data source: Weighted samples from the 2025 AUA Annual Census.

Section 6: Efficiency & Care Delivery Models (Access To Care: Wait Times, Medical Scribes, MD-APP Arrangements)

Primary Observations

- Almost half of urologists reported an average wait time of less than 1 month for a new patient's first appointment with a urologist (47%), 44.6% reported a wait time of 1 to 3 months, and 8.3% reported a wait time longer than 3 months (TABLE 6-1). Similar wait times were reported for follow-up visits with a urologist (41.9% less than 1 month, 48.6% 1 to 3 months and 9.5% longer than 3 months; TABLE 6-3).
- Average waiting times for appointments with an APP were shorter, with three-quarters reporting a wait time of less than 1 month for both new and follow-up visits with an APP (TABLES 6-2 & 6-4).
- More than half of urologists (56.5%) reported that the average wait time for elective procedures was 1 to 3 months, while 39.6% reported an average time of less than 1 month. Only 3.8% reported a wait time of longer than 3 months for elective procedures (TABLE 6-5).
- Seventy-two percent of urologists reported routinely working with APPs during outpatient office visits, 47.6% worked with APPs during inpatient care, 20.7% worked with APPs for OR assistance, and 12.4% worked with APPs during outpatient procedures (TABLE 6-6).
- When asked which tasks urologists would like APPs to perform more often in their practice, 51.4% wanted APPs to perform more independent office visits, 40.4% wanted more APP inpatient management, rounding and care coordination, 38.6% wanted more APP inpatient consults, 22.8% wanted more APP independent office/outpatient procedures, and 16.1% wanted more OR room assistance from APPs (TABLE 6-7).
- When asked about access to and utilization of different types of scribes, 19.6% of urologists have access to in-person scribes and 9.2% regularly use them (TABLE 6-8), 15.9% have access to virtual scribes and 4.6% regularly use them (TABLE 6-9), and 38.1% have access to AI-powered scribes, with 13.3% regularly using them (TABLE 6-10).
- Among those who have access to or use each type of scribe, in-person scribes had the highest level of satisfaction (60.9% were satisfied and 12.4% were dissatisfied; TABLE 6-11), followed by AI scribes (52% satisfied vs. 19.1% dissatisfied; TABLE 6-13), and virtual scribes had the lowest satisfaction (38.9% satisfied vs. 22.2% dissatisfied; TABLE 6-12).

TABLE 6-1**Average Wait Time for New Patients First Appointment With a Urologist**

Wait Time	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 1 month	6,601	47.0	3.1
1-3 months	6,274	44.6	3.2
4-6 months	1,032	7.3	1.7
More than 6 months	146	1.0	*
Total	14,054	100	
I prefer not to answer/I don't know	167		
N/A	388		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-2**Average Wait Time for New Patients First Appointment With an APP**

Wait Time	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 1 month	8,249	75.4	3.2
1-3 months	2,469	22.6	3.1
4-6 months	227	2.1	*
More than 6 months	0	0.0	*
Total	10,945	100	
I prefer not to answer/I don't know	378		
N/A	3,286		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-3**Average Wait Time for Follow-up Appointments With a Urologist**

Wait Time	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 1 month	5,926	41.9	3.1
1-3 months	6,872	48.6	3.2
4-6 months	1,223	8.7	1.9
More than 6 months	113	0.8	*
Total	14,134	100	
I prefer not to answer/I don't know	132		
N/A	343		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-4**Average Wait Time for Follow-up Appointments With an APP**

Wait Time	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 1 month	8,424	74.0	3.2
1-3 months	2,657	23.3	3.1
4-6 months	298	2.6	1.2
More than 6 months	0	0.0	*
Total	11,379	100	
I prefer not to answer/I don't know	323		
N/A	2,907		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-5**Average Wait Time for Elective Procedures**

