

Pediatric Urology Workforce and Fellowship Surveys' 2006-2010

D.A. Husmann¹, J. C. Routh², J.A. Hagerty³, G.M. Cannon², P Gomez²,
E.Y. Cheng³, S. Skoog⁴

From the Society for Pediatric Urology, and the Section of Urology of the American
Academy of Pediatrics

¹ Mayo Clinic, Rochester MN, Secretary Society for Pediatric Urology 2005-2008,
President of the Society 2009-10.

²Department of Urology Children's Hospital Boston, Boston, MA

³Northwestern University, Feinberg School of Medicine, Chicago, IL

⁴Oregon Health and Science University, Portland OR, Secretary American Academy
of Pediatric Section on Urology 2005-2008, Chairperson of the Section 2009-10

Introduction

A combined task force from the Society for Pediatric Urology and the section
of Urology of the American Academy of Pediatrics, carried out a series of manpower
studies addressing questions and concerns of their members from 2006-2010. The
following results are from these surveys.

Materials and Methods:

A total of four surveys were performed from 2006-2010. All questions were vetted
through the appropriate committees of the participating societies. Data was
accumulated in a blinded fashion to maintain anonymity. Surveys 1 and 2 performed
in 2006-7 were sent to all members of the Society for Pediatric Urology actively
involved in the practice of pediatric urology. These surveys focused on identifying

concerns regarding workforce needs and evaluated the perception of inadequate fiscal reimbursement for the practice of pediatric urology. Survey 3 completed in 2008 focused on the concerns of pediatric urologists who had entered into practice between 2000-2007. Survey 4 performed by the Urology Fellows Committee in 2009-2010 was carried out to address the concerns of the current fellows.

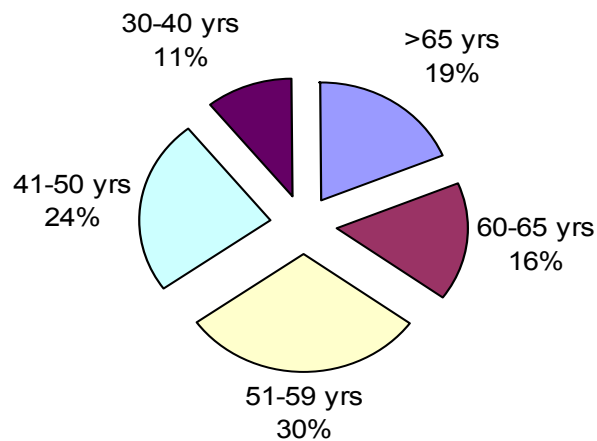
Results:

See Publication Journal of Pediatric Urology

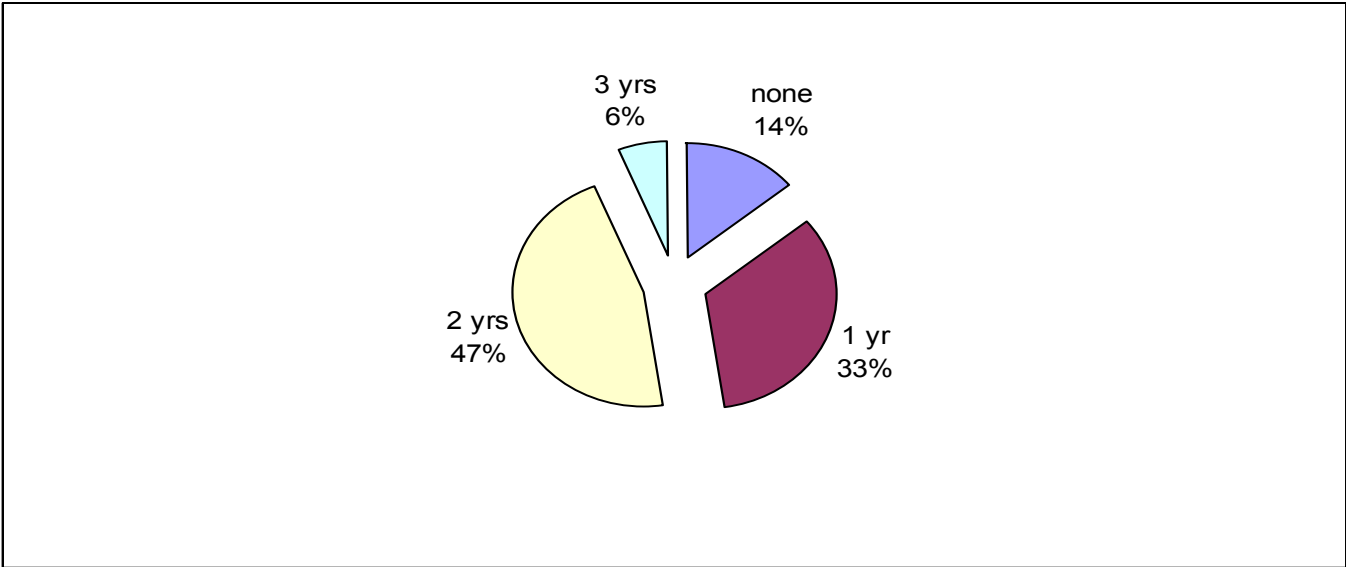
Survey One- Focus Manpower Needs For Pediatric Urology

A total of 136 out of 242 (56%) physicians who had self described themselves as actively practicing pediatric urologists based within the USA responded. Partial participant responses to some questions are noted where they occur.

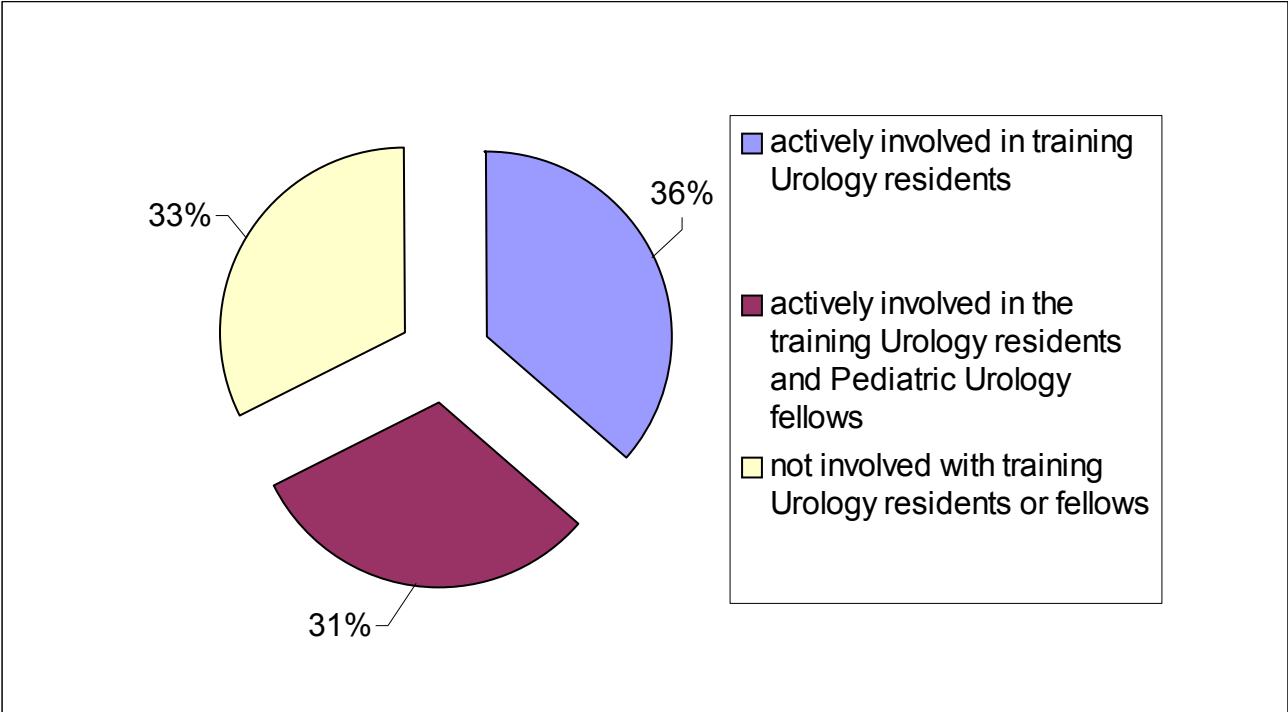
1. What is your age:



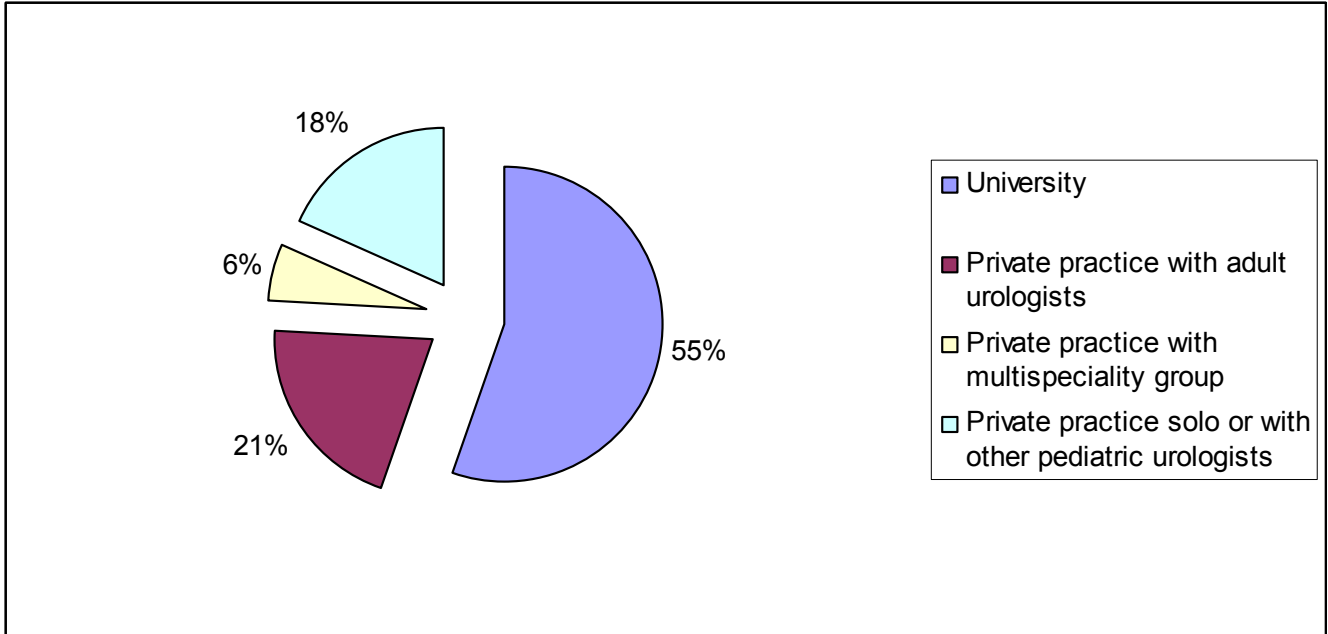
2. Did you do a fellowship in pediatric urology and if so what was the length of your fellowship?



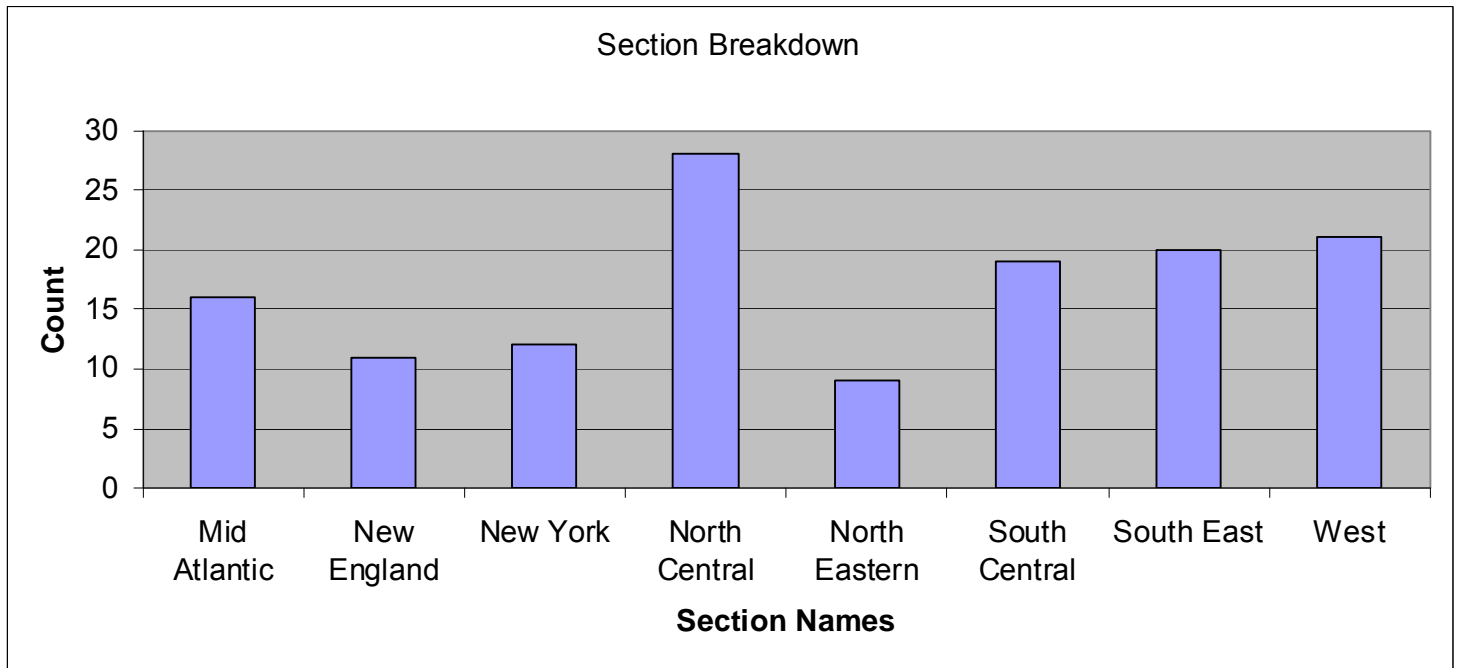
3. Are you involved in urology resident/fellow training?



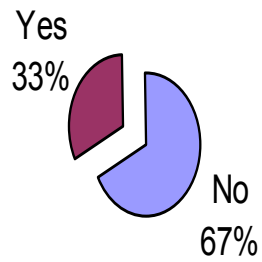
4. What type of practice are you currently in?



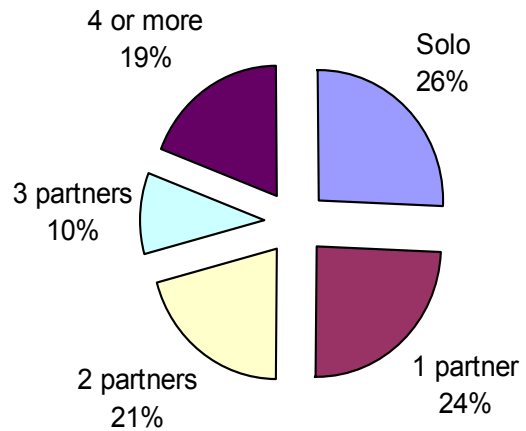
5. What is the location of your practice based on your AUA region?



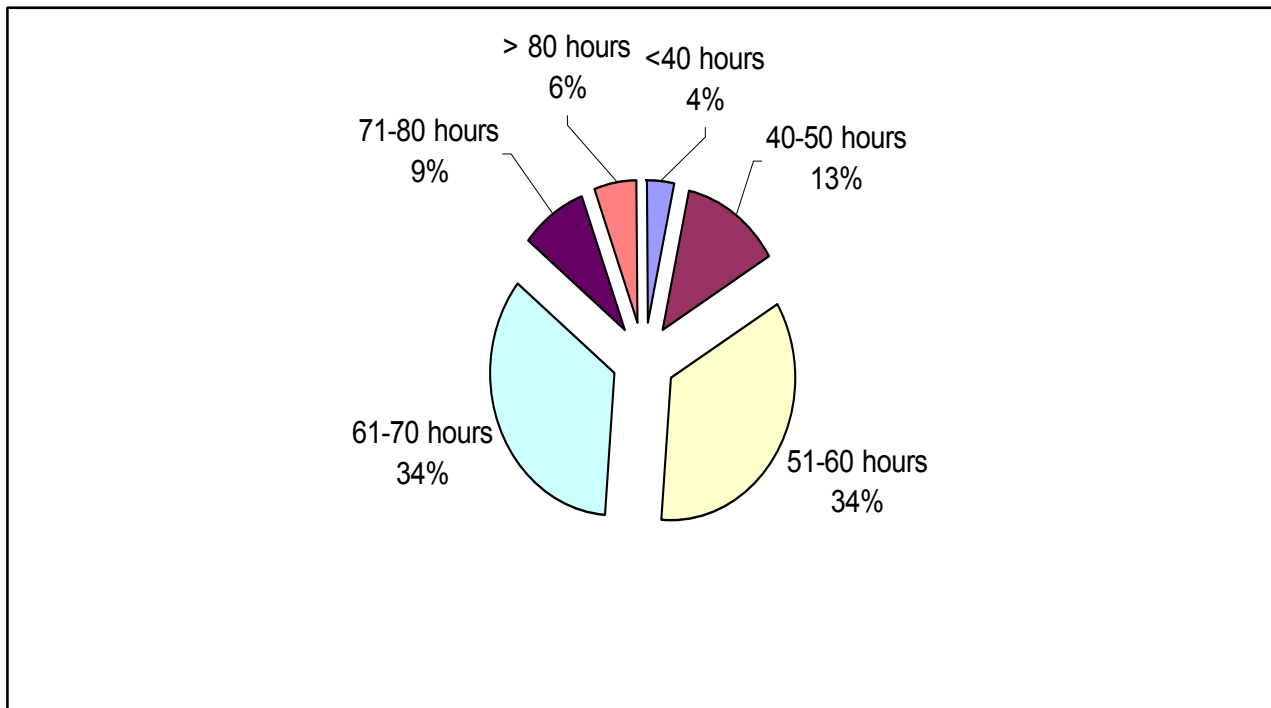
6. Have you changed your practice location after initiating your practice in pediatric urology?



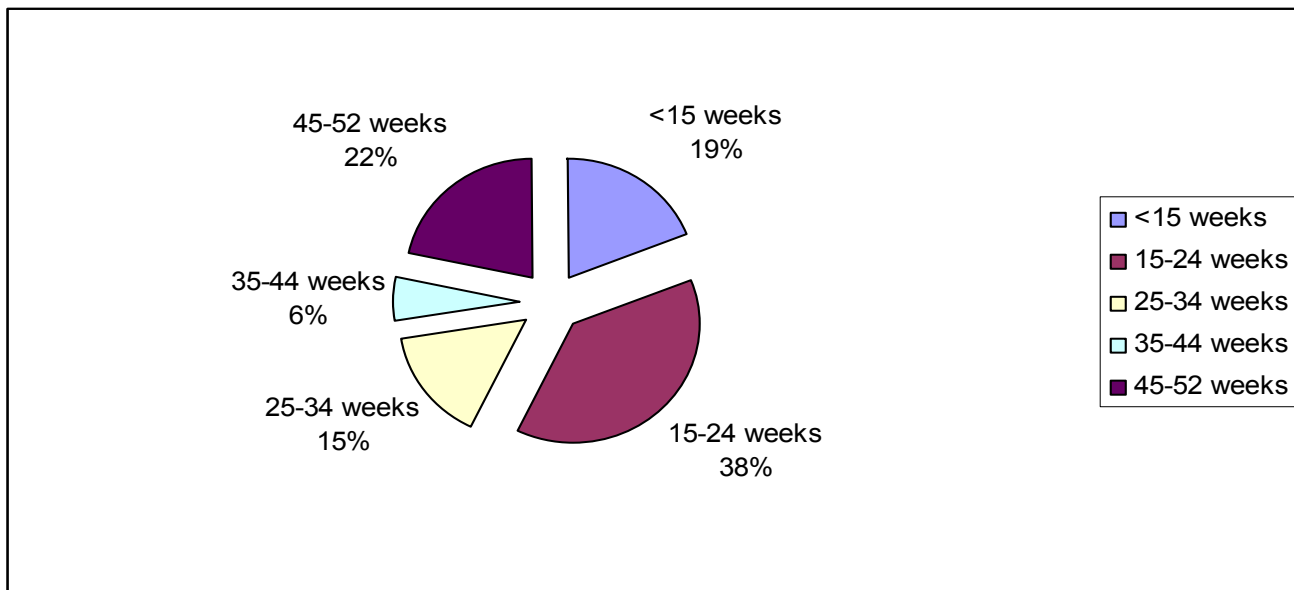
7. Number of partners practicing pediatric urology with you?



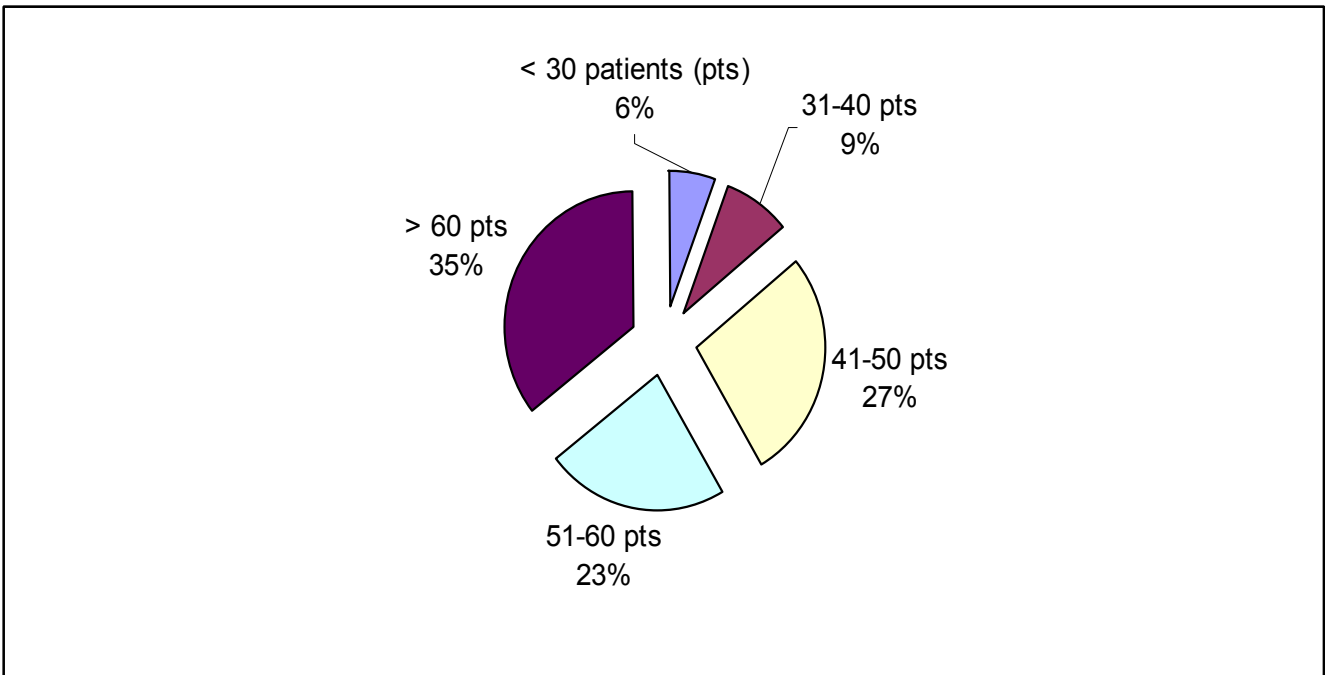
8. Average number of hours worked per week exclusive of call?



