Update on the state of urology in Canada

Results of the 2024 Canadian Urological Association membership survey

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Appendix available at *cuaj.ca*

INTRODUCTION

A census is an official count or survey of a population taken at regular intervals.[1,2] In 2022, the Canadian Urological Association (CUA) conducted its first comprehensive census to collect data on membership demographics and practice patterns, as well as to better understand workforce and resource challenges across the country. In addition, it was hoped that the information obtained could be used by the CUA's Health Policy and newly formed Advocacy Committees in their interactions with licensing, accrediting bodies, and policymakers. A further goal was to collect longitudinal data to track potential trends or regional variations over time that could aid the CUA in modifying existing or developing new educational programming. A two-year interval between the initial survey and the next census was planned, and it is the CUA's aim to conduct future surveys at two-year intervals to keep abreast of future membership challenges and/or important demographic shifts in the urological workforce.

The results of the 2024 census, with a focus on new findings or emerging trends since the last survey, are the subject of this communication.

METHODS

In 2022, the CUA signed a contractual agreement with Leger*, the largest Canadian-owned market research and analytics company, after a formal request for proposal (RFP) process. The details of the initial 2022 census question development process were previously outlined.[3]

The initial census questions were selected to obtain information on CUA membership demographics and to learn about practice patterns, resource access, recruitment, and patient care challenges across the country. The questions were also specifically chosen with the intention of repeating them again in two years to allow for the capture of comparative longitudinal data. Additionally, new questions were added to allow the collection of other information of interest.

As with the 2022 census, the most recent survey was designed to be completed online and kept succinct to allow members to complete the entire questionnaire within 15 minutes. The 2024 census questions are included in the online Appendix (available at *cuaj.ca*).

The focus of the census again in 2024 was the membership in the active and senior (but still practicing) categories. Members in training, those practicing outside of Canada, non-urologist associate members, or retired members were not surveyed. The census was provided in both French and English. As an incentive to participate, a $50 Amazon gift card was offered to all members who completed the census. Notification of the census was publicized on the CUA's website, via email blast, and on the organization's social media platforms. The survey was available to members from May 1 to August 31, 2024.

Results were reviewed to understand if regional variations in members' responses were present. Additionally, responses to questions from the 2022 census were also compared. Statistical results were rounded such that some domains did not total exactly 100%. A weighting methodology was applied based on membership by province to prevent over-representation by a single region and to render a more representative national viewpoint.

RESULTS

Demographics

A total of 342 active and senior (but still practicing) CUA members completed the 2024 census. From a potential pool from these two membership categories of 737 members as of July 2024, this represented a participation response rate of 46%. By comparison,

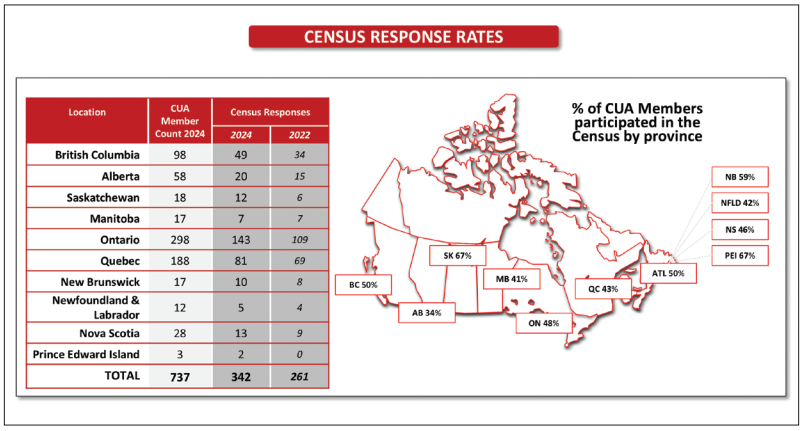
*Leger, 507 Place d'Armes, Suite 700, Montreal, QC, H2Y 2W8; https//leger360.com

the response rate in 2022 was 39%. Participation by province is demonstrated in Figure 1. A summary of the demographic data, including age, gender, employment status, and main practice setting with comparative results from the 2022 census is shown in Figure 2. In comparison with 2022, there was minimal change in CUA members' demographic data. The primary language used in clinical practice was English for 74% of members and French for 19%. Seven percent indicated they conversed equally in both official languages in their practice.