Wait Time	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 1 month	5,544	39.6	3.1
1-3 months	7,917	56.5	3.2
4-6 months	399	2.8	1.0
More than 6 months	147	1.0	*
Total	14,007	100	
I prefer not to answer/I don't know	92		
N/A	510		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-6**Settings for Routine Work With an APP (select all that apply)**

Work Setting	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Outpatient office visits (independent or shared office visits)	10,471	71.7	2.9
Inpatient care (rounding, consults, discharge planning)	6,961	47.6	3.2
OR assistance	3,027	20.7	2.5
Outpatient procedures	1,811	12.4	2.2
Other	91	0.6	*
I do not routinely work with an APP	2,656	18.2	2.5
I prefer not to answer	81	0.6	*

Data source: Weighted samples from the 2025 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.

TABLE 6-7

Preferred Tasks for APPs to Perform More Of (select all that apply)

Preferred APP Tasks	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Independent office visits	7,514	51.4	3.3
Inpatient management, rounding and care coordination	5,896	40.4	3.1
Inpatient consults	5,638	38.6	3.1
Independent office/outpatient procedures	3,337	22.8	2.6
OR assistance	2,355	16.1	2.3
Other	604	4.1	1.1
None of the above	3,198	21.9	2.7
I prefer not to answer	280	1.9	0.9

Data source: Weighted samples from the 2025 AUA Annual Census.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 6-8

In-Person Scribes Access and Utilization

In-Person Scribes	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Does not have access to	11,678	80.4	2.6
Has access to but never uses	1,154	7.9	1.8
Rarely or only occasionally uses	364	2.5	1.0
Regularly uses	1,332	9.2	1.9
Total	14,527	100	
Not reported	82		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 6-9**Virtual Scribes Access and Utilization**

Virtual Scribes	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Does not have access to	12,219	84.1	2.4
Has access to but never uses	1,435	9.9	1.9
Rarely or only occasionally uses	206	1.4	*
Regularly uses	667	4.6	1.4
Total	14,527	100	
Not reported	82		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

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

TABLE 6-10**AI-Powered Scribes Access and Utilization**

AI-Powered Scribes	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Does not have access to	9,007	61.9	3.1
Has access to but never uses	2,902	20.0	2.5
Rarely or only occasionally uses	695	4.8	1.2
Regularly uses	1,938	13.3	2.2
Total	14,542	100	
Not reported	67		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 6-11**Satisfaction With In-Person Scribes[^]**

Satisfaction Level	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very dissatisfied	88	4.2	*
Dissatisfied	174	8.2	*
Neither satisfied nor dissatisfied	567	26.7	7.8
Satisfied	510	24.1	7.0
Very satisfied	781	36.8	8.0
Total	2,121	100	
Not reported	729		
Total	2,850		

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Out of the 2,850 who reported having access to or using in-person scribes in Table 6-8.

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

TABLE 6-12**Satisfaction With Virtual Scribes[^]**

Satisfaction Level	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very dissatisfied	175	12.2	5.5
Dissatisfied	144	10.0	*
Neither satisfied nor dissatisfied	555	38.9	10.0
Satisfied	308	21.5	8.5
Very satisfied	248	17.4	*
Total	1,430	100	
Not reported	879		
Total	2,308		

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Out of the 2,308 who reported having access to or using virtual scribes in Table 6-9.

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

TABLE 6-13**Satisfaction With AI-Powered Scribes[^]**

Satisfaction Level	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Very dissatisfied	176	4.6	1.5
Dissatisfied	562	14.5	4.3
Neither satisfied nor dissatisfied	1,122	29.0	5.5
Satisfied	1,092	28.2	5.4
Very satisfied	923	23.8	5.6
Total	3,875	100	
Not reported	1,660		
Total	5,535		

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Out of the 5,535 who reported having access to or using AI-powered scribes in Table 6-10.