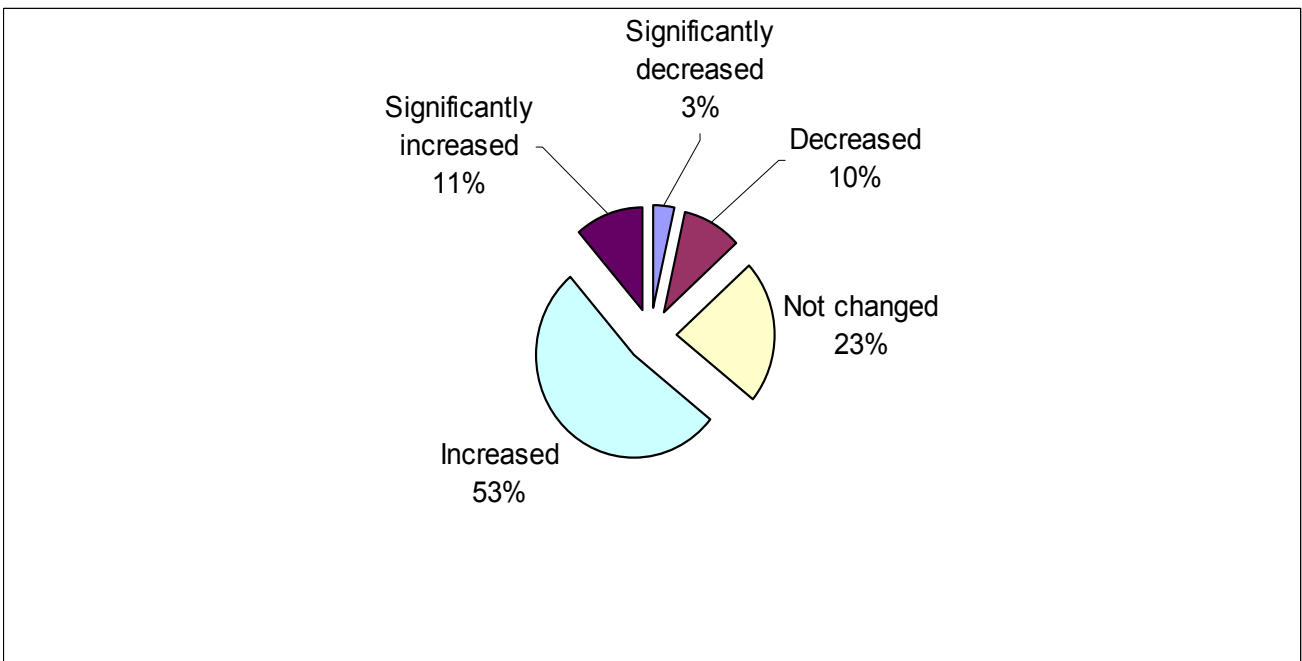
9. Average number of weeks on call?



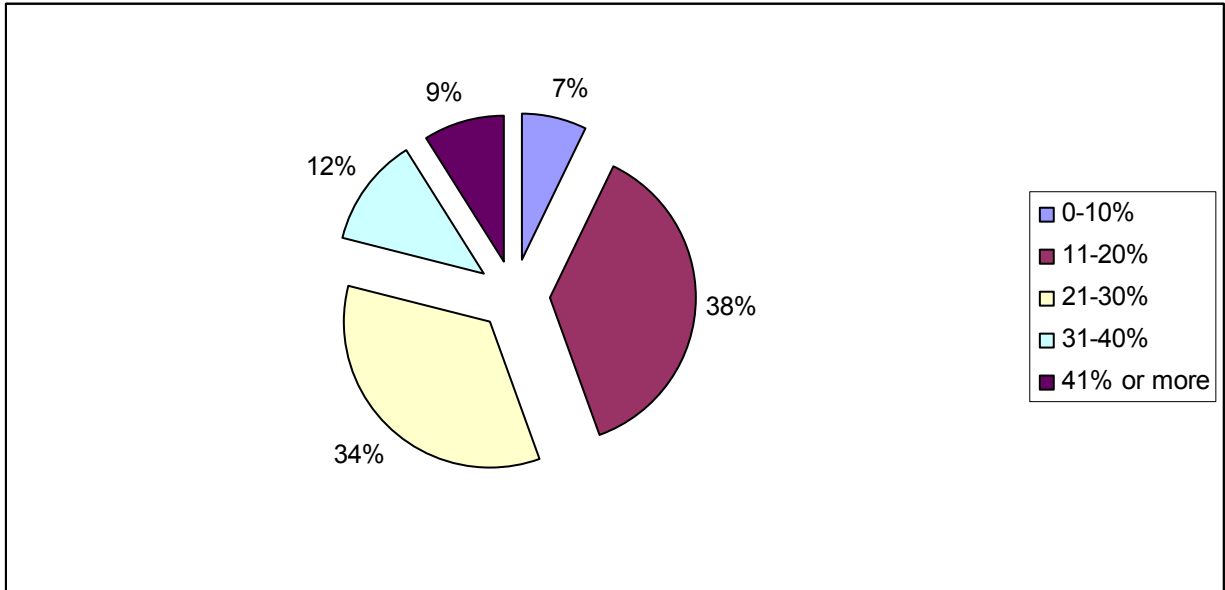
10. Average number of outpatient (clinic visits) you personally see per week?



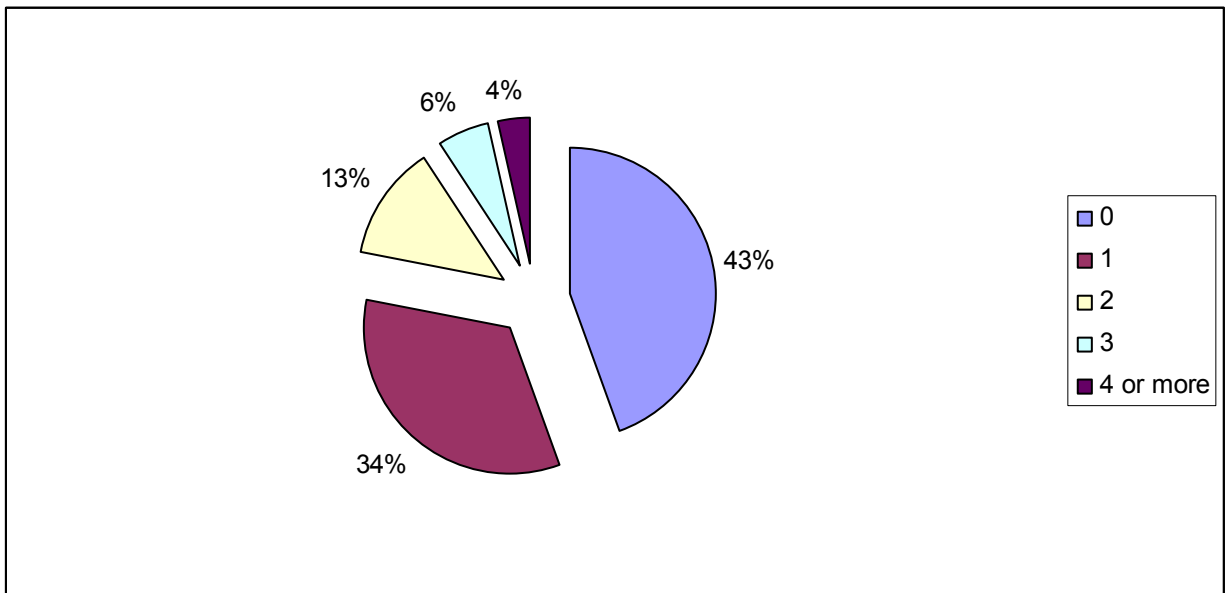
11. The volume of clinic visits you personally see over the past 5 years has?
(Only answer if you have not deliberately decreased your practice patterns.)
(N=123/136 respondents)



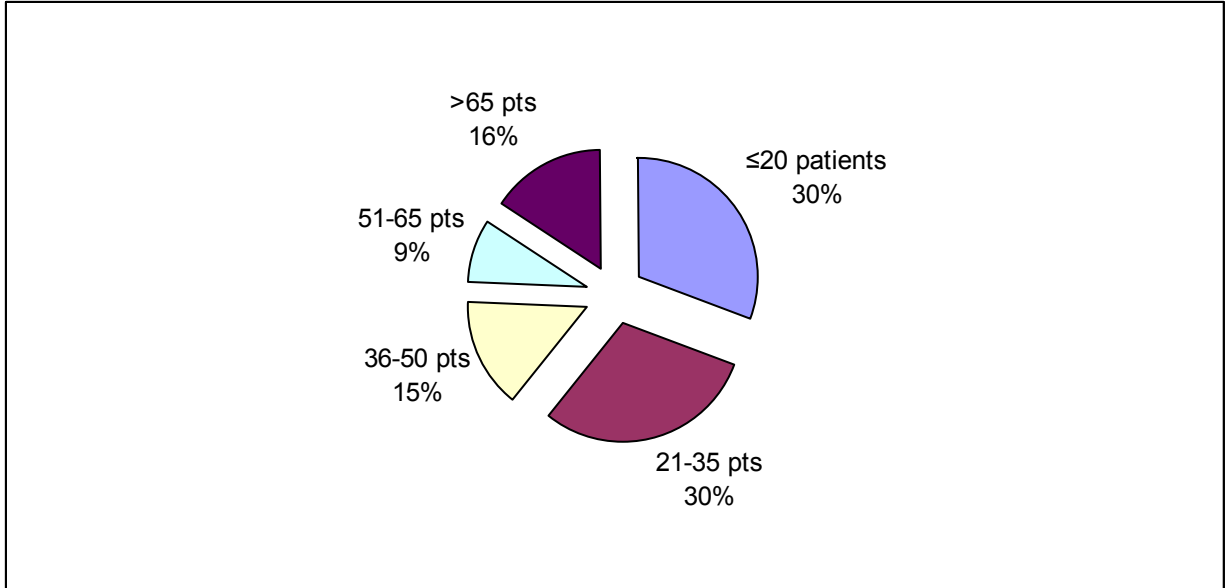
12. Estimate the percentage of patients you personally see that could be evaluated/treated by a physician extender (PA or NP)?



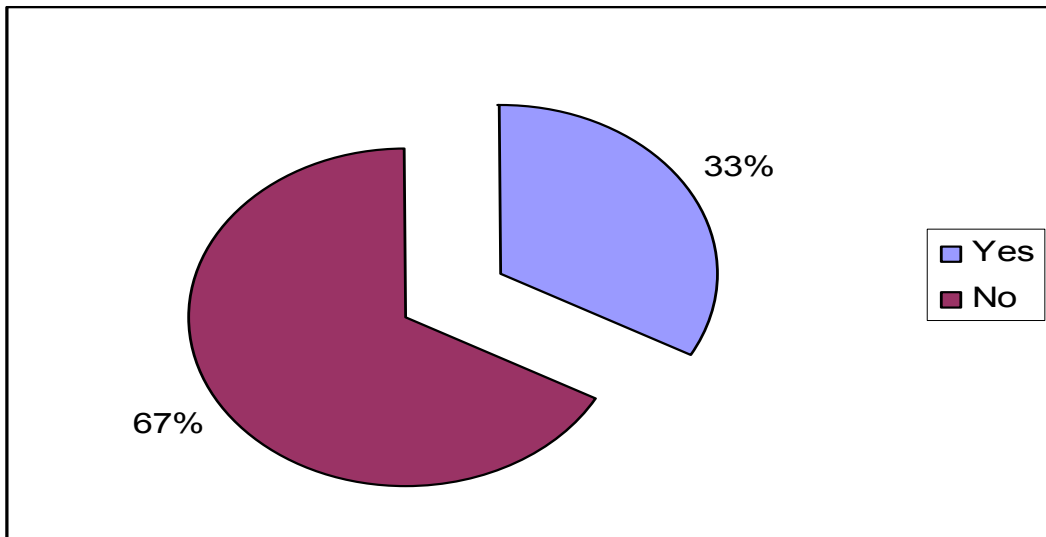
13. Number of physician extenders (PA's or NP's) in your practice?



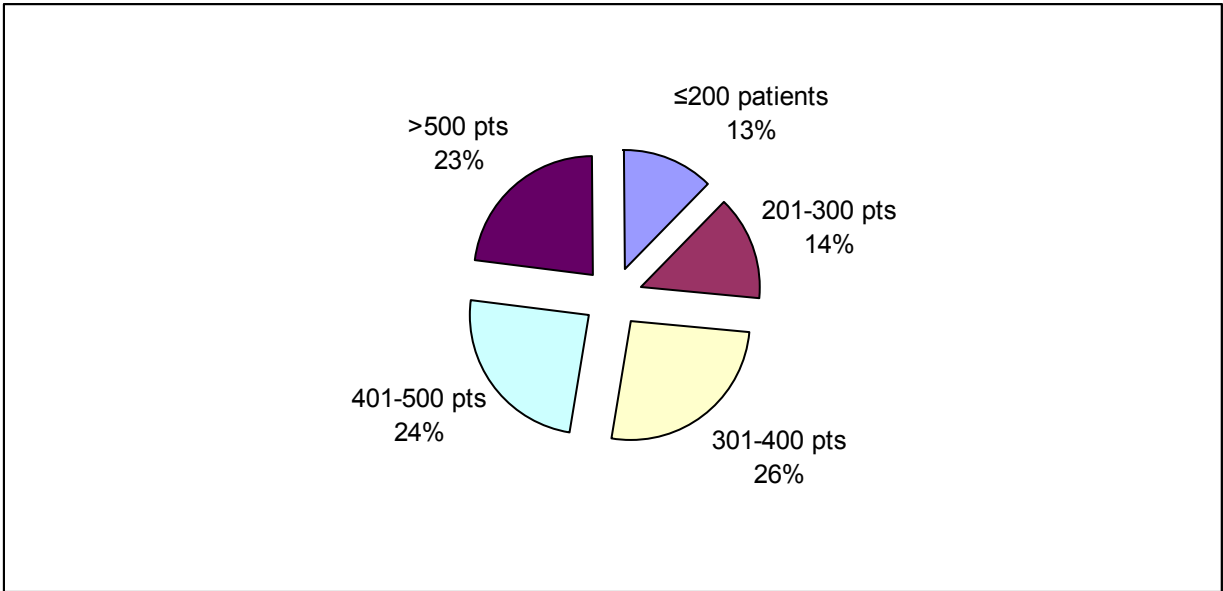
14. If you have a physician extender list the average number of patients seen by one extender during a week. (78/136 respondents)



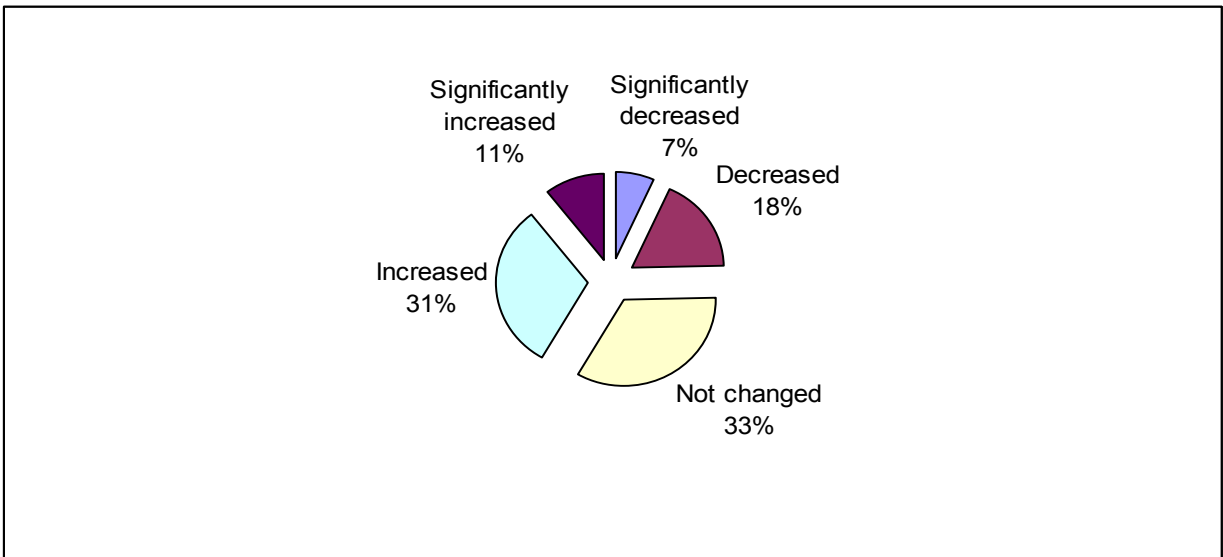
15. If > 20% of your patients maybe seen by a physician extender are you actively seeking one for your practice?
59 responders



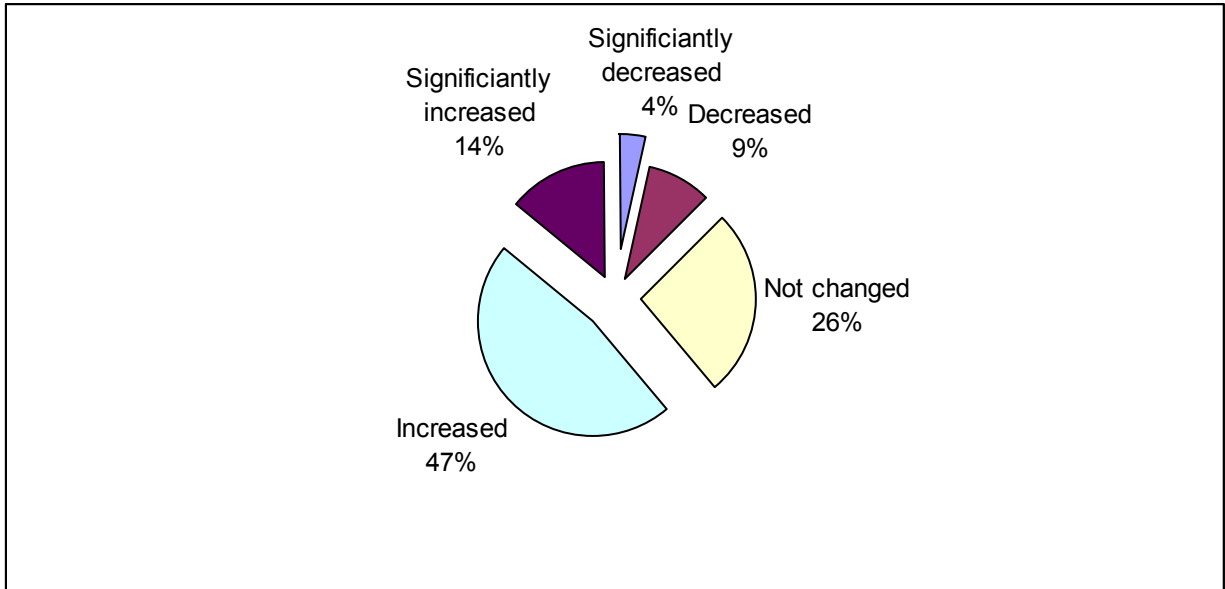
16. The average number of surgical cases (patients operated) you perform per year.



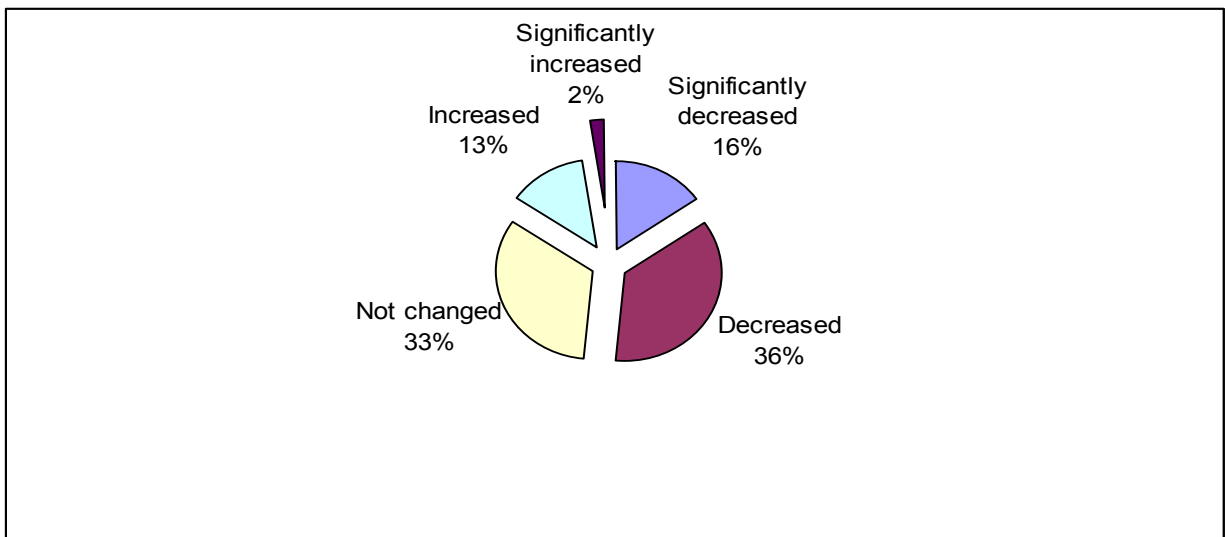
17. Over the past 5 years my surgical volume has?
(Only answer questions if you have not deliberately decreased your practice patterns-123/136 respondents)



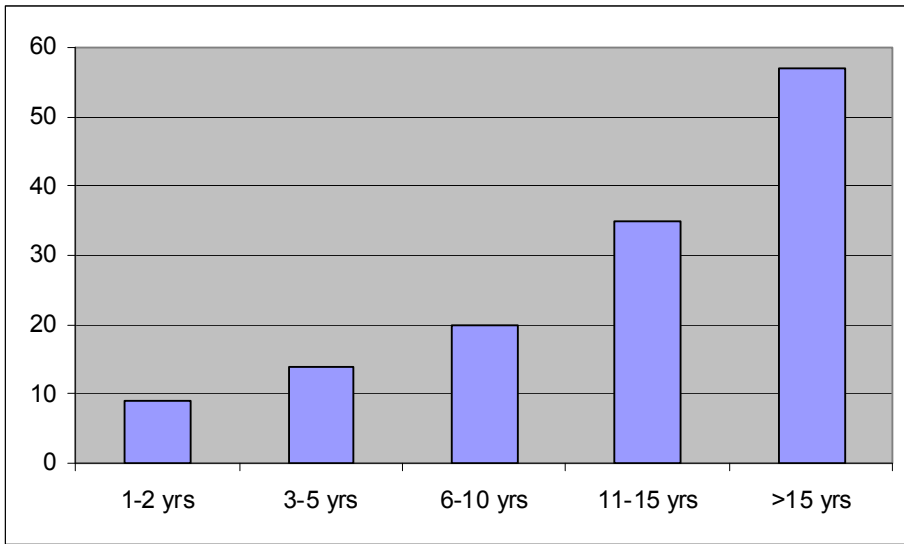
18. Over the past 5 years the number of minor surgical cases performed has?



