Urology, like other surgical specialties, has struggled to attract and retain underrepresented minorities (URMs) and women. The 2019 American Urological Association (AUA) Census reported that 10% of practicing urologists identified as women, 3.9% as Latinx and 2% as Black.1 Previous literature has highlighted the underrepresentation of female and minority groups in the field of urology.2 Although the prevalence of sexual and gender minority (SGM) populations in urology has not been reported, there have not been dedicated efforts to assess the inclusivity toward SGM in our field. A growing body of literature is exploring health and health care disparities within urology, with a disproportionate number of Black men being diagnosed with higher grade prostate cancer and women being diagnosed with bladder cancer.3,4

Armed with ample data, we must now focus our efforts on action. In response to a growing need for diversity and inclusion within urology, we formed the group, Urologists for Equity.3 In order to enact change, our first priority was to identify and engage key stakeholders within the urology community. Utilizing existing networks and social media, urologists and aspiring urologists were given the opportunity to contribute suggestions on how we can improve the state of diversity, equity and inclusion (DEI). These responses have been reviewed and collated into 4 key domains.

Advocacy

We will seek the opportunity to partner with regional AUA sections and subspecialty organizations. Within these groups, we can work toward promoting diversity and inclusion. Metrics for evaluating DEI in urology will be established, and trends examined over time.

We are looking forward to the newly organized AUA diversity task force. This group should be able to perform dedicated work in this arena. Urologists for Equity will make themselves available to help this task force in whatever capacity is requested.

Sponsorship

Mentorship and sponsorship are key factors in attracting and retaining URMs, SGMs and women in urology. Mentorship programs have been shown to help with job satisfaction and retention.5 Sponsorship can help increase the visibility of candidates on a national and regional level by promoting women and URMs for speakerships, committees and leadership opportunities. Mentorship and leadership training should be provided to underrepresented groups to help encourage the pursuit of leadership opportunities.

In addition to mentorship, programs for early exposure to urology can help increase the pipeline of students who previously may not have had the opportunity. Scholarships for clinical rotations and research opportunities should be considered to help reduce the financial burden that may fall disproportionately on underrepresented groups.

Scholarship

Research funding and opportunities for DEI are limited. Often, the burden of this work falls on the underrepresented groups themselves. DEI work that is not adequately supported with dedicated time or resources is referred to as a “minority tax” or the “third shift” work.

The Urologists for Equity website has compiled a list of resources and literature that are available for self-education. We will work to promote DEI research. We encourage academic journals to embrace DEI manuscripts and to promote their publication. Additionally, diversification of editorial boards is crucial in helping to promote diversity and inclusion within the field.

The mission to promote diversity and inclusion must embrace people of all backgrounds and training levels. While the success of the mission depends on acceptance at the leadership levels, the sustainability of the efforts is reliant on participation from all levels. With this in mind, we started Urologists for Equity in order to create a community of urologists who are interested in DEI. We embrace the creativity and ideas of medical students, residents, fellows, faculty, and division and department leaders within urology.

DEI efforts are already thriving within societies such as the R. Frank Jones Society, LatinX in Urology and the Society for Women in Urology. Urologists for Equity can collaborate with and highlight these societies, working synergistically to achieve goals. Additional plans will include an effort to solicit input from regional AUA sections, and subspecialty societies to see how we can work together to promote DEI.

Urologists for Equity seeks to promote efforts aimed at diversity and inclusion in urology. This is a grassroots effort to create a network of interested urologists. These crowdsourced suggestions represent key steps to take toward sustainable and achievable goals.

Please consider working with us and signing up on our website, www.uroequity.org.

“There are far better things ahead than any we leave behind.”

C. S. Lewis


