

Razvi & Sitland; on behalf of the Canadian Urological Association's Health Policy Committee and Board of Directors. The state of urology in Canada: Results of the 2022 Canadian Urological Association Membership Survey

APPENDIX 1. Census Survey

Part 1: Information on Urologists in Canada

1. Year of Birth ____ [####]

2. Gender:

Male	1
Female	2
Non-binary	3
Transgender	4
Other	5
Prefer not to disclose	99

3. What is your current employment status?

Full-time	1
Part-time	2
Unemployed	3

SHOW ON SEPARATE SCREEN: Thank you for your interest in participating in the Canadian Urological Association Census. For the purposes of this survey, we would like you to consider your **[IF CODE 1 OR 2 AT Q3 SHOW: current] [IF CODE 3 AT Q3 SHOW: most recent]** main/primary practice setting when answering the remainder of the survey.

4. Province of your primary practice: **PROGRAM LIST OF PROVINCES / TERRITORIES**

5. City of your primary practice: **PROGRAM LIST PROVINCIAL CITIES BASED ON Q3.**

6. Please enter the postal code of your primary practice: ____ **[A1A 1A1]**

7. Do you identify as having a primary practice that is:

Academic	1
Community	2
Hybrid: both academic and community (with an official academic affiliation)	3

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8. Primary language spoken in your primary practice:

English	1
French	2
Both English and French	3
Other	4

Part 2: Education and Training

9. Country (location) where medical school was attended:

Canada	1
Other – please specify _____	2

ASK IF CODE 1 (CANADA) AT Q9

10. Which province in Canada did you attend medical school? **PROGRAM LIST OF PROVINCES / TERRITORIES**

11. Completion of residency year: _____ [####]

12. Did you complete fellowship training (at least one year in duration)?

Yes	1
No	2

ASK IF CODE 1 (YES) AT Q12

13. Please indicate your fellowship training area (at least one year in duration).
Please select all that apply.

Pediatrics	1
Oncology	2
Endourology / MIS	3
Andrology	4

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Reconstruction	5
Transplant	6
Other – please specify_____	7

ASK IF CODE 1 (YES) AT Q12

14. Why did you pursue fellowship training? *Please select all that apply.*

Academic interest	1
Necessary for desired job	2
No other jobs available	3
Other – please specify_____	7

ASK IF CODE 1 (YES) AT Q12

15. Does your current job allow you to practice your fellowship specialty as the majority of your practice?

Yes	1
No	2

ASK ALL

16. What is the total number of years you have spent practicing urology, since completion of residency/fellowship training?

____ # years

Part 3: Practice

17. What is your primary clinical area? *Please select one only.*

General	1
Pediatrics	2
Oncology	3
Endourology / MIS	4

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Andrology	5
Reconstruction	6
Transplant	7
Other – please specify_____	8

Part 4: Information Regarding Workload

SHOW ON SEPARATE SCREEN: For the next series of questions, we would like you to think of **IN-PERSON patient visits only** (excluding any virtual / telephone consults).

PN: SHOW NOTE UNDER QUESTION TEXT FOR Q18,19,24 THAT SAYS: We would like you to think of **IN-PERSON patient visits only** (excluding any virtual / telephone consults).

SHOW IF CODE 3 AT Q3: Please consider your most recent main/primary practice setting when answering these questions..

18. Number of in-person patient visits/encounters in a typical week:

_____ #

19. Number of minutes you spend with a new patient consult in a typical office visit:

____# minutes / new patient consult

20. Number of work hours in a typical week spent on clinical activities (e.g., rounding, seeing patients, ordering and reviewing lab tests, taking calls):

____# hours / week

21. Number of work hours in a typical week spent on nonclinical:

		Hours / week
Administration	1	____#
Teaching	2	____#
Research	3	____#

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22. How many days OR weeks of vacation did you take in the past year? Please enter vacation in days OR weeks, not both.

___# days OR ___ # weeks

23. What is your night call volume per month? In other words, how many nights are you on call in a typical month?

___# per month

24. How many days per week do you see patients in your office/clinic?

___# days / week [RANGE 0-7]

25. How many hours per typical week are allocated for cystoscopies?

___# hours / week

26. How many days per typical month do you have OR (operation room) time (not including cysto time)?

___# days / month

27. How much clinic time (in hospital) is spent in a typical week (in hours)?

___# hours / week

28. How many hospitals do you usually cover on call?

___# hospitals

Part 5: Team Composition

29. Do you work in a solo or group practice at your primary practice?

Solo practice	1
Group practice	2

ASK IF CODE 2 (GROUP) AT Q29

30. How many urologists participate in your shared / group practice model (share office, patients and on-call duties), including yourself?