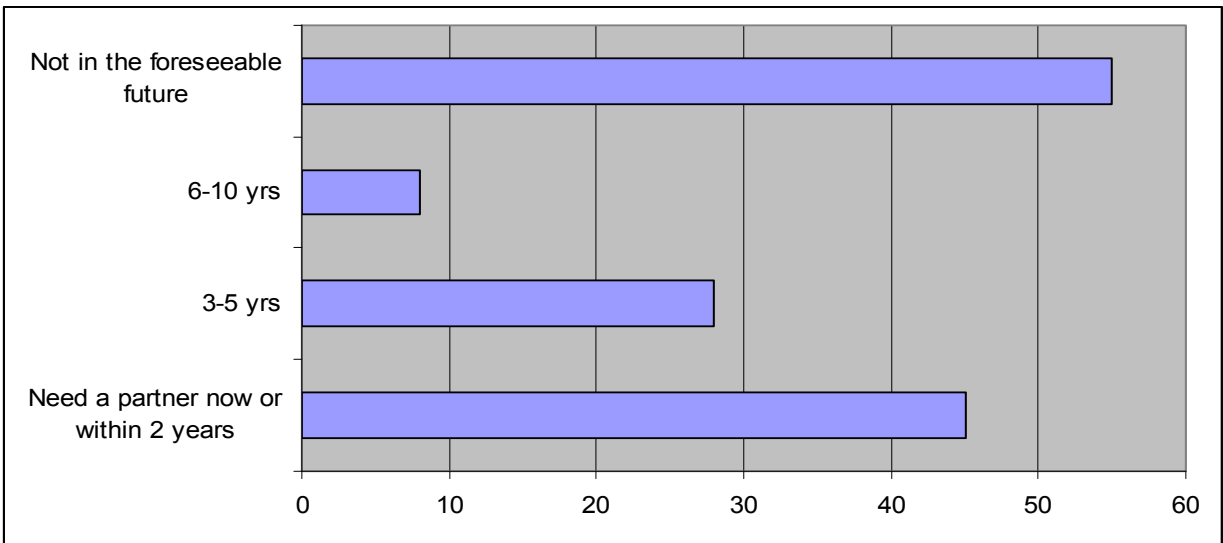
19. Over the past 5 years the number of complex cases performed has? (Complex cases are major urologic reconstructions for a congenital anomaly, traumatic injury, bladder augmentation, continent urinary diversion, exstrophy closure, renal transplantation, resection of GU tumors)



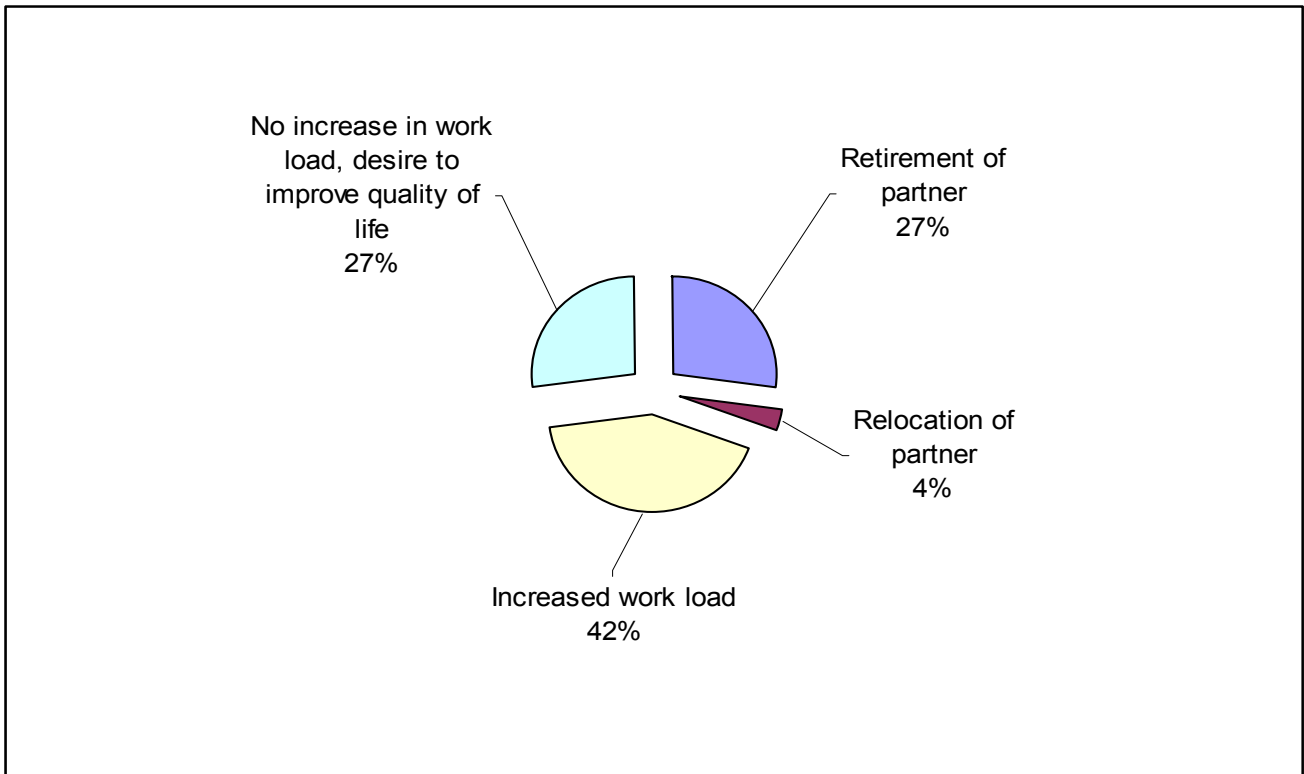
20. I will be retiring in the next?



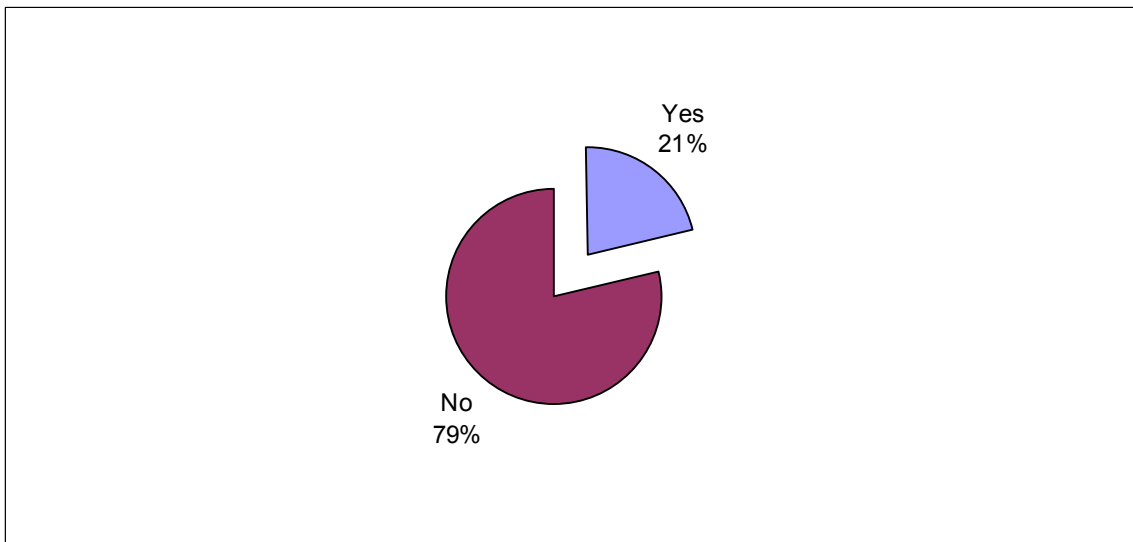
21. Will you be seeking a partner/associate in:



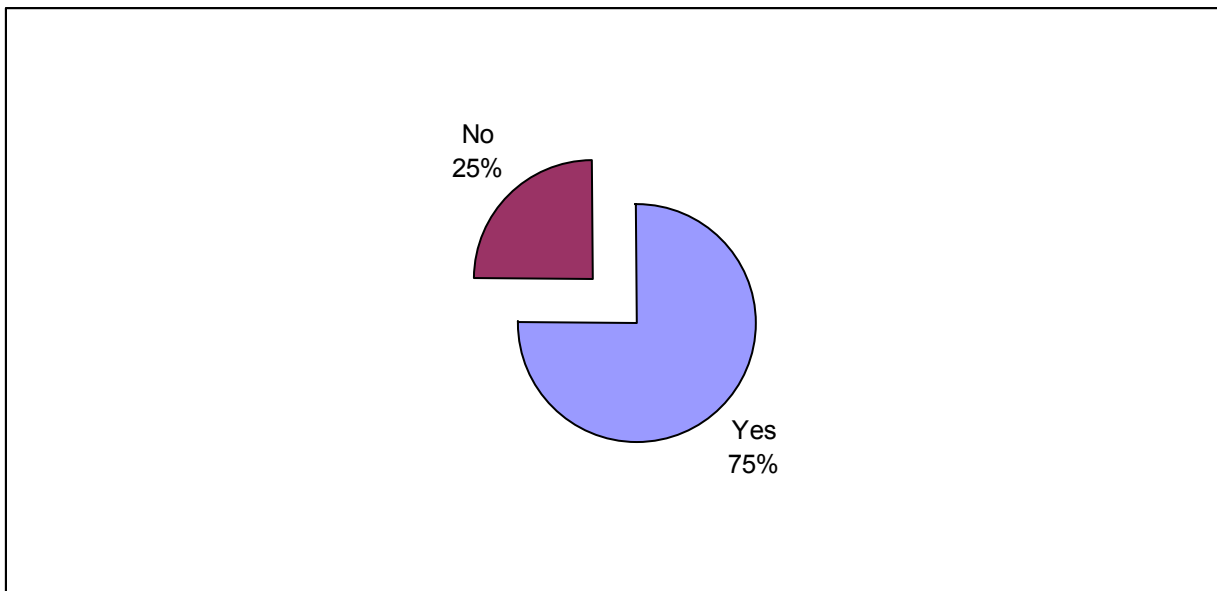
22. The reason you are/will be seeking a partner/associate is? Respondents = 81/136



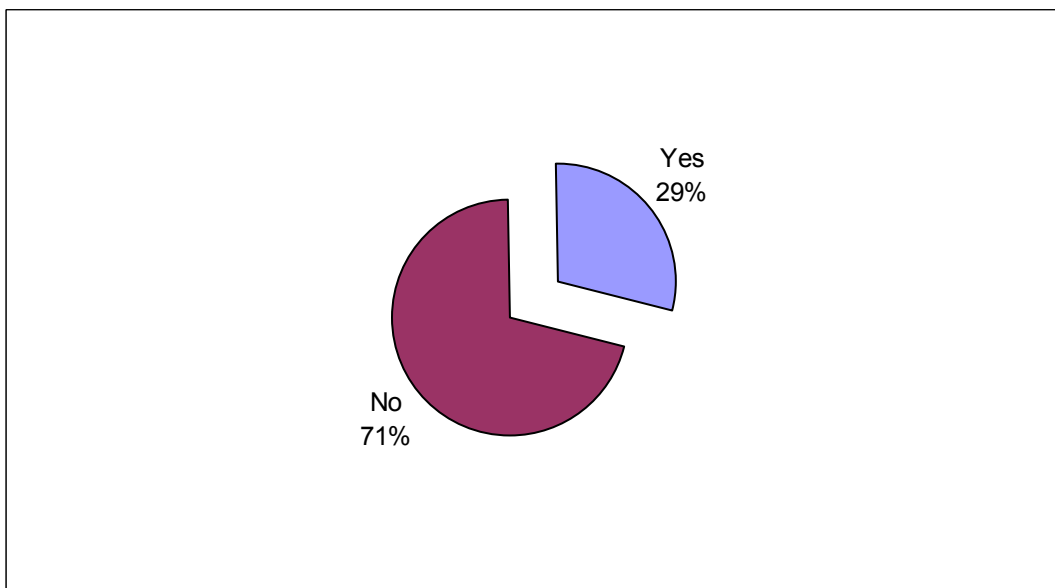
23. If you are seeking a partner within the next 10 years are you pursuing someone to join you to do basic or clinical research? (respondents = 81/136)



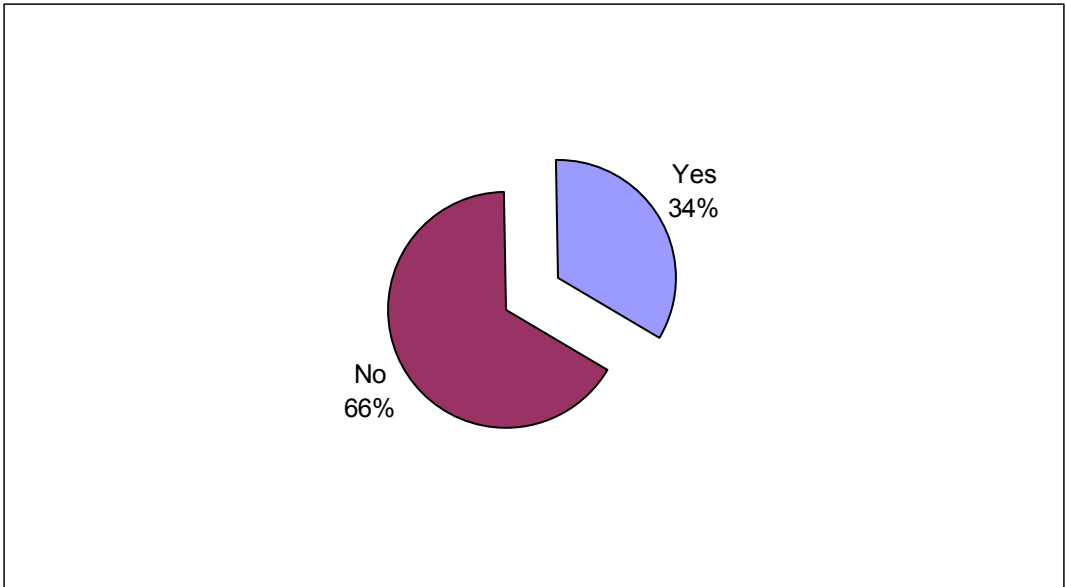
24. Are the majority of pediatric urology patients in your area seen by a pediatric urologist?



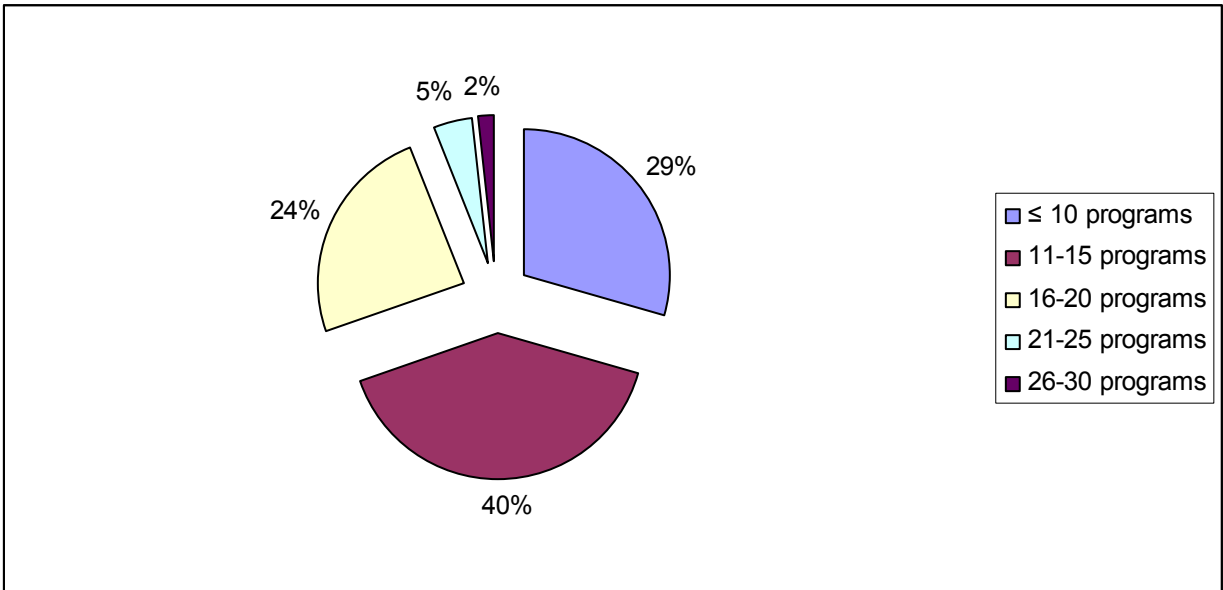
25. Do you believe the sub specialty certification will increase the number of patients you see in your practice?



26. Do you believe the subspecialty certificate will result in an increased need for pediatric urologists?



27. What do you believe is the appropriate number of pediatric urology training programs in the USA?



28. My most pressing concern regarding the field of Pediatric Urology is?
(Numerous individuals listed 2-3 concerns, responses are paraphrased into groups)

Inappropriate fiscal reimbursement for length of training 60% (82/136)

Declining reimbursement 60% (82/136)

Inability to recruit residents into our field due to:
Excellent job opportunity/fiscal reward in adult urology 46% (62/136)

Fellowship incurs more debt/length of fellowship
creates familial and financial hardship 46% (62/136)

Increasing clinical /surgical volumes of mundane diagnosis
and minor problems 37% (50/136)

Make significantly less money than our adult colleagues
despite extra training, why would you do this with big
debt? 30% (40/136)

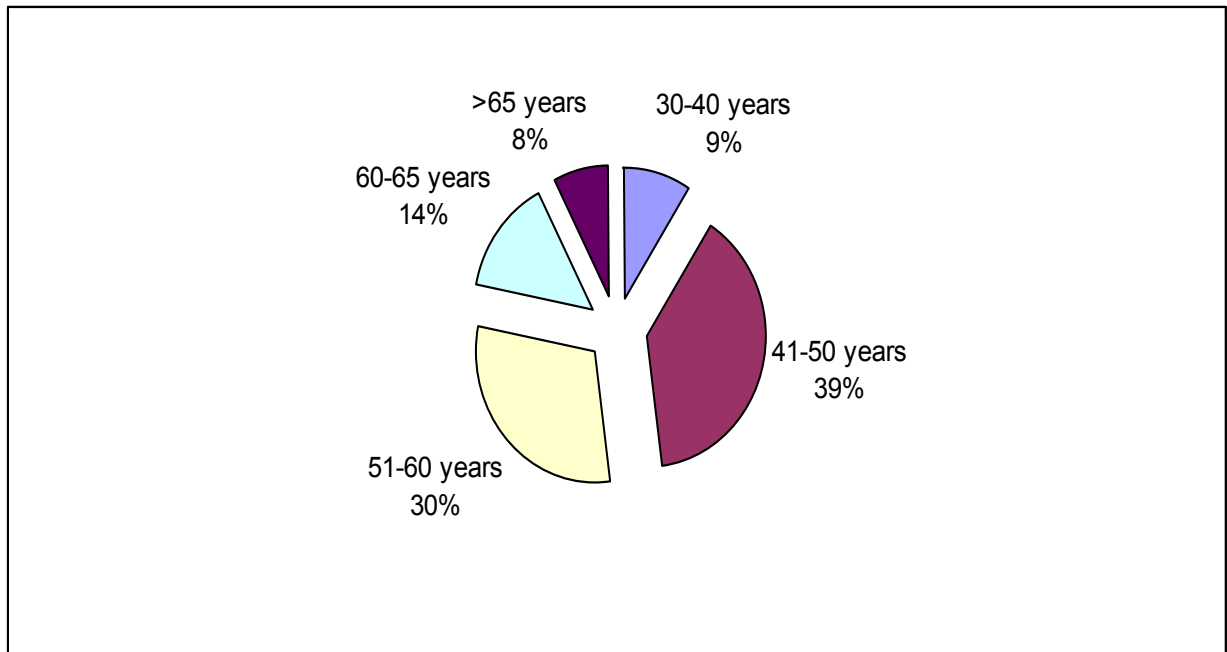
Inadequate supervision of fellowship programs 15% (20/136)
(Inadequate number of key surgical cases in some fellowship
programs or poor mentoring of fellows during research year)

Inadequate time/ finances for clinical/basic science research
and scholarly work following fellowship 11% (15/136)

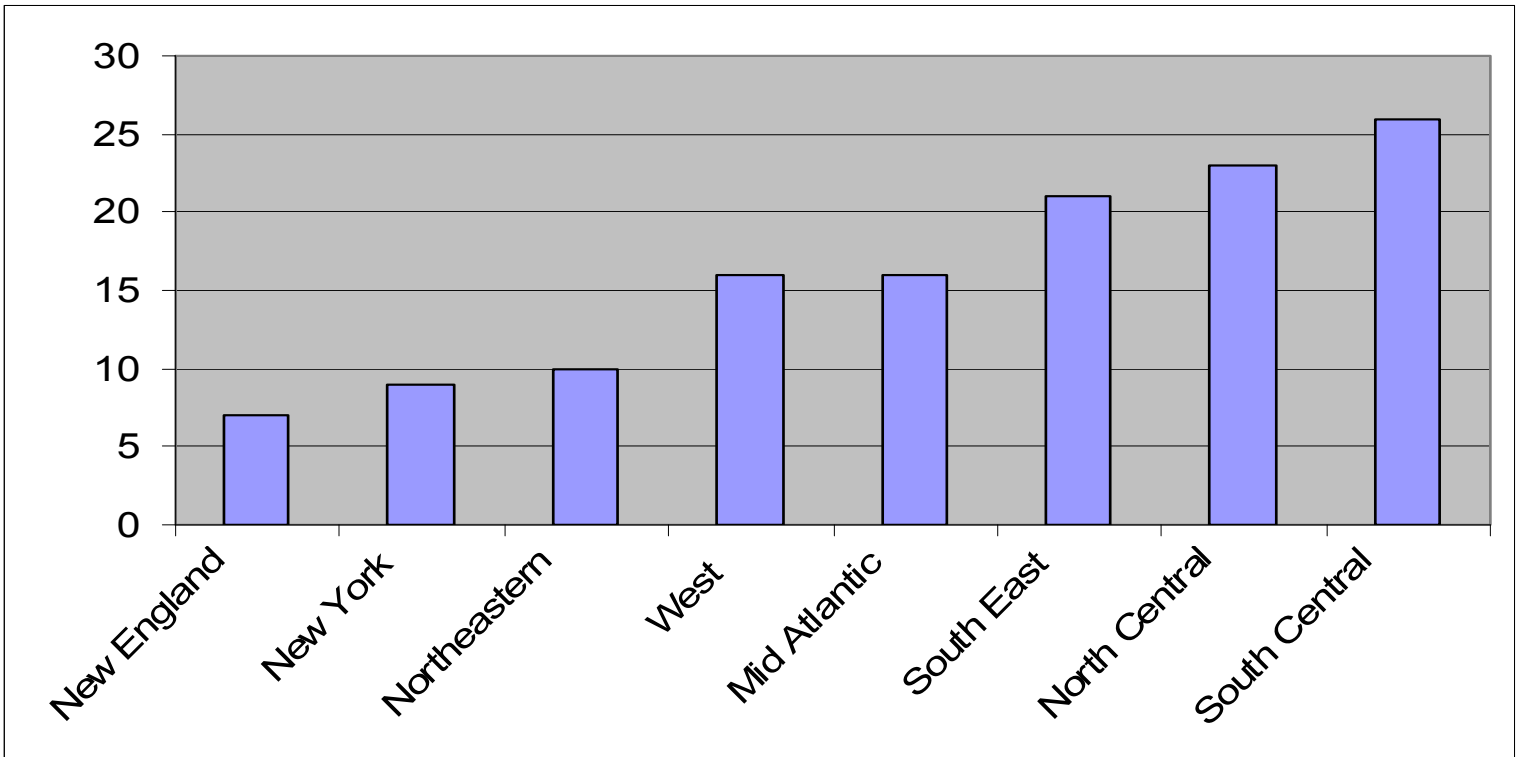
Survey 2: Focus on Reimbursement/Salary Concerns and Attraction of Residents to Pediatric Urology

A total of 132 out of 242 (54%) physicians who had self described themselves as actively practicing pediatric urologists based within the USA responded. Partial participant responses to some questions are noted where they occur.