Section 7: Structural Approaches to Coverage (Satellite Clinics, Locum Tenens, Night and Weekend On-Call, Ambulatory Surgery Centers)

Primary Observations

- Over a third of urologists participate in in-person satellite clinics to increase access for patients (34.6%), a quarter of whom travel at least 50 miles from their primary practice to the satellite clinic (TABLE 7-1).
- Less than 10% of practicing urologists reported doing locum tenens to supplement their income (TABLE 7-3).
- When asked how their hospital manages urological care when no one from their practice is providing night or weekend call coverage, many urologists (64.8%) reported that there is no time that call is not covered, 12.4% reported their hospital looks to transfer, 9.2% hire locums or other urology coverage, 8.3% use telephone consultations with a hospitalist within their practice, and only 2.3% use telephone consultations with a hospitalist with an external urology practice (TABLE 7-4).
- Nineteen percent of urologists have an ownership interest in an ambulatory surgery center (TABLE 7-5). Forty-three percent of those with ownership interest reported that more than half of their surgical volume was performed at ambulatory surgery centers, compared to 15.7% with no ownership interest (TABLE 7-6).

TABLE 7-1

In-Person Satellite Clinic Participation and Distance from Primary Practice

Participation in Satellite Clinics	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Does not participate in in-person satellite clinics	9,477	64.9	2.9
Participates in in-person satellite clinic	5,051	34.6	2.9
Satellite Clinic Distance From Primary Practice			
<10 miles	1,119	7.7	1.7
10-24 miles	2,002	13.7	2.1
25-49 miles	1,129	7.7	1.6
50-74 miles	688	4.7	1.4
75-99 miles	258	1.8	0.8
≥100 miles	323	2.2	0.9
I prefer not to answer	81	0.6	*

Data source: Weighted samples from the 2025 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.

TABLE 7-2

Average Time Spent Going to Satellite Clinics per Month[^]

Days per Month	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
<1 day	242	4.8	2.1
1 day	758	15.0	3.8
2 days	1,281	25.4	4.8
3 days	413	8.2	2.7
4 days	1,328	26.4	4.6
≥5 days	1,017	20.2	4.3
Total	5,039	100	
Not reported	12		
Total	5,051		

Data source: Weighted samples from the 2025 AUA Annual Census.
[^] Out of the 5,051 who reported participating in in-person satellite clinics in Table 7-1.

TABLE 7-3

Locum Tenens to Supplement Income[^]

Locum Tenens	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	1,396	9.6	1.9
No	13,160	90.4	1.9
Total	14,556	100	
Not reported	53		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.
[^] Not as primary source of income.

TABLE 7-4

Hospital Management of Night or Weekend On-Call Coverage (select all that apply)[^]

On-Call Coverage	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
There is no time that call is not covered	9,464	64.8	3.1
Look to transfer	1,808	12.4	2.1
Hire locums or other urology coverage	1,347	9.2	1.9
Hospitalist with telephone consultation (with your practice)	1,213	8.3	1.9
Other	1,086	7.4	1.7
Hospitalist with telephone consultation (with external urology practice)	343	2.3	1.0
I prefer not to answer	420	2.9	1.1

Data source: Weighted samples from the 2025 AUA Annual Census.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.
[^] When no one from your practice is providing night or weekend call coverage.

TABLE 7-5**Ambulatory Surgery Center Ownership Interest**

Ownership Interest	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	2,754	18.9	2.4
No	11,786	81.1	2.4
Total	14,540	100	
Not reported	69		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 7-6**Surgical Practice Volume in an Ambulatory Surgery Center**

Surgical Practice Volume	Ownership Interest in an Ambulatory Surgery Center			No Ownership Interest in an Ambulatory Surgery Center		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
0%/None	38	1.4	*	6,249	54.5	3.6
1%-24%	739	26.9	6.3	2,553	22.3	3.0
25%-49%	800	29.1	6.7	868	7.6	1.9
50%-74%	639	23.3	5.8	981	8.6	2.1
≥75%	530	19.3	5.7	817	7.1	1.9

Data source: Weighted samples from the 2025 AUA Annual Census.