___# urologists in group/shared practice

31. Are you currently hiring or anticipate hiring at least one additional urologist in the next...

Please select one answer per row.

		Yes	No	Unsure
...12 months	1			
...24 months	2			
...5 years	3			

ASK IF YES AT CODE 1 AT Q31

32. How many urologists are you planning on hiring in the next 12 months?

___# urologists

I'm not sure

ASK IF YES AT CODE 1 AT Q31

33. Which urology speciality training are you looking to hire in the next 12 months?

Please select all that apply.

General	1
Pediatrics	2
Oncology	3

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Endourology / MIS	4
Andrology	5
Reconstruction	6
Transplant	7
Other – please specify_____	8

Part 6: Volunteer Workload Reduction

ASK IF CODE 1 OR 2 (FT OR PT) AT Q3

34. Enter the age at which you plan to fully retire from practice:

___# years of age

I'm not sure

ASK IF CODE 1 OR 2 (FT OR PT) AT Q3

35. What factors may delay your retirement age, if any? *Please be as descriptive as possible.*

ASK IF CODE 1 OR 2 (FT OR PT) AT Q3

36. What factors may lead you to retire early, if any? *Please be as descriptive as possible.*

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ASK IF CODE 1 OR 2 (FT OR PT) AT Q3

37. Do you plan to reduce your workload within a year?

		Yes	No
Completely retire	1		
Go part-time [SHOW IF CODE 1 (FT) AT Q3]	2		

ASK IF YES AT CODE 2 (GO PART TIME) AT Q37

37b. Why do you plan to go to part-time status within a year? *Please be as descriptive as possible.*

ASK ALL

38. Do you feel that urology lends itself to part-time practice?

Yes	1
No	2
I'm not sure	3

Part 8: Urologist Workforce and Rural Areas

39. In the past 12 months, has your practice had any difficulty filling urologist vacancies?

	Yes	1
	No	2
	I'm not sure	3
My practice hasn't tried to fill urologist vacancy in the past 12 months		4

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ASK IF YES (CODE 1) AT Q39

39b. What are your difficulties filling urologist vacancies? *Please be as descriptive as possible.*

Part 9: Equipment Use and Resources

40. Do you have access in your practice to the following services? *Please select an answer for each row.*

		Yes	No
Genomic testing or bio markers such as PCA3, PHI or 4Kscore for stratification of patients with low or intermediate risk, localized prostate cancer	1		
Focal therapy for prostate cancer	2		
Cryotherapy for prostate cancer	3		
Cryotherapy/RFA for renal cancer	4		
IMRT (Intensity-Modulated Radiation Therapy)	5		
Prostate MRI	6		
Robotic surgery	7		
Brachytherapy/HDR	8		
Shock wave lithotripsy	9		
Multi-channel urodynamics	10		
Thulium Fibre Laser	11		
Interventional Radiology	12		

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40b. Do you anticipate continuing to use telemedicine after the COVID-19 pandemic?

Yes	1
No	2
I'm not sure	3

Part 10: Social Media

41. Do you use a social media account and/or have your own website for clinical aspects of your practice? *Please select one answer for each row.*

		Yes	No
Social media account(s) for practice	1		
Website for practice	2		

ASK IF YES FOR CODE 1 OR CODE 2 AT Q41. FILTER TO SHOW ROW IF SELECTED AT Q41.

42. **IF YES FOR BOTH CODE 1 AND CODE 2 AT Q41:** Does your practice use a social media account and/or a website associated with your practice to **share information with patients**? *Please select one answer for each row.*

IF YES FOR CODE 1 AND NO CODE 2 AT Q41: Does your practice use a social media account associated with your practice to **share information with patients**? *Please select one answer.*

IF NO FOR CODE 1 AND YES FOR CODE 2 AT Q41: Does your practice use a website associated with your practice to **share information with patients**? *Please select one answer.*

		Yes	No
Social media account(s) for practice	1		
Website for practice	2		

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ASK IF NO FOR BOTH CODE 1 & 2 AT Q41

43. Why does your practice not use a social media account nor a website associated with your practice? *Please select all that apply.*

I don't see the advantage	1
I don't have time	2
It's too costly	3
I would if someone made it easy for me	4
Privacy concerns	5
Other – please specify_____	6

44. Are you using electronic medical records (EMRs) in your office?

Yes	1
No	2