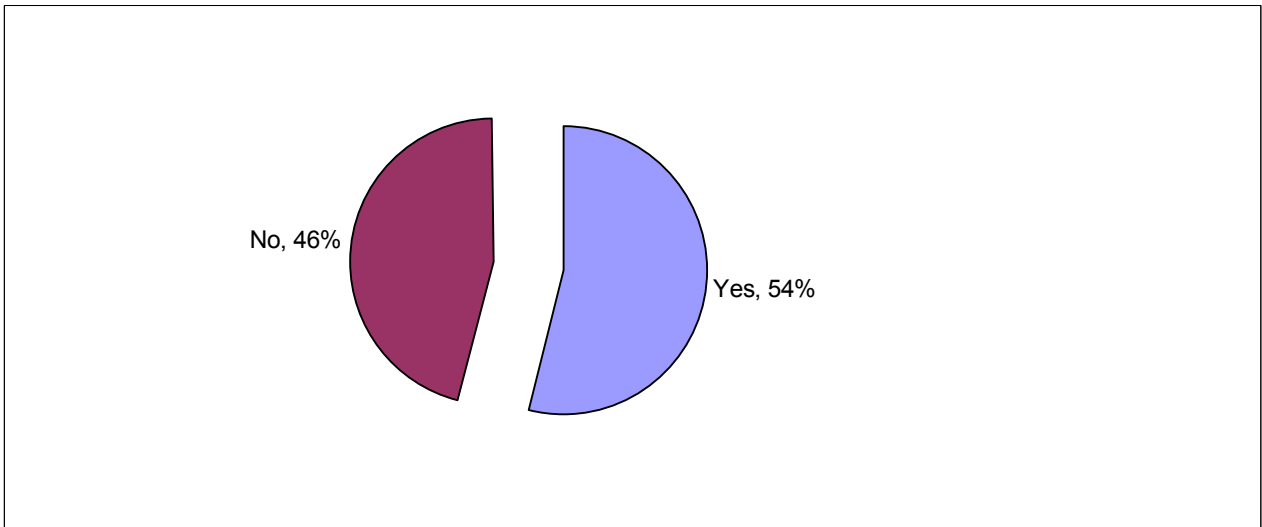
1. What is your age?



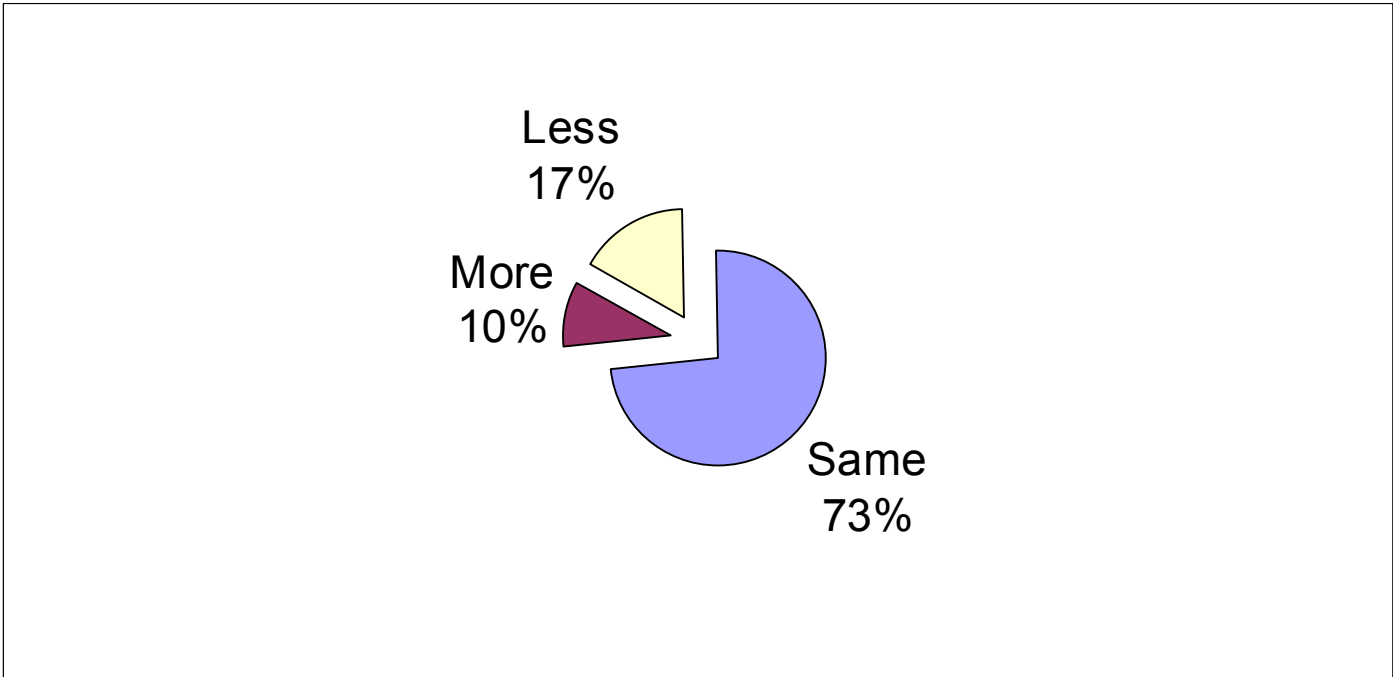
2. . What is the location of your practice based on your AUA region?



3. Are you in practice with urologists who are practicing adult urology? If yes please go to question 4 if no go to question 5.

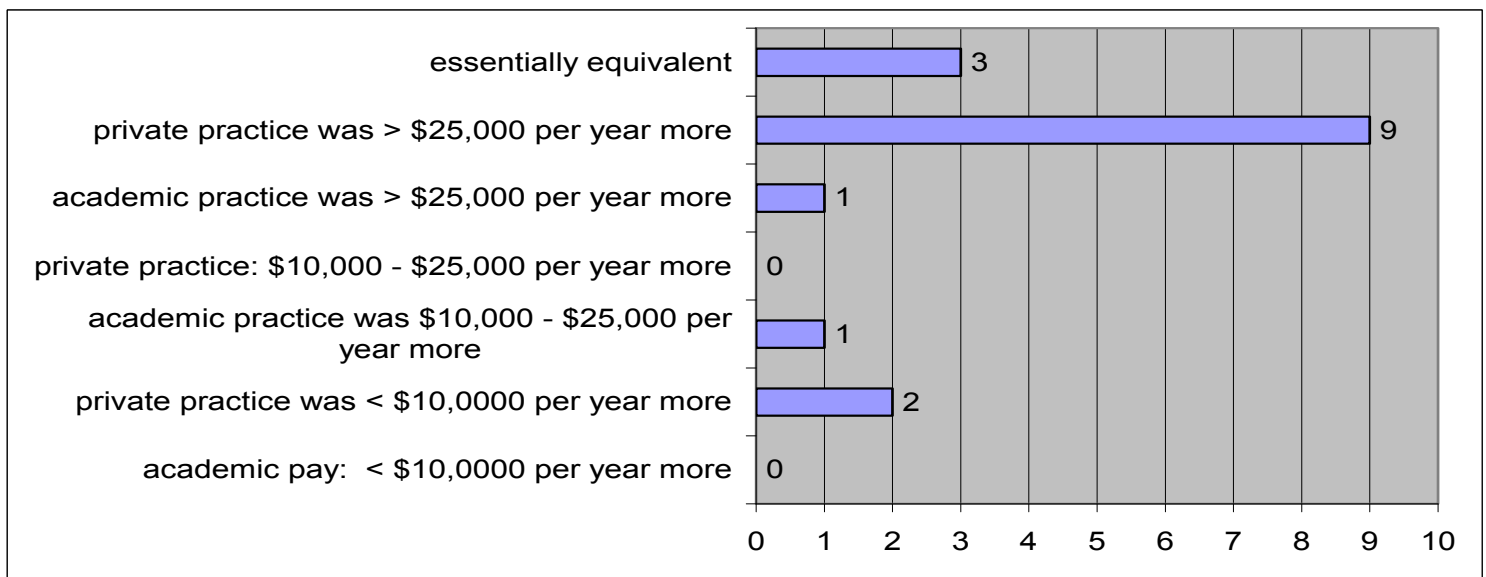


4. If you practice with colleagues who do adult urology do you make the same , more or less in salary than your partners.
 Respondents 71/132

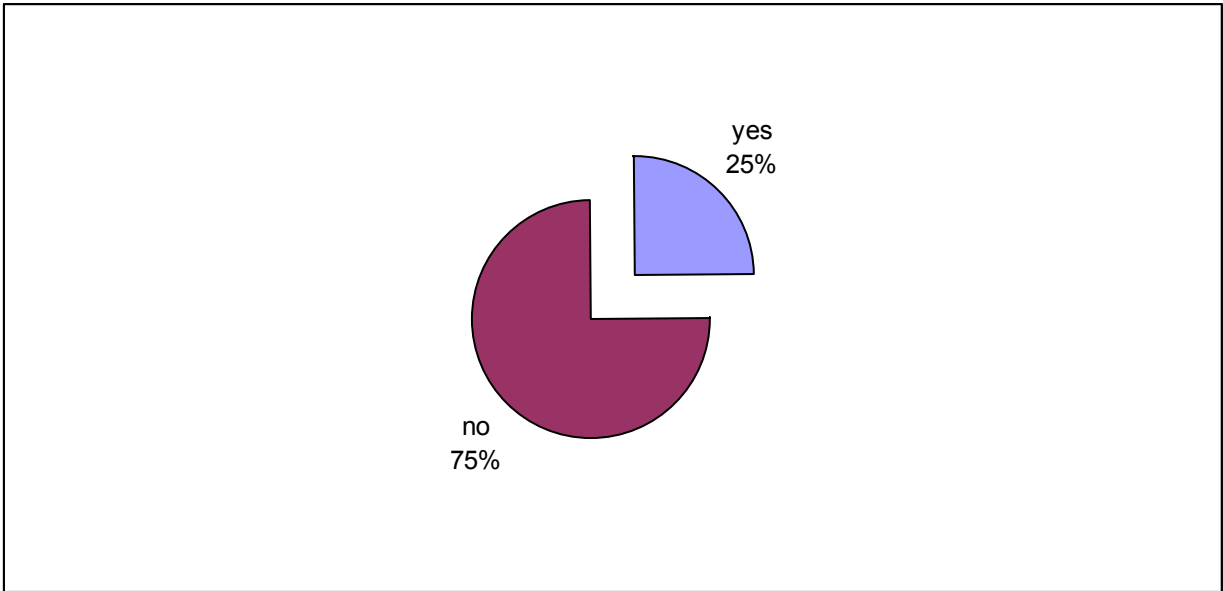


5. Answer only if you have finished your fellowship after 2002 and interviewed for both academic and private practice opportunities, otherwise skip to question 7.

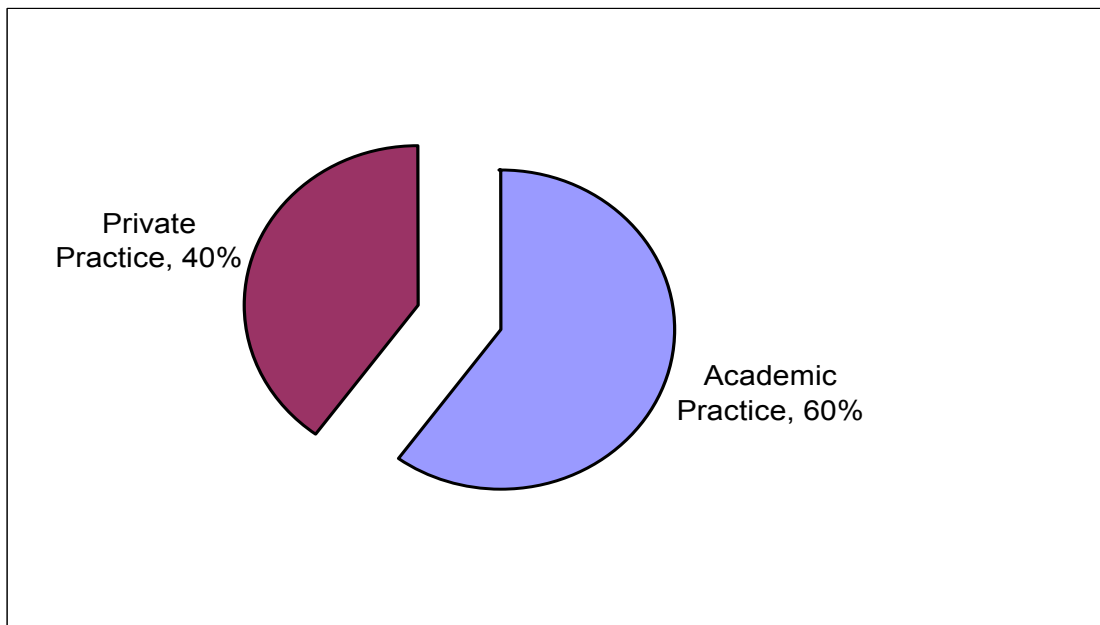
Regarding the salary in private practice compared to an academic practice, the salary was: Respondents 16



6. Did the difference in salary between academic and private practice play an integral role in your decision making on where you went to practice? Respondents 16

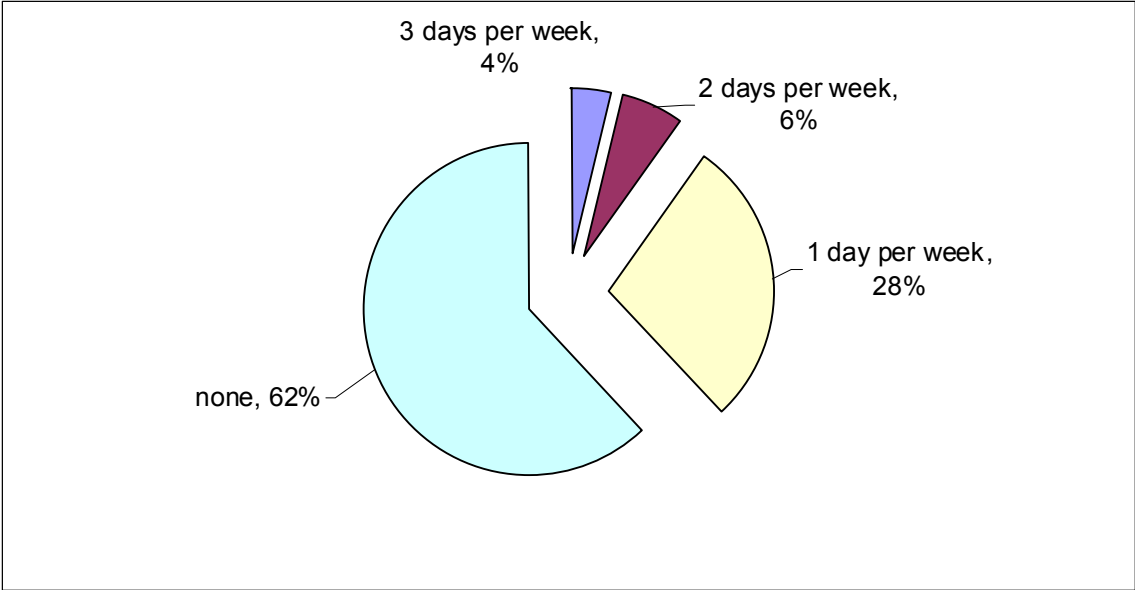


7. I am primarily practicing in a private or academic practice:
129 respondents

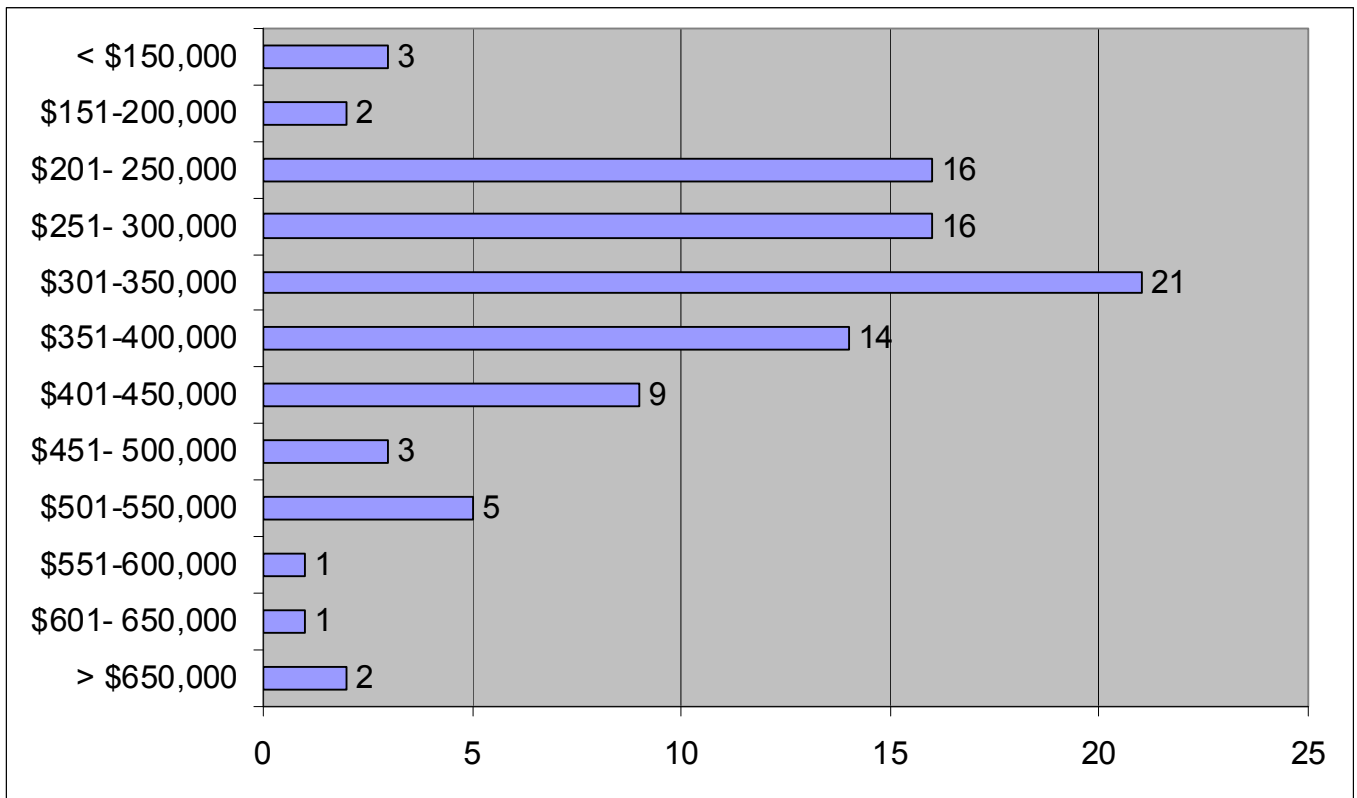


8. If you are in academics do you have an education/research day? If you are not in academics skip to question 9.

Respondents 73



9. If you are a full partner (vested) and/or in private practice alone your annual salary is within the following range: 93 respondents:

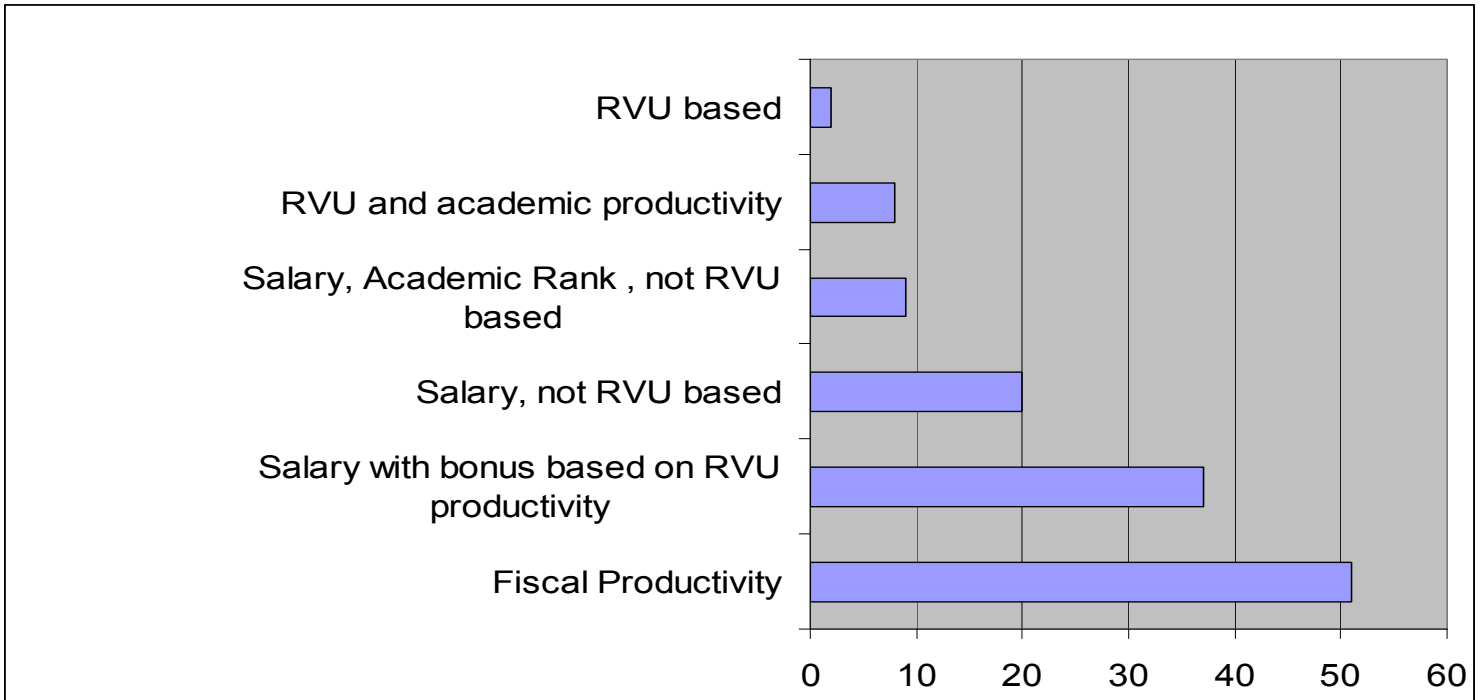


Please list the specific amount of your salary;

73 respondents:

Median of \$340,000 ranged from \$135,000 to \$685,000

10. My salary is based on:
Respondents 127



12. My employee benefits package contains:

A self-contributory tax deferred retirement plan	81% (107/132)
Dental insurance	66% (88/132)
Travel (CME) Expense account	66% (88/132)
A paid health insurance plan	56% (74/132)
Paid accidental death and disability insurance	51%(68/132)
A noncontributory retirement plan	43% (57/132)
Partially compensated health insurance plan	39% (52/132)
Medical spending account benefit	39% (51/132)
Long-term health insurance	33% (44/132)
Employer matched tax deferred tax deferred retirement plan	16% (21/132)
Availability of start up grants	16% (21/132)
Dedicated, administrative/laboratory/academic time	14% (19/132)
Tuition reimbursement for college expenses	10% (13/132)
Compensated sabbatical leave	7% (9/132)

Survey 3 Evaluation of Pediatric Urologists who entered into practice between 2000 and 2007. Survey was focused on three items: What stimulated the physicians interest in the field, ways to increase resident interest in the field, and the evaluation of the fellowship experience.