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

Section 8: Quality Payment Program Participation

Primary Observations

- A quarter of urologists reported they or their practice participated in the CMS QPP in performance year 2023 (27.3%), while 17.3% did not participate. More than half were unsure of their 2023 CMS QPP participation status (55.4%; TABLE 8-1). There was a noticeable difference in QPP participation status by practice type, with almost half in private practices participating (44.8%), compared to academic medical centers and public or private hospitals (13.5% participated) and other settings (13.9% participated), where most were unsure of their participation status (74.5% unsure in academic medical centers and public or private hospitals, and 63.9% unsure in other settings; TABLE 8-2).
- Very few urologists (2.4%) reported participating in the QPP program through the APM track (TABLE 8-1).
- While many QPP participating urologists were unsure how they reported MIPS quality measures to CMS (39.1%), a quarter reported directly through the QPP portal (25.5%), 17% reported through their EMR, 12.9% reported through a third party or consultant, and 7.6% reported through the AQUA Registry (TABLE 8-3).
- More than half of QPP participating urologists reported submitting as a group (60%), with 13.2% submitting as individuals, and over a quarter (28.4%) were unsure how they participated (TABLE 8-4).
- Among QPP participating urologists, many did not know if they received a payment adjustment for 2023 (58.8%), while 27% reported receiving a bonus, 12.2% reported a neutral payment adjustment, and only 2.3% reported receiving a penalty (TABLE 8-5).
- Only 7.7% of urologists believe there are sufficient CMS QPP measures to reflect the care they provide, while 27.9% do not believe there are sufficient measures and 64.3% were unsure (TABLE 8-6).
- When asked to report the top two barriers to effective performance measurement for quality improvement, insufficient resources (37.2%), information systems not conducive to collecting and reporting quality measurement data (25.6%), and not enough quality measures that are relevant to their work (22.6%) were the top barriers. Nearly a third of urologists (29.5%) reported that they did not know what the barriers were (TABLE 8-7).

TABLE 8-1

2023 CMS QPP Participation

QPP Participation	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Participated	3,935	27.3	2.9
Through MIPS	3,586	24.9	2.8
Through the Advanced APM track	159	1.1	*
Through MIPS and the APM track	191	1.3	*
Did not participate	2,484	17.3	2.5
I don't know/I am not sure	7,980	55.4	3.3
Total	14,399	100	
Not reported	210		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.
 * The estimated value should be used with caution due to small samples.

TABLE 8-2

2023 CMS QPP Participation by Primary Practice Setting

QPP Participation	Primary Practice Setting								
	Private Practices			Academic Medical Centers and Public or Private Hospitals			Other Settings		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Participated	2,836	44.8	4.9	731	13.5	3.7	368	13.9	5.3
Did not participate	1,243	19.6	4.0	652	12.0	3.5	589	22.2	6.6
I don't know/I am not sure	2,253	35.6	4.9	4,031	74.5	4.8	1,696	63.9	7.5

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 8-3**2023 MIPS Reporting Method to CMS (select all that apply)^**

Method of Reporting MIPS	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I don't know/I am not sure	1,540	39.1	5.5
Reported directly to CMS through the QPP portal	1,003	25.5	4.9
Directly through EMR/EMR company	668	17.0	4.1
Through another third party/consultant	508	12.9	3.6
Through the AQUA Registry	297	7.6	2.8
I prefer not to answer	12	0.3	*

Data source: Weighted samples from the 2025 AUA Annual Census.

^ Out of the 3,935 respondents who reported participating in the QPP program in Table 8-1. 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.

TABLE 8-4**2023 CMS QPP Participation Type (select all that apply)^**

Type of Participation	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Group	2,362	60.0	5.3
Individual	520	13.2	3.9
Subgroup	39	1.0	*
APM entity	22	0.6	*
Virtual group	0	0.0	*
I don't know	1,118	28.4	4.5
I prefer not to answer	12	0.3	*

Data source: Weighted samples from the 2025 AUA Annual Census.