66% response (60/ 90)

1. List the one primary item that influenced you the most to go into pediatric urology?

Interest in field	37% (22/60)
Mentoring in residency	33 % (20/60)
Job availability in geographic area I desired to live in	25% (15/60)
Lifestyle	5% (3/60)

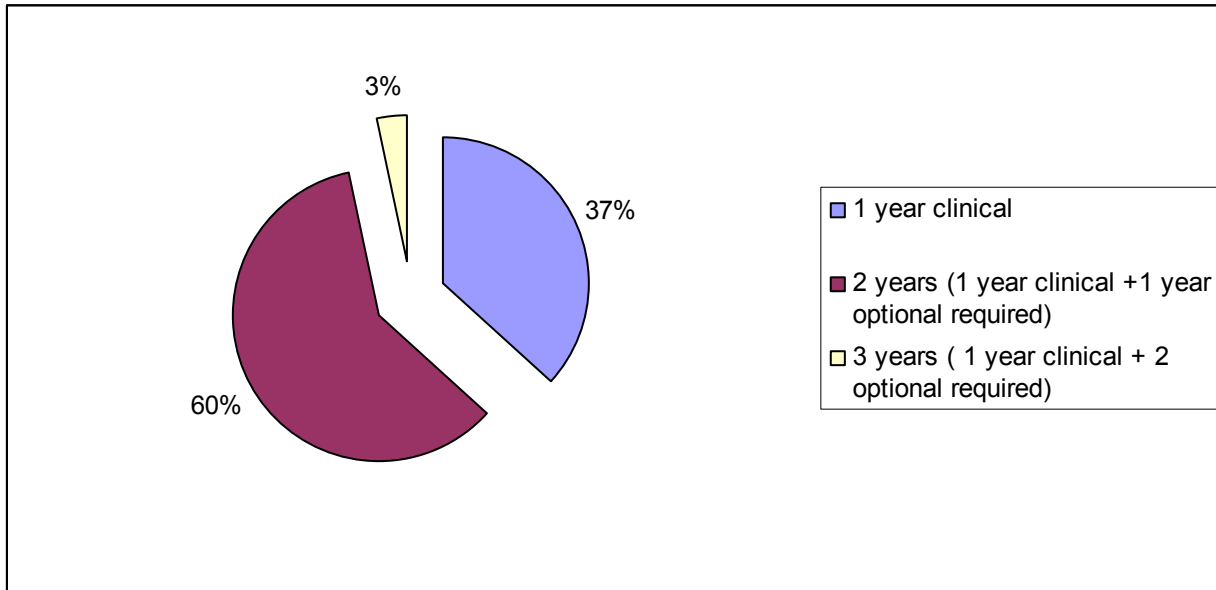
2. In your opinion what is the most important factor that keeps a resident who states they are interested in going into pediatric urology from entering into the field.

Cost to do fellowship without increase in compensation for extra time	26% (16/60)
Medical school debt	22% (13/60)
Length of fellowship	20% (12/60)
Poor mentoring	18% (11/60)
Lack of job availability in geographic area of interest	9% (5/60)
Pediatric rotation in residency occurred to late	5% (3/60)

3. If you could make one suggestion to improve the interest of residents in the field of pediatric urology it would be?

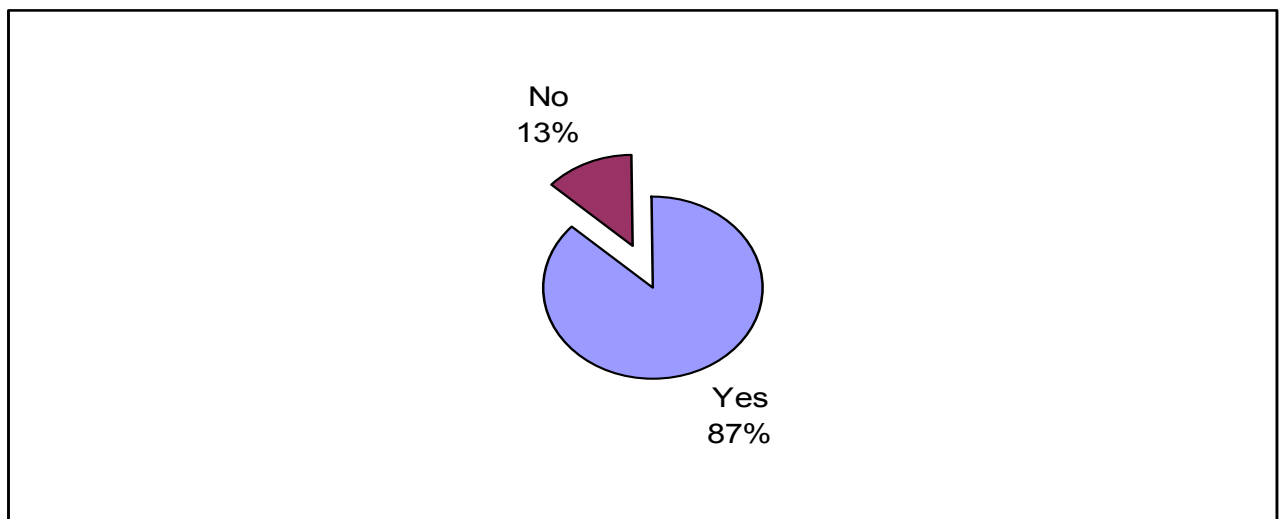
Financial help to off set cost of fellowship and decrease debt load	45% (27/60)
Increased salary for fellowship trained physicians.	25%(15/60)
Decrease length of fellowship	15% (9/60)
Improve Mentorship	15% (9/60)

4. The optimal length of training for a pediatric urology fellowship is:

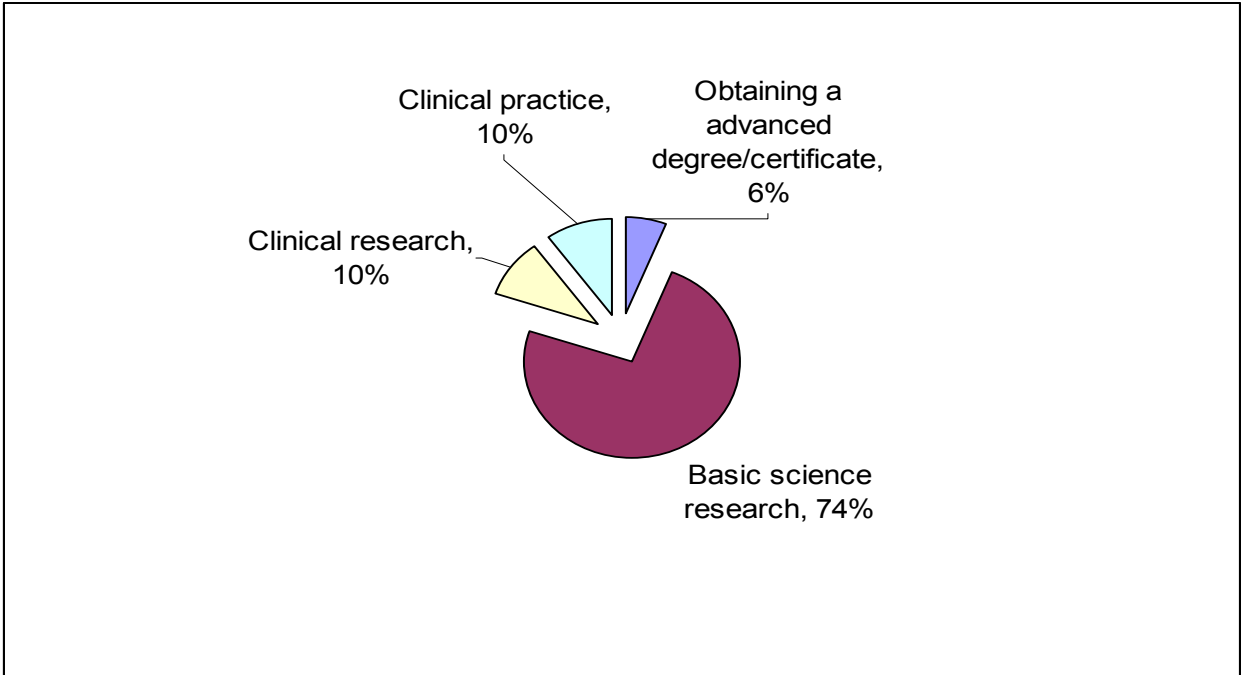


Optional year could include, basic science or clinical research, attaining advanced degree or extra clinical work load.

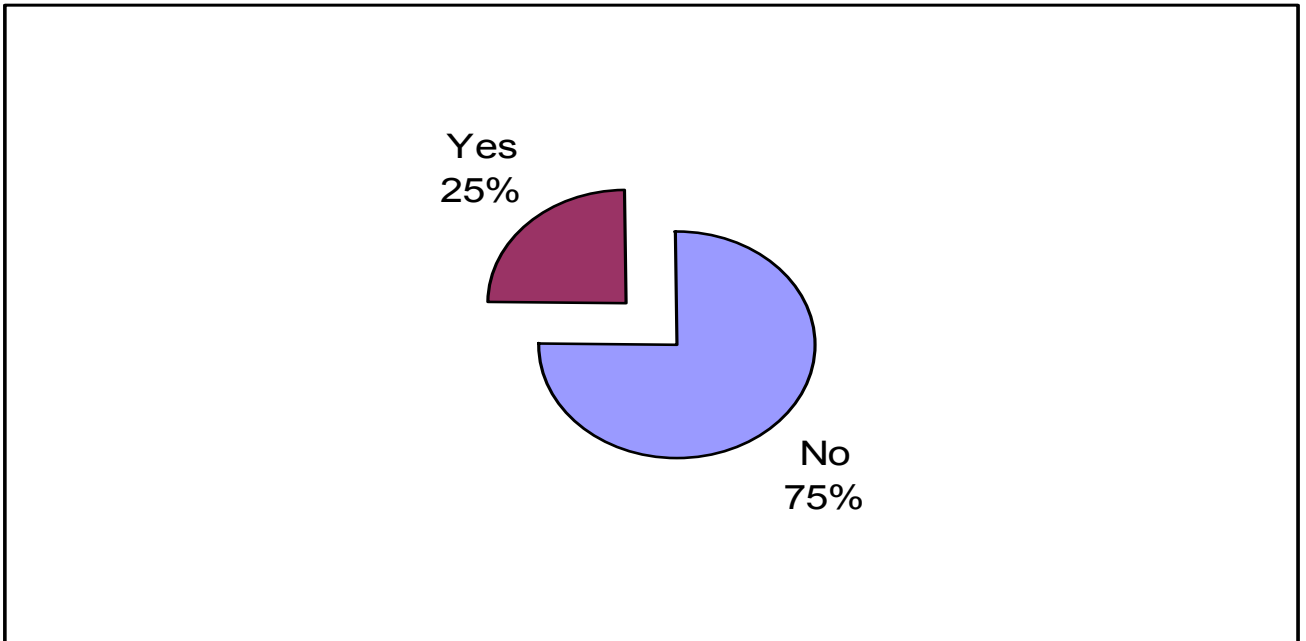
5. Did you do a research year in your fellowship.



6. Answer question 6-10 only if you did a research year: In my research year the majority of time was spent on :
52 Respondents



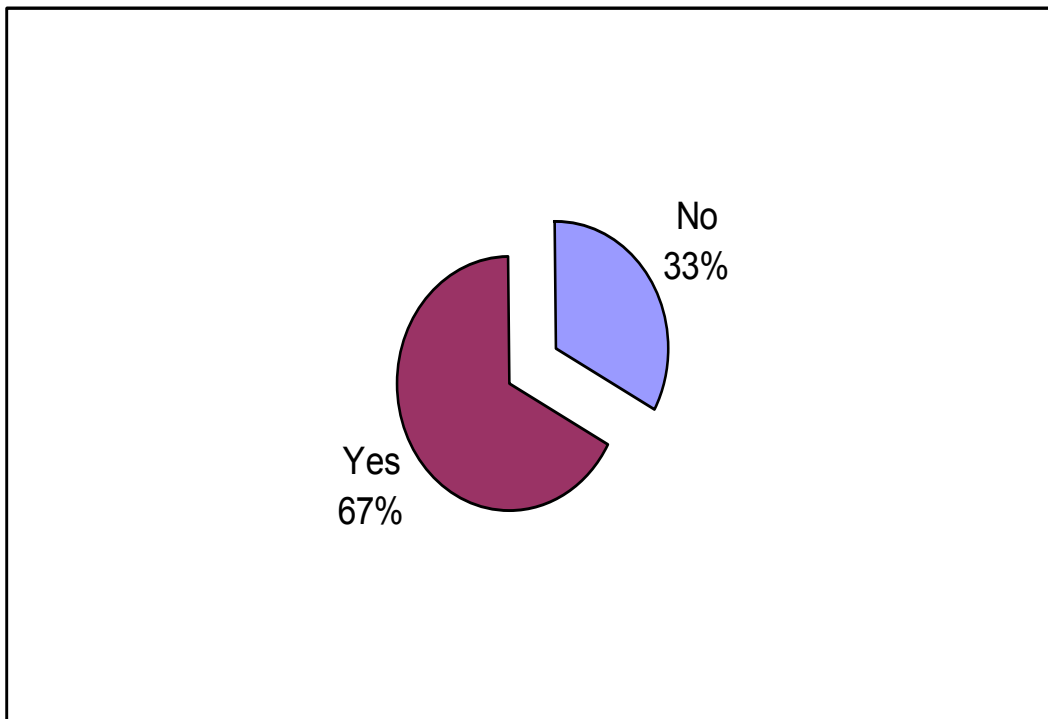
7. Did you have adequate mentoring, (MD, PhD supervision, grant support, funding etc.) during your research year?
52 Respondents



8. Name two problems you noted or would like to see improved in the “research year”?
(Note responses are grouped by content) 52 respondents

Poor mentoring, poor fiscal support	81% (42/52)
Program directors/ACGME (someone) needs to monitor this year	35% (18/52)
Offer more flexibility (MSc, MPH, MBA)	35% (18/52)
Experience so bad it should be dropped	35% (18/52)
Excellent experience but protect us from clinical duties	15% (8/52)

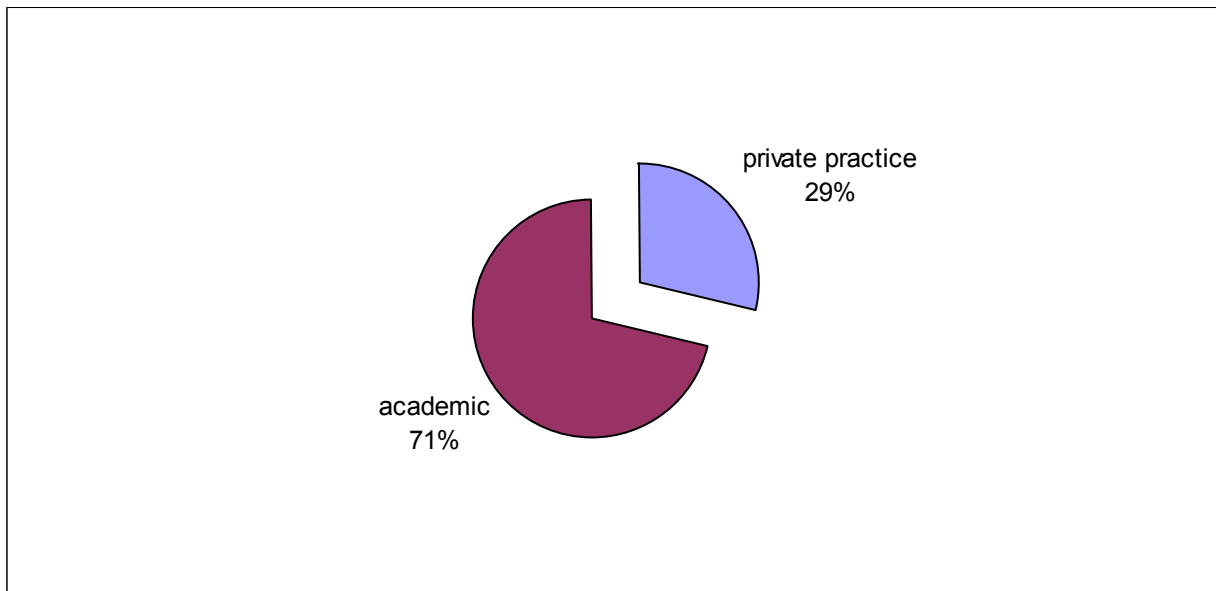
9. Did the time you spent in your “research year” enhance your current clinical practice? 52 Respondents



10. If the answer to 9 was yes, please state how this year had a positive affect?
35 Respondents (Comments grouped by contents)

Allowed time to study (read) about Pediatric Urology in depth	71% (25/35)
Increased my knowledge regarding scientific methodology Enhanced my ability to interpret scientific/clinical papers	49% (17/35)
Gave me the tools to develop/write good clinical trials/scientific papers	43% (15/35)
Provided a basis (grant writing, working with PhD's) to allow me to pursue research following fellowship	14% (5/35)

11. Do you primarily consider yourself in a private or in a academic practice?
Respondents 52

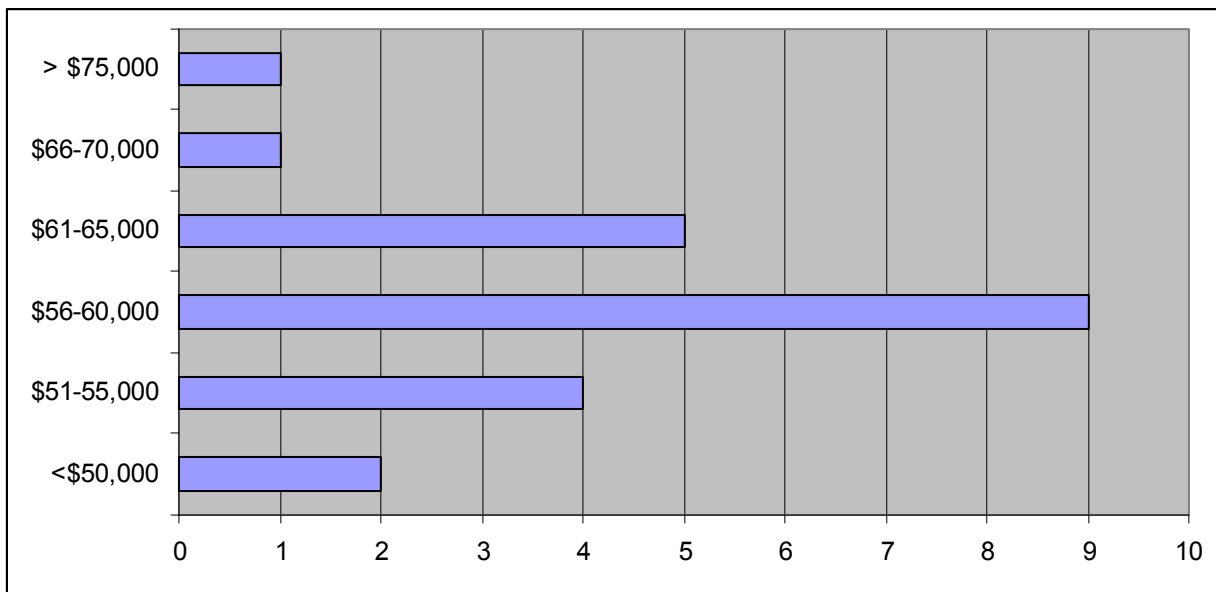


11. List the major factor that impacted your decision on where to practice?
 (Answers grouped by categories)
 Respondents = 52

Geography/proximity to family	29% (15/52)
Academic /Research opportunity	29% (15/52)
Liked the partners/associates (could still be mentored)	23% (12/52)
Financial considerations	15% (8/52)
Practice provided the lifestyle I was looking for	4% (2/52)

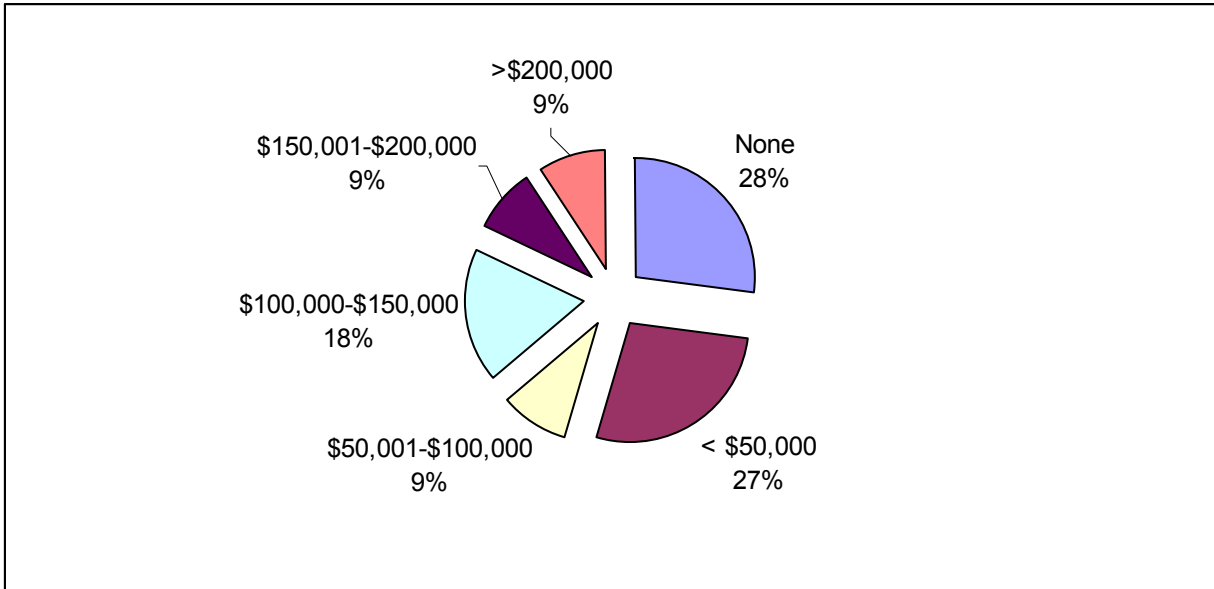
If you finished your fellowship and started practice in 2004 or later please complete the remainder of the survey

12. My salary (including moonlighting) during my fellowship was:
 Respondents 22

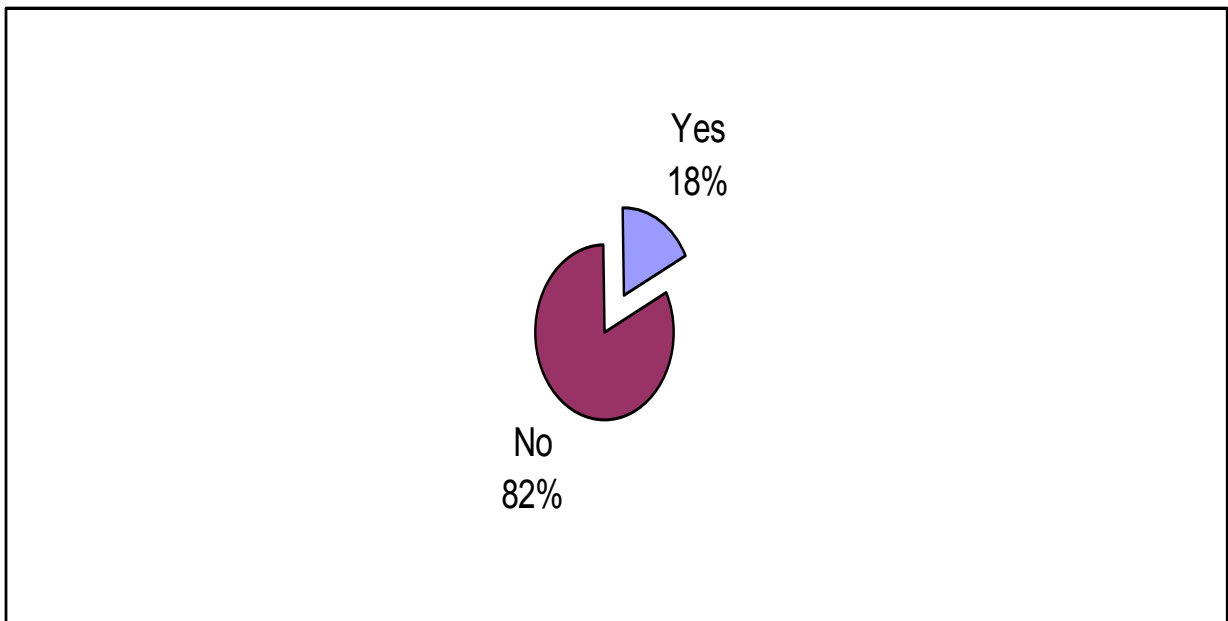


12. The amount of your school loan debt upon completing your fellowship.

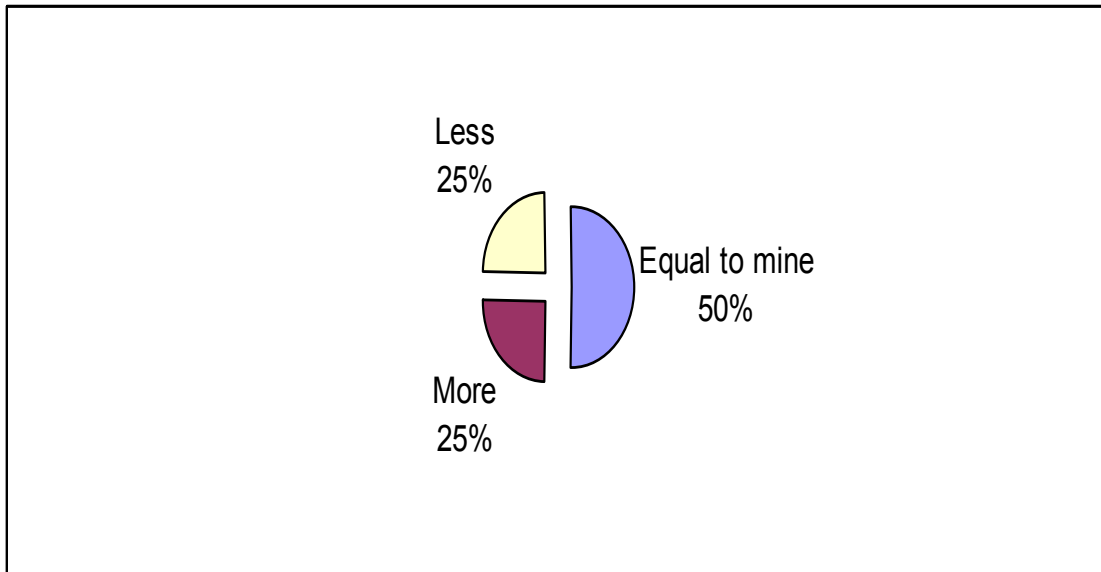
Respondents 22



13. Are you married to a physician: (If yes please answer question 14)
Respondents = 22

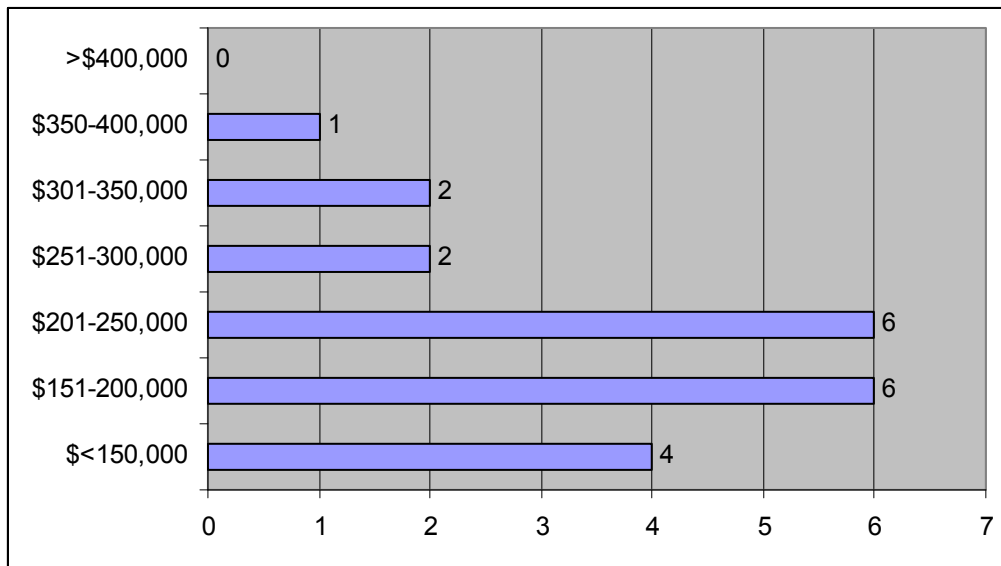


14. The school loan debt for your physician spouse is:
Respondents = 4



15. Your starting salary was within the range of:

Respondents = 22



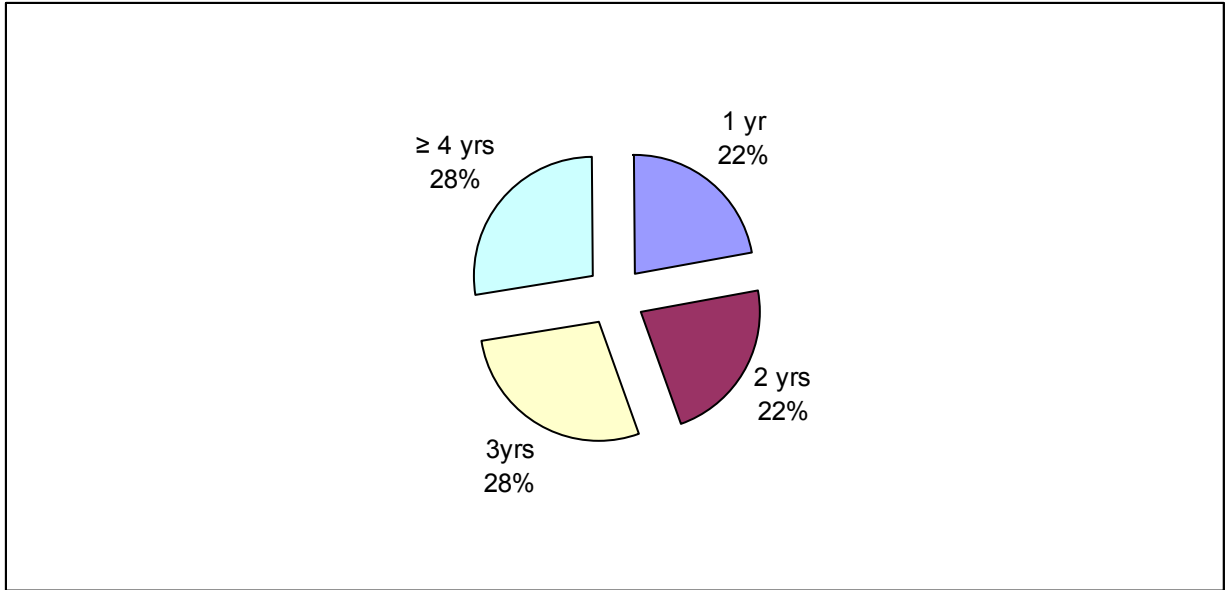
My starting salary was:

Respondents 18

Median starting salary \$220,000 , range \$120,000 to \$350,000

16. I can reach my full salary potential (become a full partner) in?

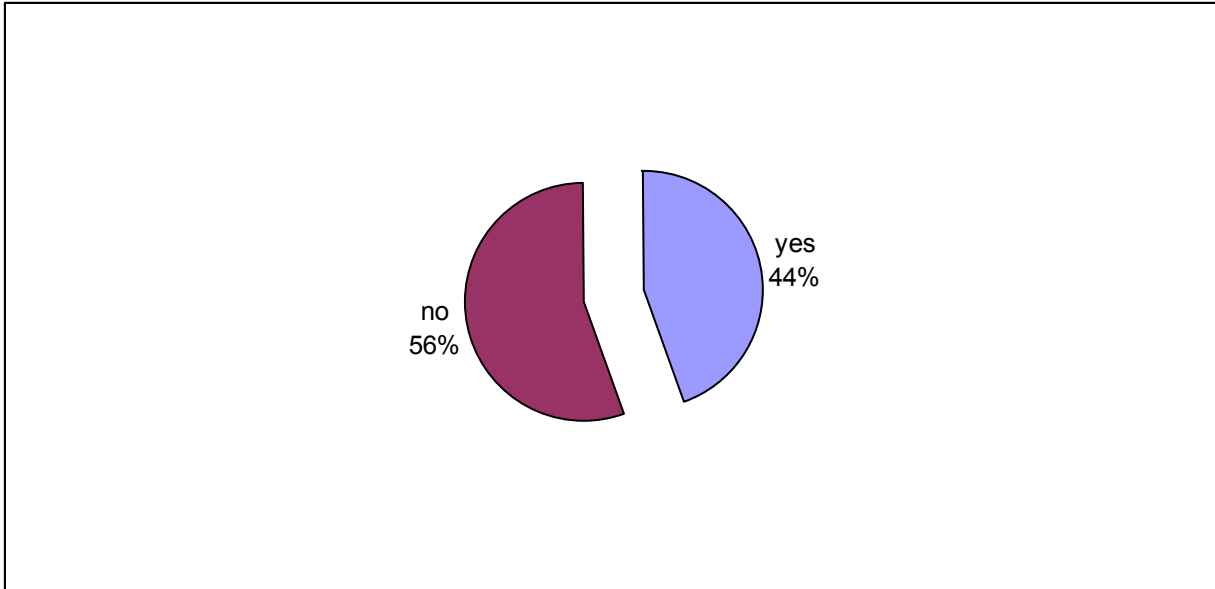
Respondents 18



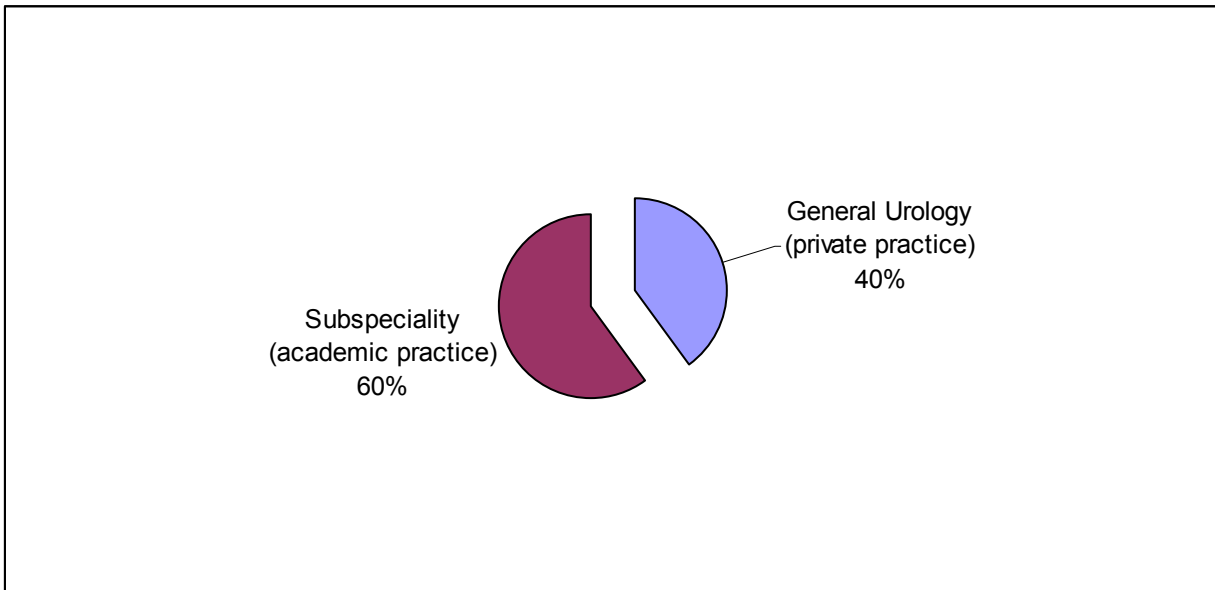
17. As a young pediatric urologist what one single item would you most like to change regarding the practice of pediatric urology?

- A. Reduce the length of training 44% (8/18)
Length of training, not realistic for debt load and strain on family
Increased training does result in increase salary
- B. Mentoring 27% (5/18)
Inadequate mentoring of fellows in research year
- C. Better Racial/Sexual diversity of the physicians in the field 17% (3/18)
- D. Improve available funds for pediatric research 6% (1/18)
- E. Establishment of specialty centers for excellence 6% (1/18)

18. In your residency or fellowship did you personally know a individual who was interested in pursuing pediatric urology as a career and did not do so do to financial concerns, (educational debt load)?

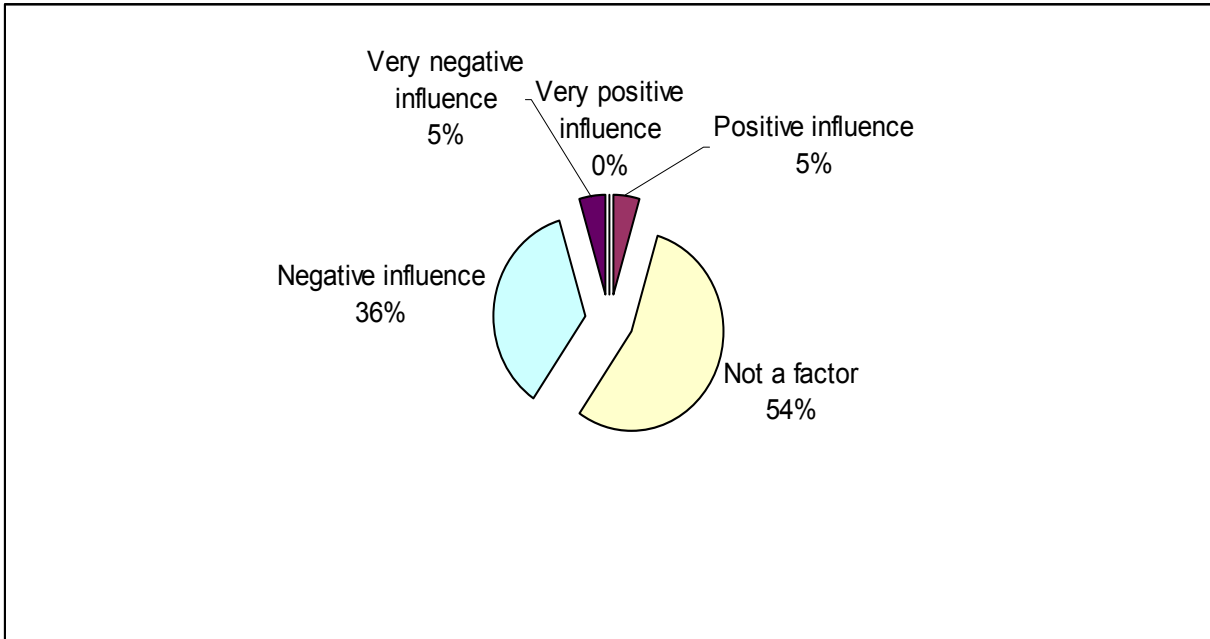


19. If you could not have gone into pediatric urology would you have pursued another subspecialty to pursue academics or go into the private practice in general urology?

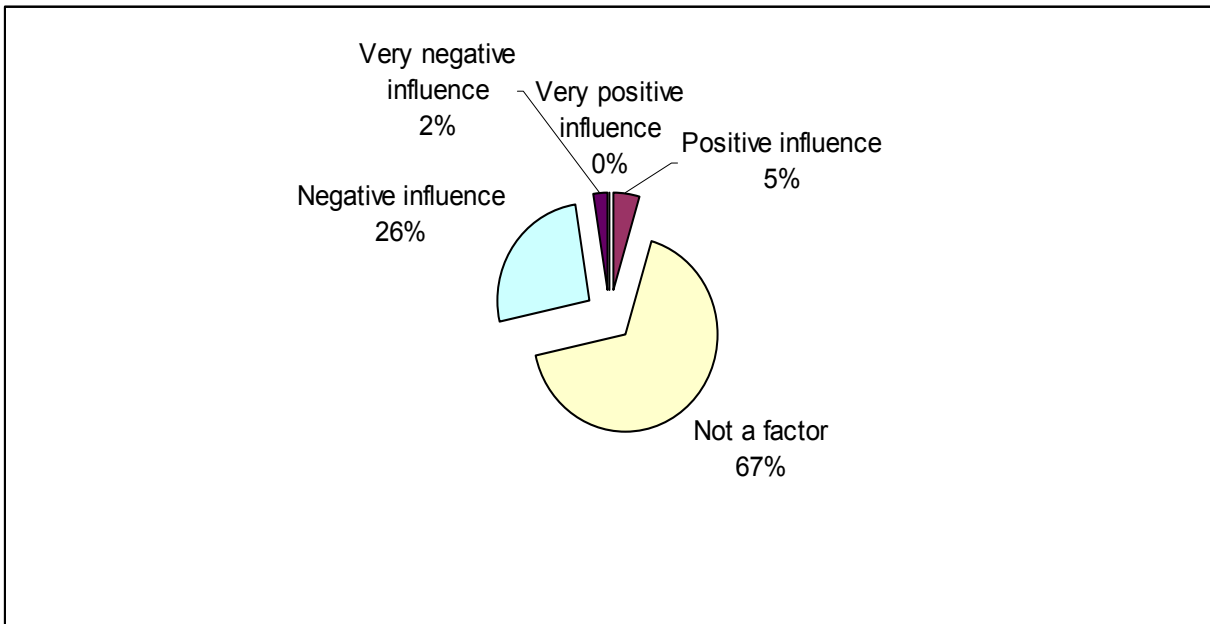


Survey Four: Current fellows in training in 2010; A total of 47/47 (100%) of fellows responded.

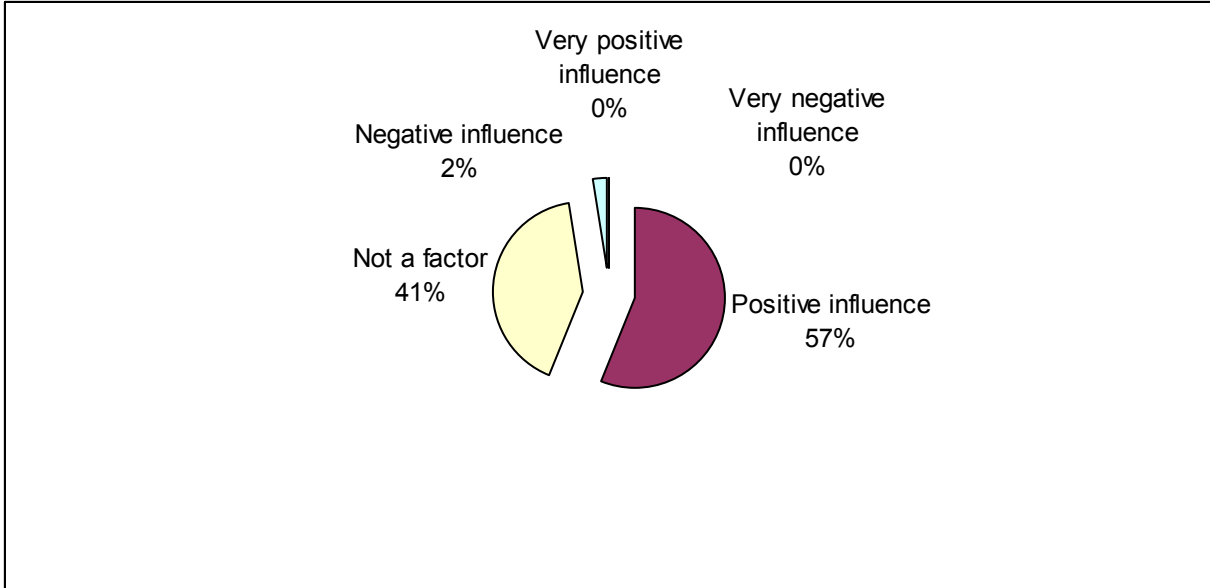
1. How did the length of training for pediatric urology influence your decision to enter into the field?.