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

^ Out of the 3,935 respondents who reported participating in the QPP program in Table 8-1.

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

TABLE 8-5

2023 CMS QPP Payment Adjustment (select all that apply)^

Payment Adjustment	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
I don't know	2,315	58.8	5.4
Received a bonus	1,064	27.0	5.2
Payment adjustment was neutral	480	12.2	3.1
Received a penalty	89	2.3	*
I prefer not to answer	12	0.3	*

Data source: Weighted samples from the 2025 AUA Annual Census.

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

^ Out of the 3,935 respondents who reported participating in the QPP program in Table 8-1.

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

TABLE 8-6

Believes There Are Sufficient CMS QPP Measures to Reflect Care Provided

Sufficient Measures	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	1,106	7.7	1.8
No	3,988	27.9	3.0
I don't know	9,190	64.3	3.3
Total	14,284	100	
Not reported	325		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 8-7

Top Barriers to Effective Performance Measurement and Quality Improvement (select up to top 2)

Top Barriers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Insufficient resources (e.g., lack of time, budget or personnel)	5,440	37.2	3.1
I don't know	4,316	29.5	3.0
Available information systems are not conducive to collecting and reporting quality measurement data	3,740	25.6	2.8
Not enough quality measures that are relevant to my work or improvement needs	3,307	22.6	2.8
Overly complicated metrics	2,033	13.9	2.3
Nonalignment of quality measures required by different payers	1,698	11.6	2.0
Resistance to change/culture shift	811	5.6	1.5
Too few cases for reporting currently available quality measures	359	2.5	1.1
Other	228	1.6	*
None of the above	306	2.1	*
I prefer not to answer	161	1.1	*

Data source: Weighted samples from the 2025 AUA Annual Census.

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

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

Section 9: Emerging Tools & Innovations (AI Utilization, Quality of Life Metrics, Disposable Cystoscopes, Guidelines Notes Templates)

Primary Observations

- Over a third of urologists (37.1%) reported routinely incorporating AI into their practice. The most common AI use cases included creation of discharge instructions, care plans and/or progress notes (13.9%), documentation of billing codes, medical charts or visit notes (13.6%), generation of chart summaries (8.4%) and translation services (7.6%; TABLE 9-1).
- Nearly half of urologists (48.1%) reported that they routinely assess patient QoL at new patient visits using validated tools, and a third (34.1%) reported routinely assessing QoL at follow-up visits (TABLE 9-2). Among those who routinely assess QoL, only 11.3% reported that they are critical and heavily influence treatment plans, and half reported that they significantly inform their treatment decisions (49.1%; TABLE 9-3). The remaining 40% reported that they are not essential or rarely or never influence their decision-making process (TABLE 9-3).
- When asked to report the top two factors limiting routine assessment of QoL, insufficient time with patients (32.4%), and EHR systems that do not support capture and tracking of QoL measures (31.3%) were the greatest limiting factors (TABLE 9-4).
- Nearly half of urologists reported that they do not use disposable cystoscopes (47.4%), while 22.3% reported that they use disposable cystoscopes for all flexible cystoscopies, and 30.3% only use disposable cystoscopes for certain cases (TABLE 9-5).
- Most urologists (78%) reported that they would be more likely to use AUA guidelines if there were a guidelines-based notes template incorporated into their EHR (TABLE 9-7).

TABLE 9-1

AI Use Cases Routinely Incorporated Into Practice[^] (select all that apply)

AI Utilization	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Any routine use of AI reported	5,425	37.1	3.2
Creation of discharge instructions, care plans and/or progress notes	2,035	13.9	2.2
Documentation of billing codes, medical charts or visit notes	1,983	13.6	2.3
Generation of chart summaries	1,224	8.4	1.9
Translation services	1,106	7.6	1.7
Summaries of medical research and standards of care	959	6.6	1.5
Generation of draft responses to patient portal messages	742	5.1	1.3
Assistive diagnosis	491	3.4	1.1
Prediction health risks, quality gaps and treatment outcomes	468	3.2	1.2
Surgical simulations and guidance	364	2.5	1.0
Automation of insurance pre-authorization	291	2.0	0.9
Patient-facing health recommendations and self-care engagement	295	2.0	0.9
Analysis of patient-generated wearable and remote patient monitoring device data	239	1.6	*
Patient-facing chatbot for customer service functions	191	1.3	*
Prediction of demand and associated workforce needs	180	1.2	*
Triage and case prioritization support	51	0.3	*
No routine use of AI reported/None of the above	8,671	59.4	3.2
I prefer not to answer	513	3.5	1.2

Data source: Weighted samples from the 2025 AUA Annual Census.

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

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

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

TABLE 9-2**Routine Assessment of Patient Quality of Life (select all that apply)**

QoL Assessment Frequency	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
New patients/first visits	7,021	48.1	3.3
Follow-up visits	4,977	34.1	3.1
I do not routinely assess patient QoL using validated tools during any visits	6,729	46.1	3.3
I prefer not to answer	393	2.7	1.2

Data source: Weighted samples from the 2025 AUA Annual Census.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.

TABLE 9-3**Role of QoL Metrics in Decision-Making Process[^]**

QoL Metrics on Decision-Making	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Critical and heavily influence treatment plans	843	11.3	2.8
Significantly inform treatment decisions	3,659	49.1	4.4
Considered but not essential	2,449	32.8	4.0
Considered occasionally but rarely influence decisions	375	5.0	2.1
Not part of the decision-making process	130	1.7	*
Total	7,456	100	
Not reported	31		
Total	7,487		

Data source: Weighted samples from the 2025 AUA Annual Census.
[^] Out of 7,487 who reported routinely assessing QoL in Table 9-2.
 * The estimated value should be used with caution due to small samples.

TABLE 9-4**Factors Limiting Routine Assessment of QoL (select up to top 2)**

Limiting Factors	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Insufficient time with patients	4,728	32.4	2.9
EHR system does not support adequate capture and tracking of QoL measures	4,571	31.3	2.8
Patients show limited interest	1,953	13.4	2.2
QoL measures are not a priority in my practice	1,632	11.2	2.1
Lack of familiarity with QoL measures	1,447	9.9	1.9
Access to tools is challenging	1,127	7.7	1.6
QoL measures are not relevant to the conditions I treat	740	5.1	1.5
Other	558	3.8	1.2
None of the above	2,250	15.4	2.3
I prefer not to answer	682	4.7	1.4

Data source: Weighted samples from the 2025 AUA Annual Census.
 Respondents could select up to top 2, so the sum may exceed the total number of practicing urologists.

TABLE 9-5**Disposable Cystoscopes Utilization**

Disposable Cystoscope Use	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
For all flexible cystoscopies	3,216	22.3	2.7
For certain cases	4,374	30.3	2.8
Does not use disposable cystoscopes	6,844	47.4	3.2
Total	14,434	100	
Not reported	175		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 9-6**Average Disposable Cystoscopes Used per Year[^]**

Amount of Disposable Cystoscopes	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Less than 5 a year	678	9.0	2.6
5-15 a year	1,283	17.0	3.3
Less than 15 a month	2,297	30.5	4.3
16-30 a month	1,860	24.7	3.8
More than 30 a month	1,180	15.7	3.1
I do not know	242	3.2	1.3
Total	7,540	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

[^] Out of the 7,540 who reported using disposable cystoscopes in Table 9-5.