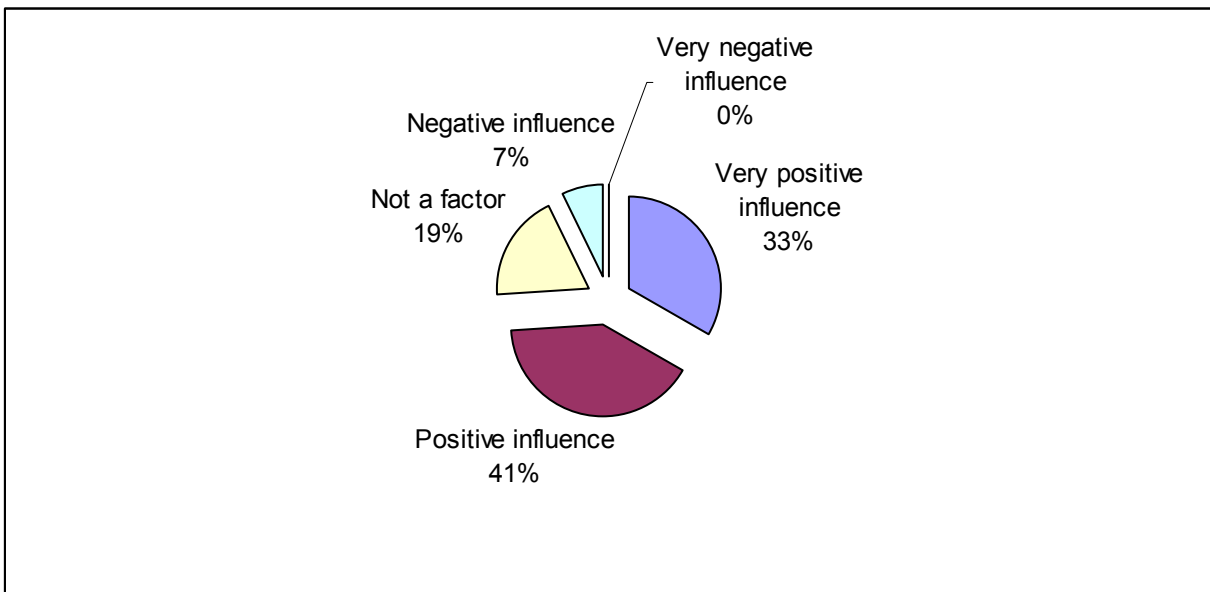
2. How much did earning potential influence your decision to enter into the field?



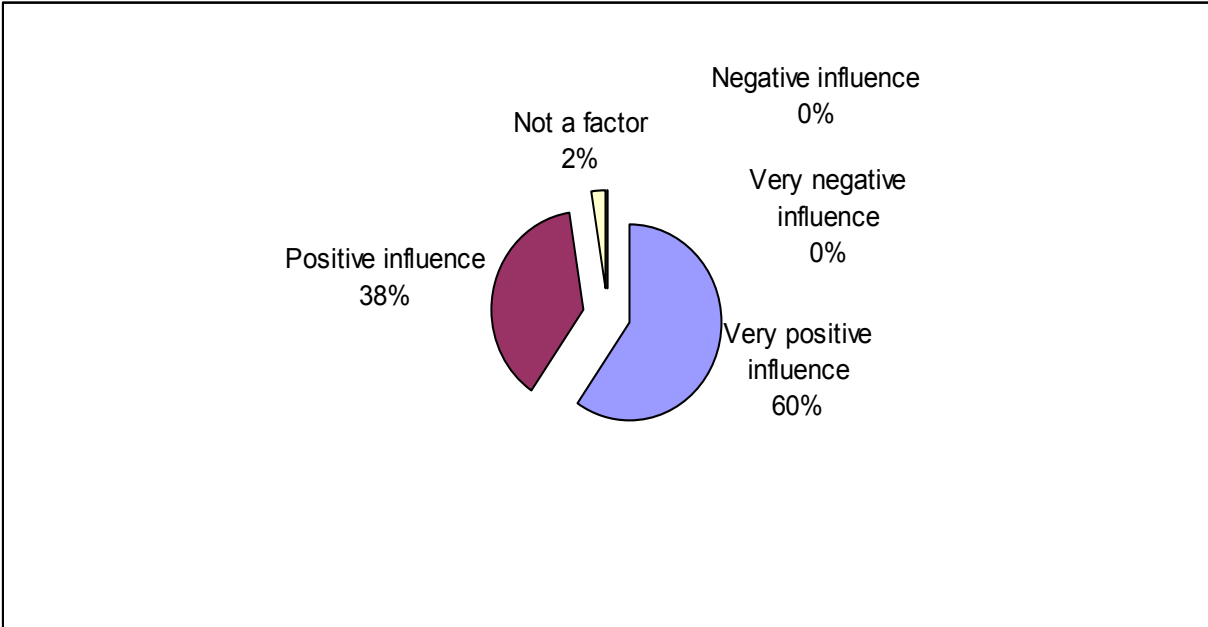
3. How much did the lifestyle of practicing pediatric urology influence your decision to enter into the field?



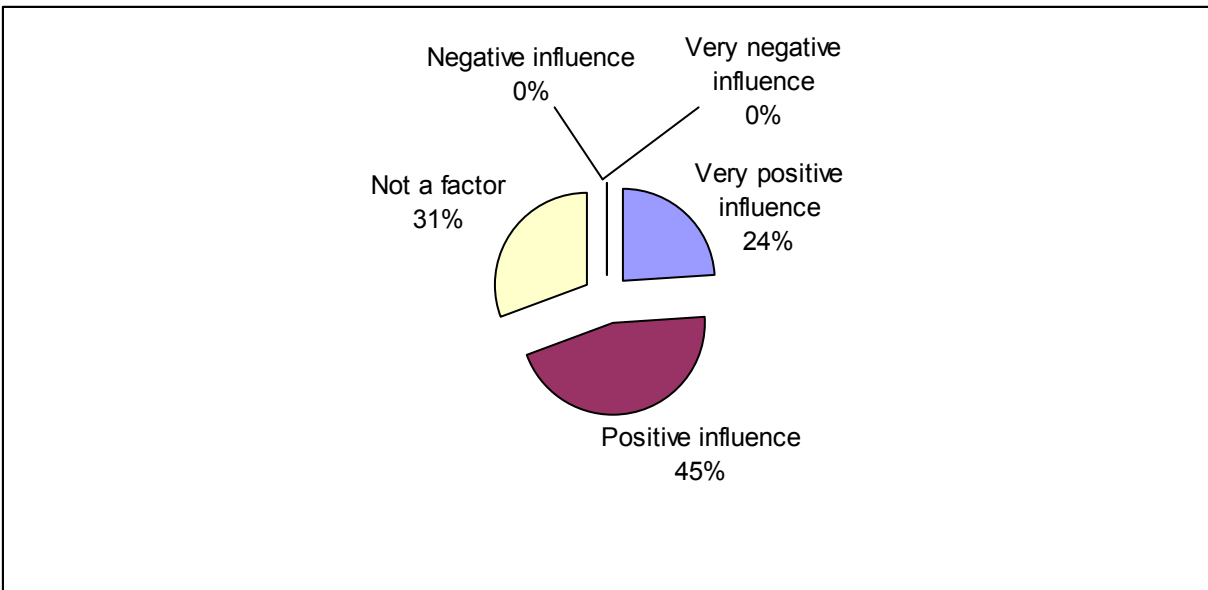
4. How much did the personality type of individual who practices pediatric urology influence your decision to enter into the field?



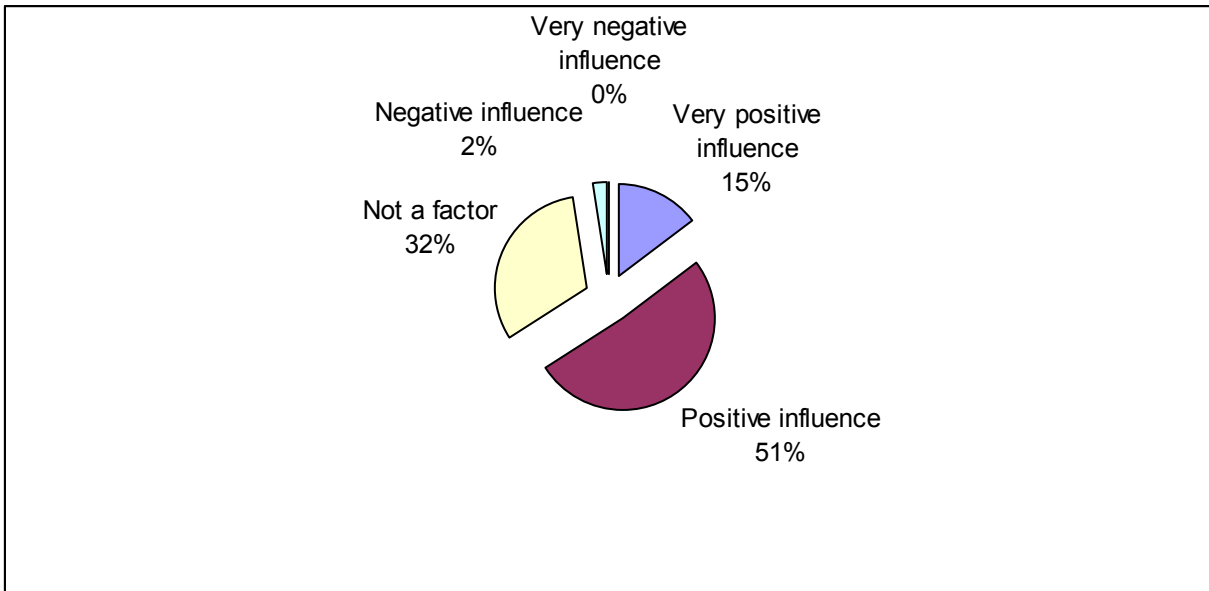
5. How much did your interest in treating pediatric patients and their pathology influence your decision to enter into the field.



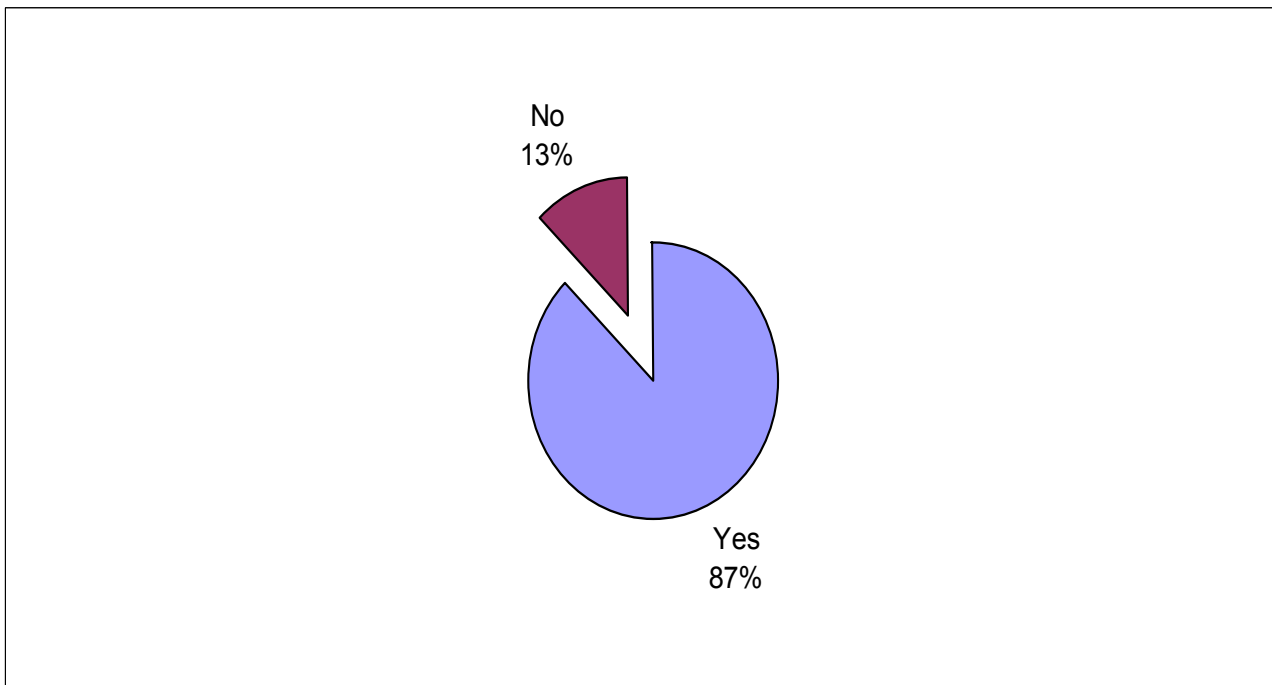
6. How much interest did pursuing a academic practice influence your decision into entering into the field?



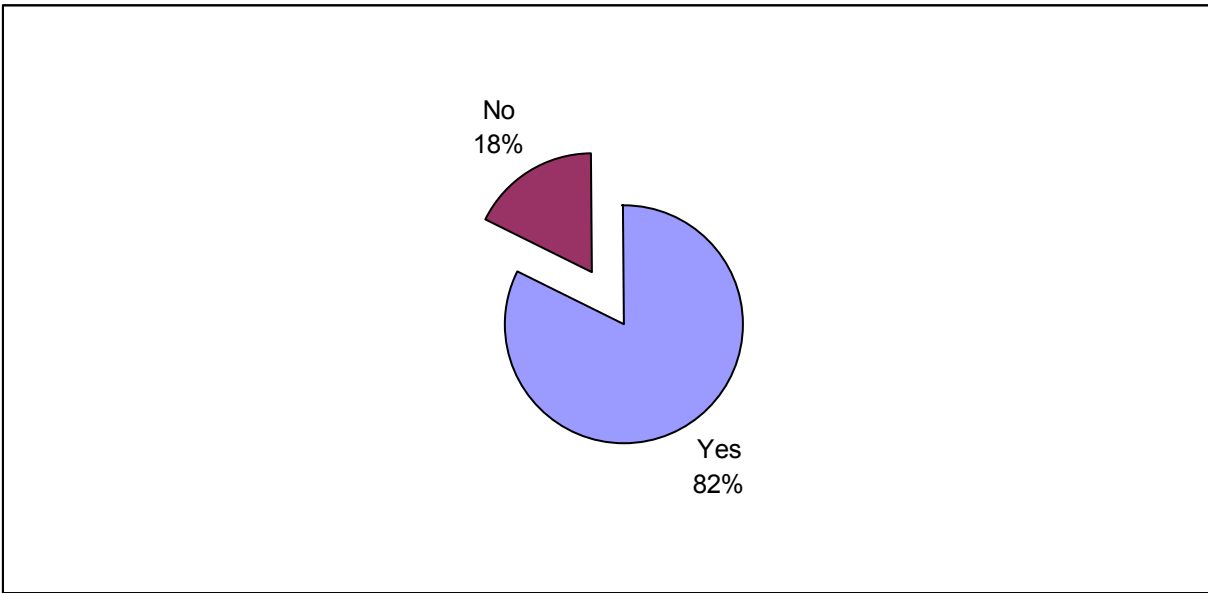
7. How much did the job availability (job market) for pediatric urology influence your decision to enter into the field?



8. During your fellowship interview did your faculty describe your research year to you?



9. Did your actual experience match the faculties description, if not please list why? N=34/47 (72%) respondents



Answers paraphrased and grouped

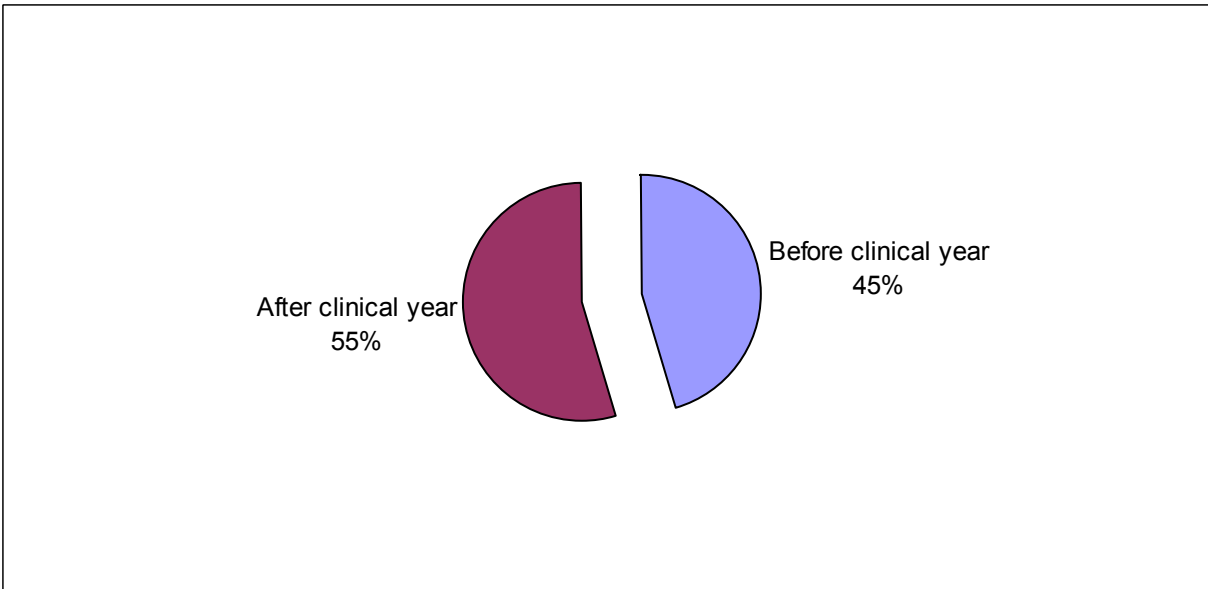
“Almost no protected time” “constant clinical encroachment”

3 respondents

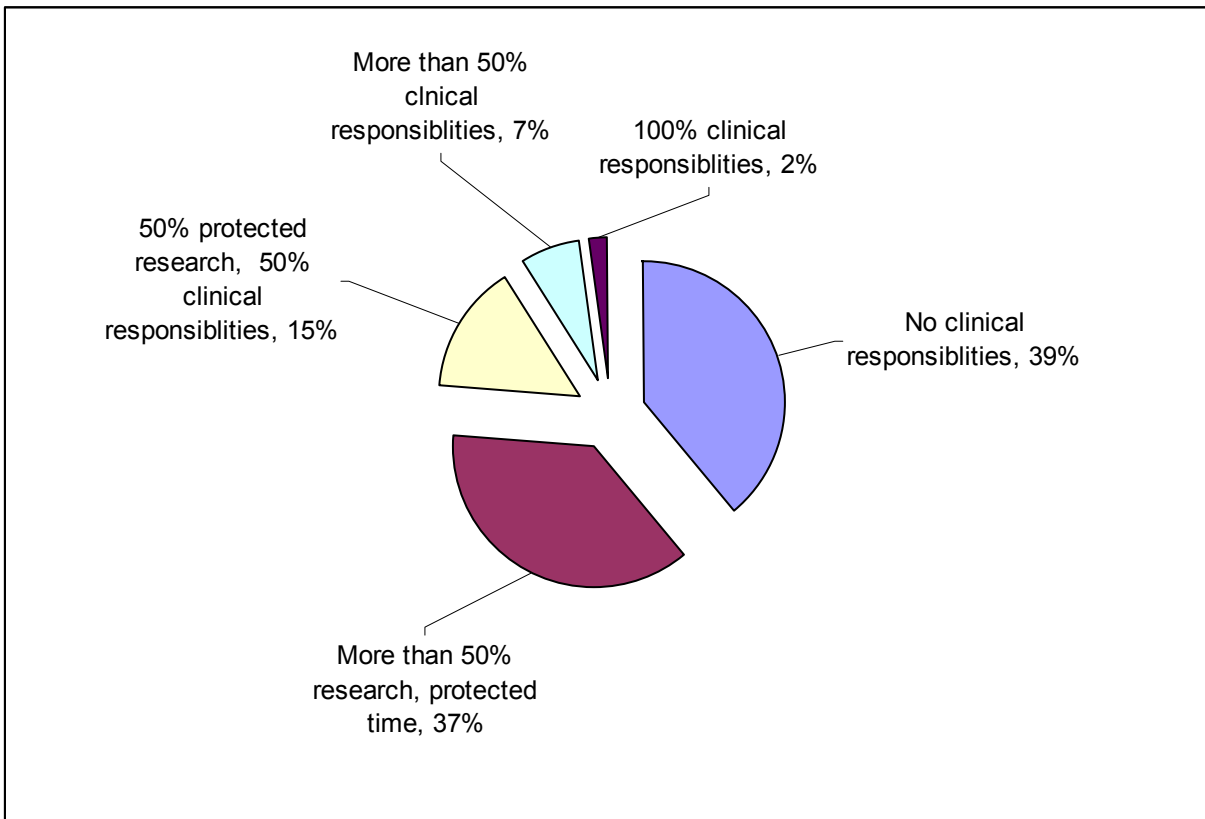
No (almost no) mentorship

3 respondents

10. When did you or will you do your research year, before or after your clinical year.



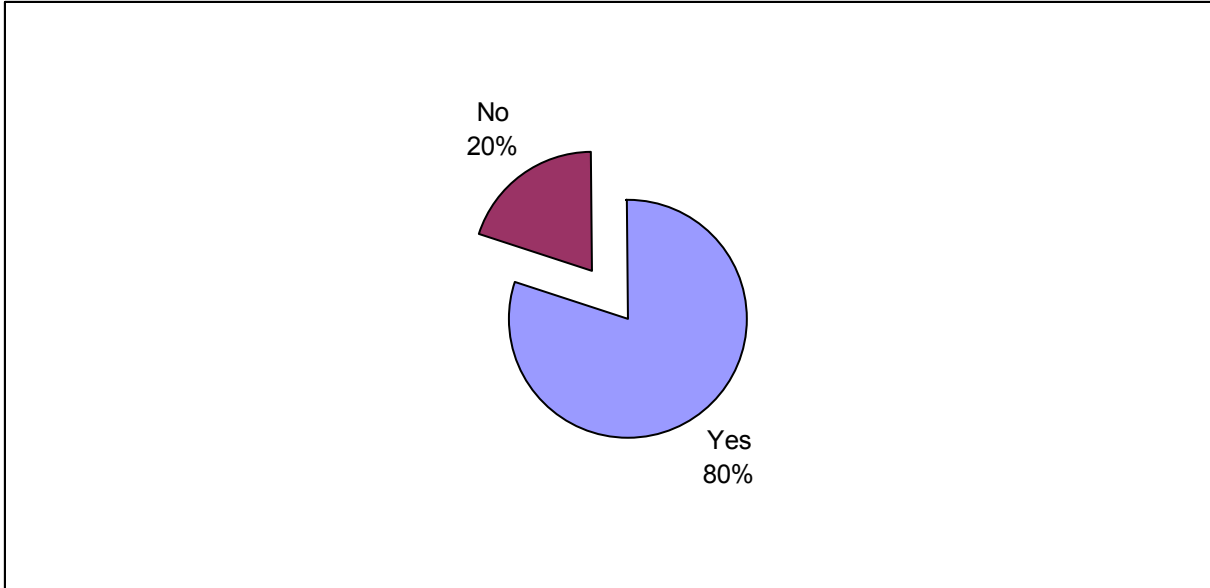
11. How much protected time did you have in your research year?