TABLE 9-7**More Likely to Use AUA Guidelines if Notes Template Based on Guidelines Were Available**

More Likely to Use Guidelines	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	11,227	78.0	2.8
No	2,693	18.7	2.5
N/A as my practice or EHR has notes template I am required to use	2,480	3.3	1.3
Total	14,400	100	
Not reported	209		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

Section 10: Disability, Parenthood & Reproductive Considerations

Primary Observations

- Very few (1.4%) urologists self-identified as disabled, most of whom reported physical (53.7%) or mobility-related disability (43.6%; TABLES 10-1 & 10-2).
- Almost 90% of urologists have children, with an additional 2% reporting they attempted to have children (TABLE 10-5). Among them, residency (51.3%) and 0 to 3 years postgraduate (31.9%) were the top career stages during which they had or attempted to have children (TABLE 10-6), and 13% reported using assistive reproductive technology, surrogacy or adoption (TABLE 10-7).
- Close to half (42.3%) of urologists reported they delayed having or attempting to have children due to their medical training or career (TABLE 10-8). There was a noticeable gender difference, with 70.5% of female urologists reporting they delayed children compared to 38% of male urologists (TABLE 10-9).

TABLE 10-1
Disability Status[^]

Self-Identify as Disabled	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	193	1.4	0.5
No	14,076	98.6	0.5
Total	14,269	100	
Not reported	340		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.
[^] The Americans With Disabilities Act defines disability as physical or mental impairments that substantially limit one or more major life activities.

TABLE 10-2**Disability Type (select all that apply)^**

Disability Type	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Cognitive disability	19	10.0	*
Physical disability	104	53.7	13.7
Health-related disability	30	15.8	*
Speech-related disability	8	3.9	*
Mobility-related disability	84	43.6	11.1
Other	11	5.8	*

Data source: Weighted samples from the 2025 AUA Annual Census.

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

^ Out of the 193 who reported having a disability in Table 10-1.

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

TABLE 10-3**Experienced Discrimination or Barriers at Practice Due to Disability^**

Discrimination/Barriers	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	17	9.0	*
No	176	91.0	*
Total	193	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

^ Out of the 193 who reported having a disability in Table 10-1.

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

TABLE 10-4**Employer Made Work Environment Accessible to Disability^**

Workplace Accessibility	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	100	51.7	17.6
No	20	10.5	*
N/A — my disability does not require accommodations	73	37.8	*
Total	193	100	

Data source: Weighted samples from the 2025 AUA Annual Census.

^ Out of the 193 who reported having a disability in Table 10-1.

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

TABLE 10-5

Parenthood

Has Children	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Has children	12,764	89.4	1.3
Attempted to have children	344	2.4	0.6
Does not have children	1,163	8.1	1.2
Total	14,271	100	
Not reported	338		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 10-6

Career Stage When Having or Attempting to Have Children (select all that apply)^

Career Stage	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Before residency	1,293	9.9	1.4
Residency	6,720	51.3	2.3
Fellowship	1,799	13.7	1.5
Junior faculty (0-3 years postgraduate)	4,183	31.9	2.1
Early career (>3 years-7 years postgraduate)	2,840	21.7	1.9
Midcareer (>7 years-12 years postgraduate)	617	4.7	0.9
Late career (>12 years postgraduate)	459	3.5	0.9
I prefer not to answer	170	1.3	0.6

Data source: Weighted samples from the 2025 AUA Annual Census.

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

^ Out of the 13,108 who have or attempted to have children in Table 10-5.

TABLE 10-7

Support Methods When Having or Attempting to Have Children (select all that apply)^

Methods	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Assisted reproductive technology	1,718	13.1	1.5
Surrogacy	60	0.5	*
Adoption	262	2.1	0.7
I prefer not to answer	513	3.9	1.0
None of the above	10,721	83.0	1.8

Data source: Weighted samples from the 2025 AUA Annual Census.
 Respondents could select all that apply, so the sum may exceed the total number of practicing urologists.
 ^ Out of the 13,108 who have or attempted to have children in Table 10-5.
 * The estimated value should be used with caution due to small samples.