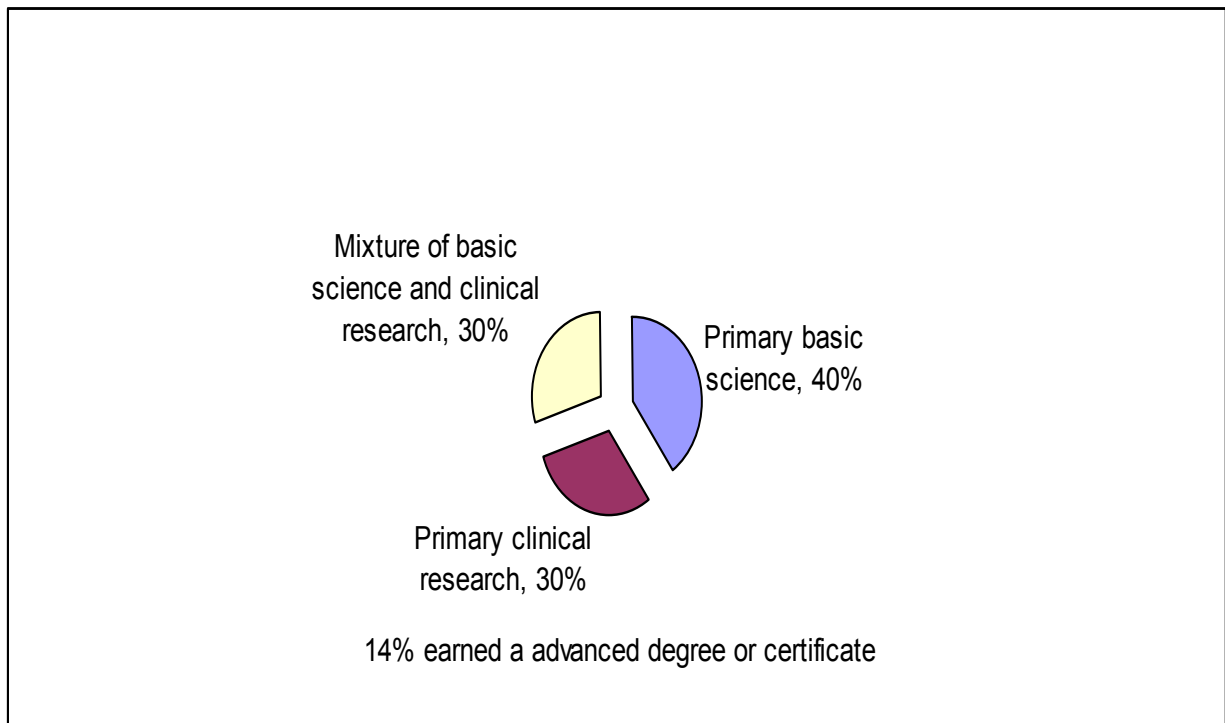
12. If you did your research year after your clinical year, did you have clinical responsibilities during your research year and if so what were they? 25 respondents

Primary call	56% (14/25)
Back up call	36% (9/25)
Autonomous clinical and operative service	56% (14/25)
Saw and operated on faculty patients	44% (11/25)
Had independent admitting privileges	48% (12/25)
Had a faculty appointment	44% (11/25)

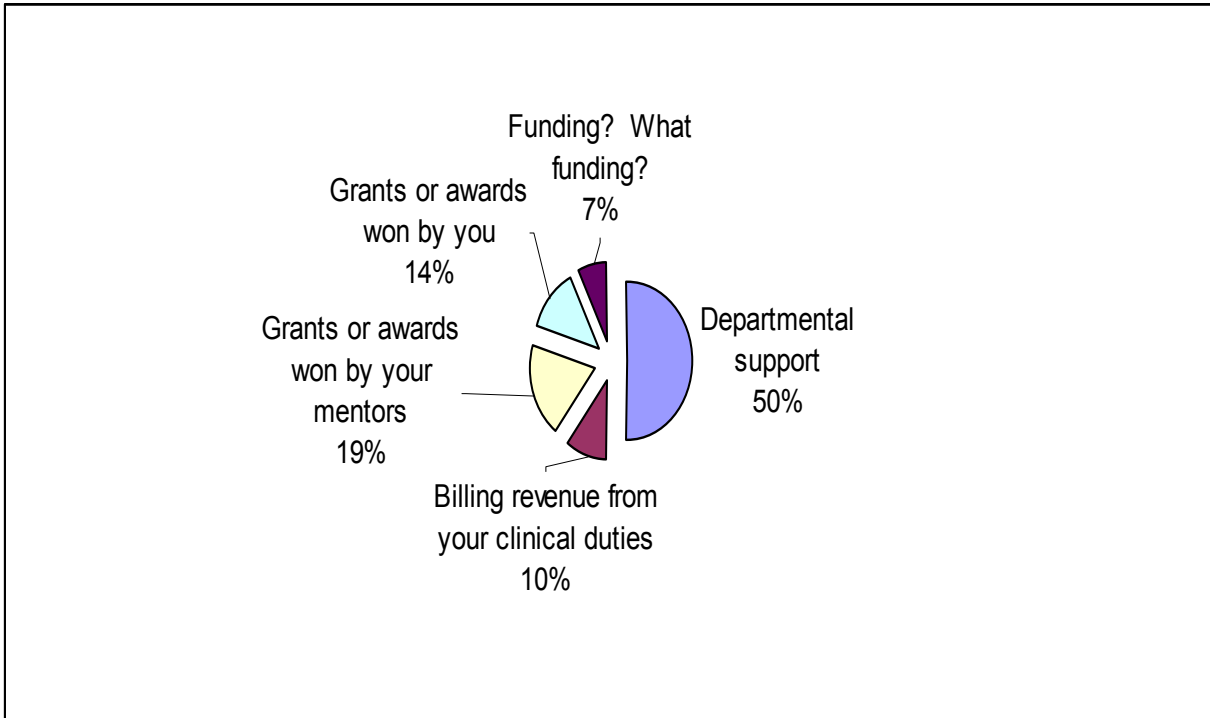
13. Did you have adequate mentoring during your research year?



14. What kind of research did you do during your research year?



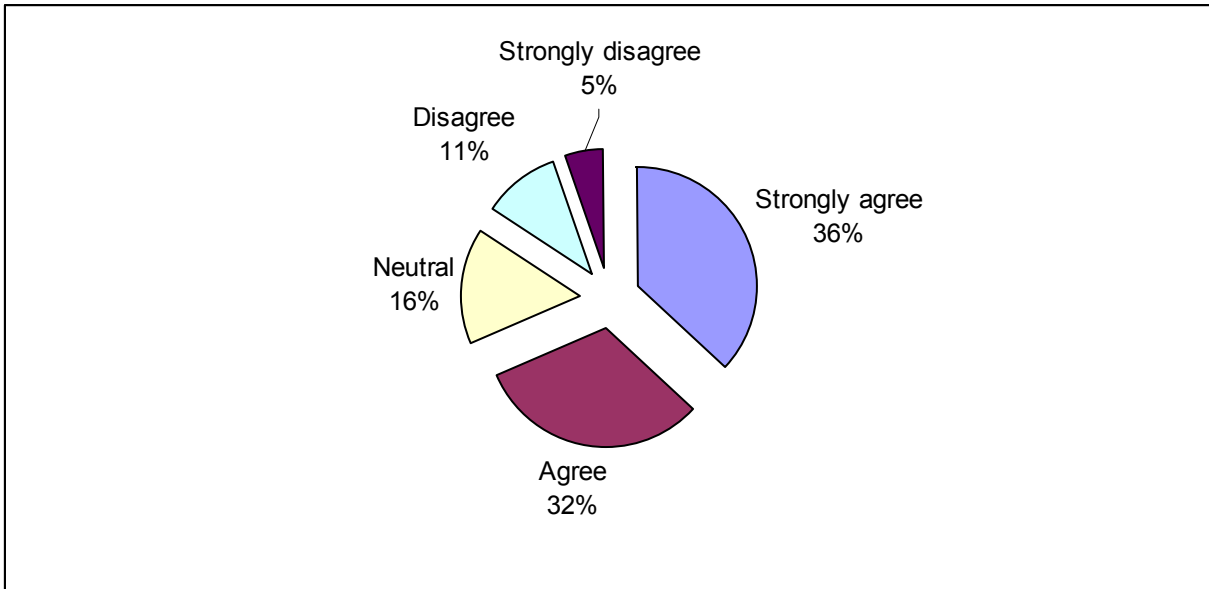
15. How was year research year funded?



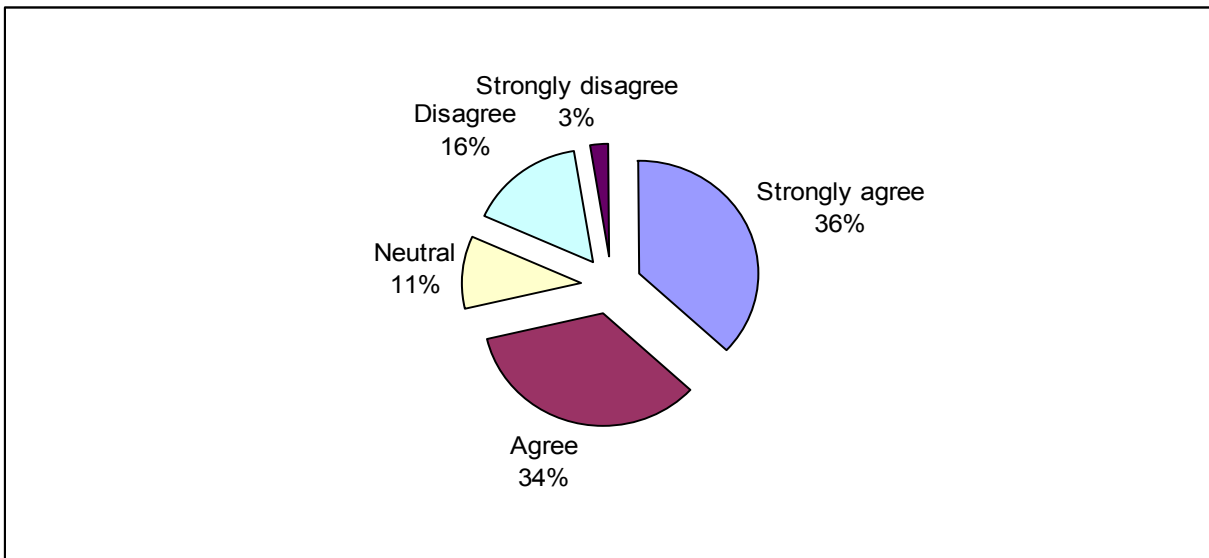
16. Did you publish a peer review article, non peer reviewed article, book chapter or present at a national or international meeting during your fellowship?

Peer reviewed manuscript	79% (34/43)
Authored or co-authored book chapter	67% (29/43)
Non-peer reviewed manuscript	33% (14/43)
Presented at a national meeting	81% (35/43)

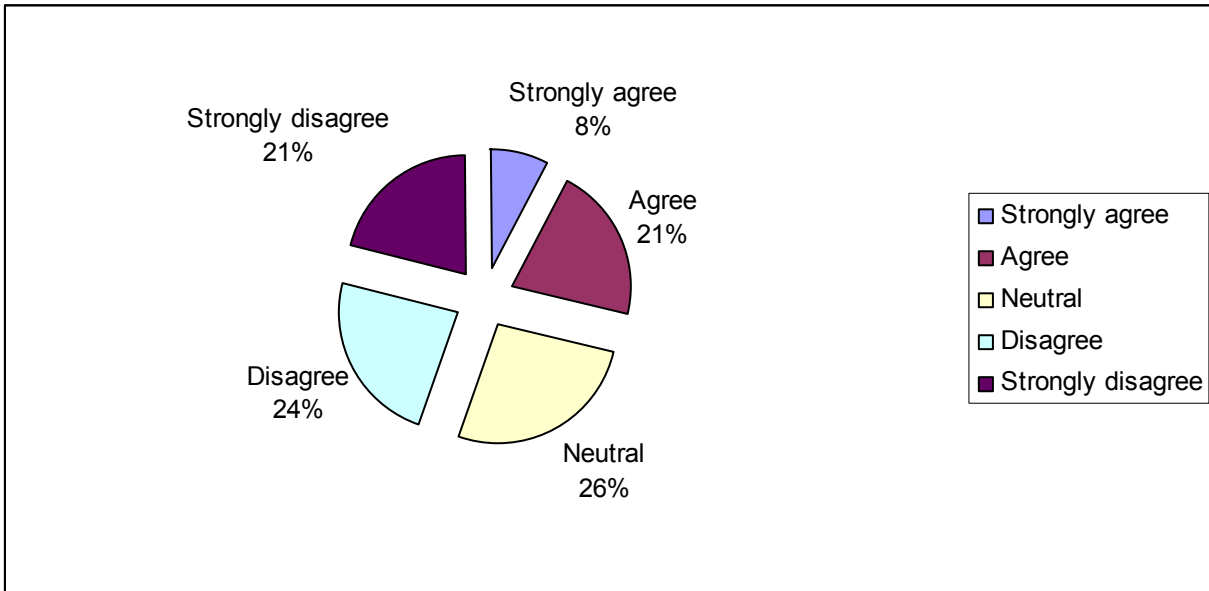
17. Do you agree or disagree with the statement my research year was a valuable experience to me.



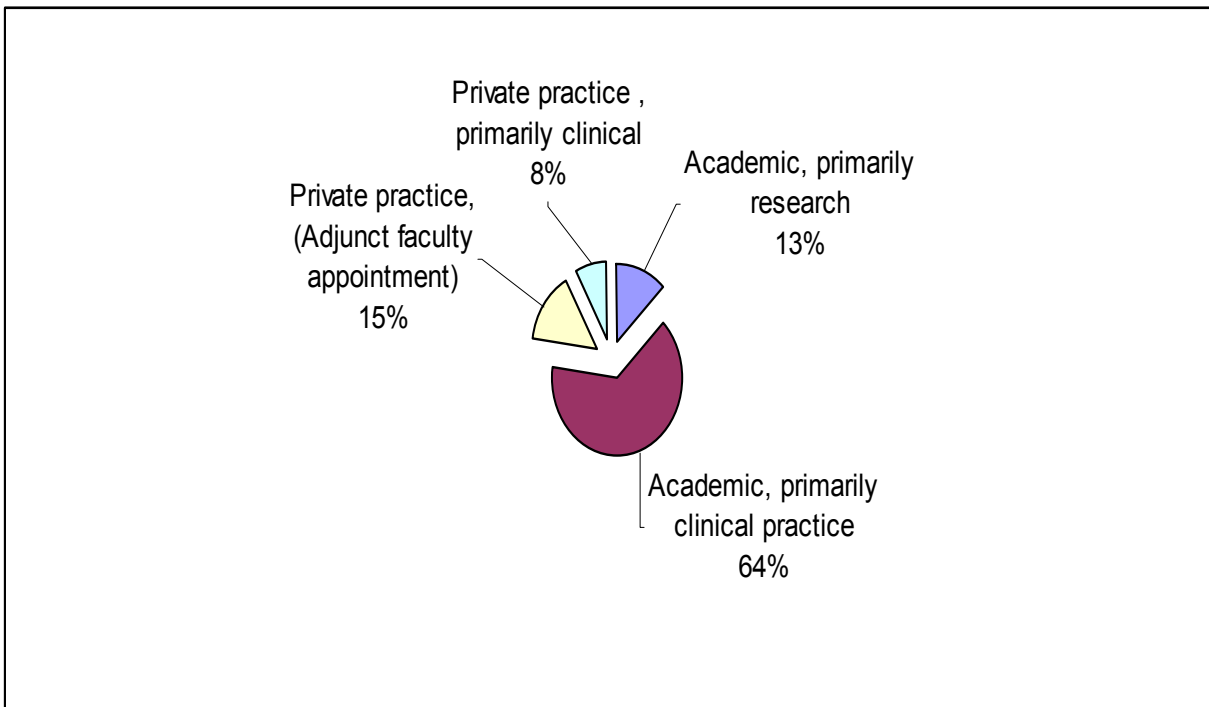
18. Do you agree or disagree with the statement my research year taught me useful skills.



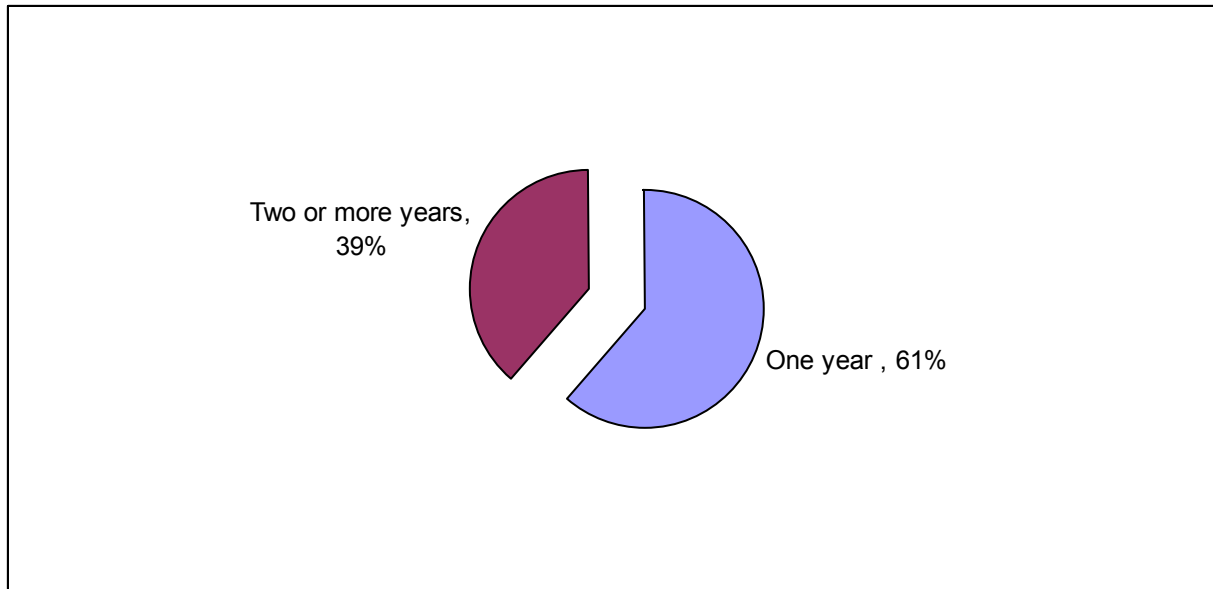
19. Do you agree or disagree with the statement my research year was a painful/frustrating experience.



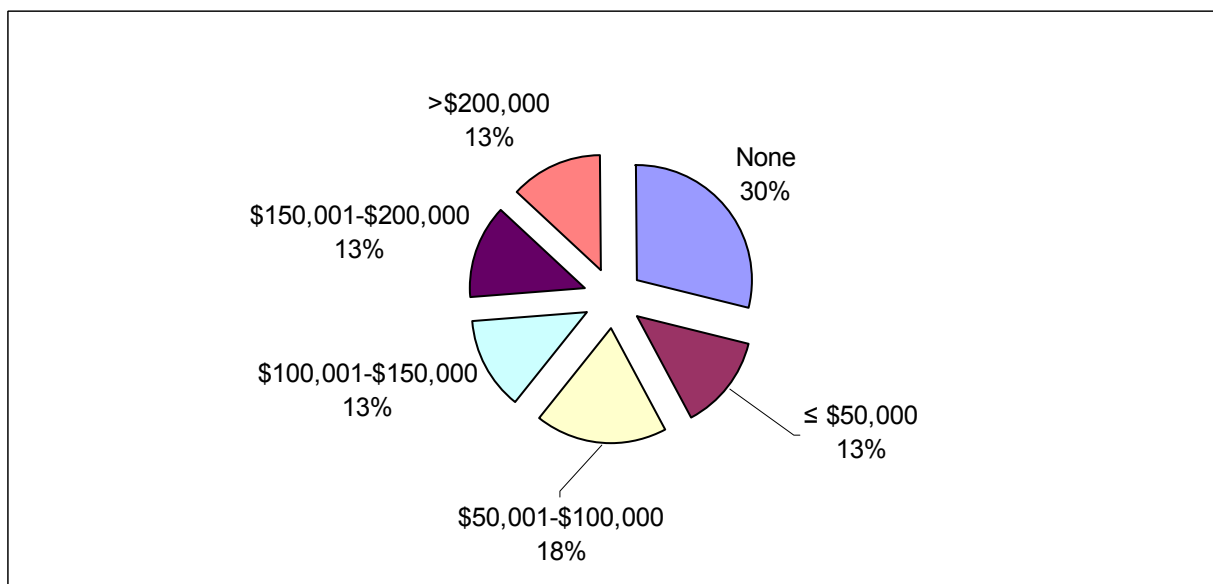
20. What kind of job do you intend to pursue immediately upon finishing your fellowship?



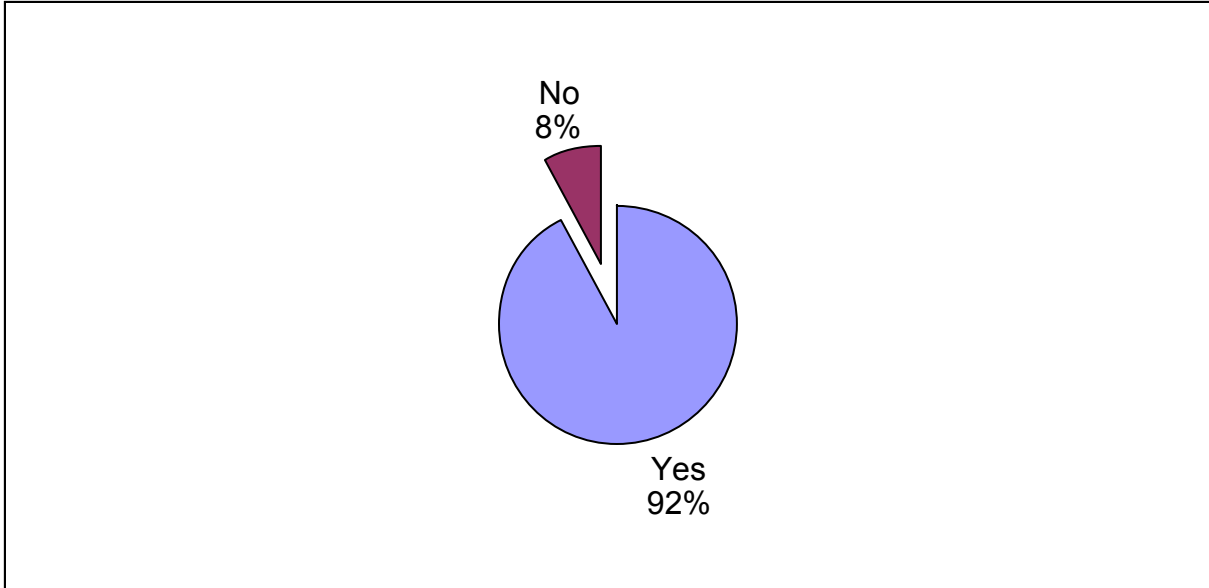
21. In your opinion the optimum length for a pediatric urology fellowship is:



22. What is your level of total educational debt?



23. If you could do it over again would you still have chosen to do a pediatric urology fellowship?



If no why not? Comments (Paraphrased)

1. The severe financial strain, along with the emotional strain on my family has been incredibly painful.
2. Very painful two years of my life, with everything I have experienced, I would choose not to do it again.
3. The extra expertise gained does not justify the time spent.