TABLE 10-8

Delayed Having or Attempting to Have Children Due to Medical Training or Career

Delayed Children	Practicing Urologists Represented		
	Number	Percent	+/- MOE (%)
Yes	5,973	42.3	2.1
No	8,152	57.7	2.1
Total	14,125	100	
Not reported	484		
Total	14,609		

Data source: Weighted samples from the 2025 AUA Annual Census.

TABLE 10-9

Delayed Having or Attempting to Have Children Due to Medical Training or Career by Gender

Delayed Children	Urologist's Gender					
	Female			Male		
	Number	Percent	+/- MOE (%)	Number	Percent	+/- MOE (%)
Yes	1,308	70.5	4.5	4,665	38.0	2.3
No	547	29.5	4.5	7,605	62.0	2.3

Data source: Weighted samples from the 2025 AUA Annual Census.

Key Contributors

ADVISORY GROUPS:

AUA Data Committee

AUA Workforce Work Group

PRINCIPAL PHYSICIAN ADVISORS:

Hung-Jui (Ray) Tan, MD, MSHPM-AUA Data Committee Chair

Matthew Nielsen, MD, MSc-AUA Science and Quality Council Chair

PROGRAM OVERSIGHT:

Clare Thorp, PhD, Executive Vice President Science and Quality, Chief Science Officer

OTHER PHYSICIAN CONTRIBUTORS: (IN ALPHABETICAL ORDER)

Gina Badalato, MD

Karen Baker, MD

Max Bowman, MD

Benjamin Brucker, MD

Jaime Cavallo, MD, MPH

Gary Chien, MD

Khurshid Ghani, MD, MS

David Ginsberg, MD

Andrew Harris, MD

Emilie Johnson, MD, MPH

Shreyas Joshi, MD, MPS

Kevin Koo, MD, MPH

Kate Kraft, MD

Daniel Lee, MD, MS

Richard Matulewicz II, MD, MS

Michelle Van Kuiken, MD

PROJECT TEAM:

Alexis (Lex) Hesel, PhD, MPH, Data Director, Principal Investigator

William Meeks, III, MA, Data Operations Sr. Manager, Survey Programming and Statistical Analysis

Emily Galen, BS, Statistical Analyst, Data Analysis

Astou Gaye, BS, Data Support Specialist, Project Support

Rachel S. Mbassa, MPH, Data Research Manager, Project Support

OTHER KEY STAFF ADVISORS AND COLLABORATORS: (IN ALPHABETICAL ORDER)

Maureen Cones, Esq., Executive Vice President, Policy and Legal

Caitlin Lukacs, Sr. Manager, Marketing and Communications

Kathleen Warshawsky, Publications Specialist, Copy Editing

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DATA MANAGEMENT AND STATISTICAL ANALYSIS

The AUA Data Management and Statistical Services team offers all members of the urology community a variety of programs, products, and services, designed by urologists, to transform urologic care. Find out how our team can help meet your practice, quality improvement, patients, and research needs.



AUA Data Research Program

The AUA Data Research Program supports up to 6 research projects annually, to explore data-driven approaches to emerging questions in the field of Urology. Program benefits include access to AUA Census or AQUA Registry data, full analytical support from AUA statisticians, and \$2,000 stipend for publication and presentation support.

Learn more about the program at AUAnet.org/DataResearchProgram.



AUA Statistical Services

The AUA Statistical Services offers members and stakeholders of the urologic community the opportunity to access urology-specific data and state-of-the-art statistical methodology. Using your own data sources or AUA data (including Census and AQUA Registry data), AUA statisticians can help you gain detailed insights, create abstracts for conference presentation and papers for journal publication, and eventually transform urologic care through evidence-based research.

Do you have a research question you would like to explore? We are here to help. Email us today at dataservices@AUAnet.org.

To learn more about the AUA Data Research Program and Data Management and Statistical Analysis products and services, email us at dataservices@AUAnet.org.