As noted in the 2022 survey, most practicing CUA members completed medical school in Canada (91% in 2022, 90% in 2024). Countries where international medical graduates completed their training included, in alphabetical order: Algeria, Brazil, Columbia, Egypt, France, Germany, India, Iran, Ireland, Israel, Italy, Lebanon, Netherlands, Nigeria, Panama, Philippines, Poland, South Africa, and Syria. Residency training was completed prior to 2010 in 47% of respondents.

Fellowship training of at least one year's duration was completed by 72% of members, similar to 2022. The primary motivation for those pursuing fellowships remained academic interest. Of note, however, those members who graduated from residency training after 2010 were increasingly motivated to undertake additional fellowship training, not because of academic interest, but as a necessity to secure a position; prior to 2000, less than 30% of respondents chose a fellowship for job necessity vs. 61% of those training after 2010. Further details on fellowship training results are depicted in Figures 3 and 4.

Among those members who completed the census, the average number of years in practice was 15 years, with 38% in practice for less than 10 years and 31% for more than 20 years. When asked about primary clinical focus, 46% of survey respondents indicated they had a general practice. Among those who indicated they had a subspecialty focus, oncology was most commonly mentioned (19%), followed by endourology/minimally invasive surgery (MIS) (13%), pediatrics (7%), reconstruction (7%), andrology (3%), and transplantation (2%).



Location	CUA Member Count 2024	Census Responses 2024	Census Responses 2022
British Columbia	98	49	34
Alberta	58	20	15
Saskatchewan	18	12	6
Manitoba	17	7	7
Ontario	298	143	109
Quebec	188	81	69
New Brunswick	17	10	8
Newfoundland & Labrador	12	5	4
Nova Scotia	28	13	9
Prince Edward Island	3	2	0
TOTAL	737	342	261

Figure 1. Respondents by province.

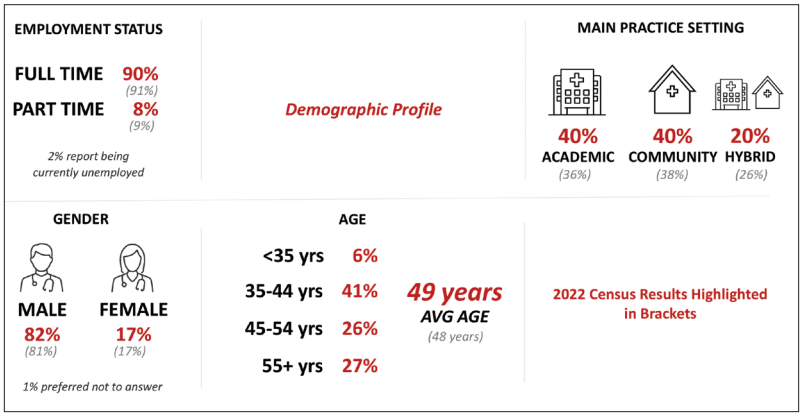
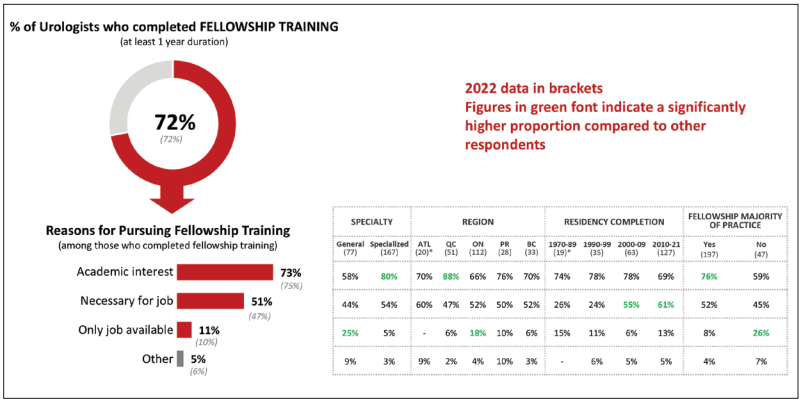


Figure 2. Active members' demographic profile in 2024 (2022 comparative values in brackets).

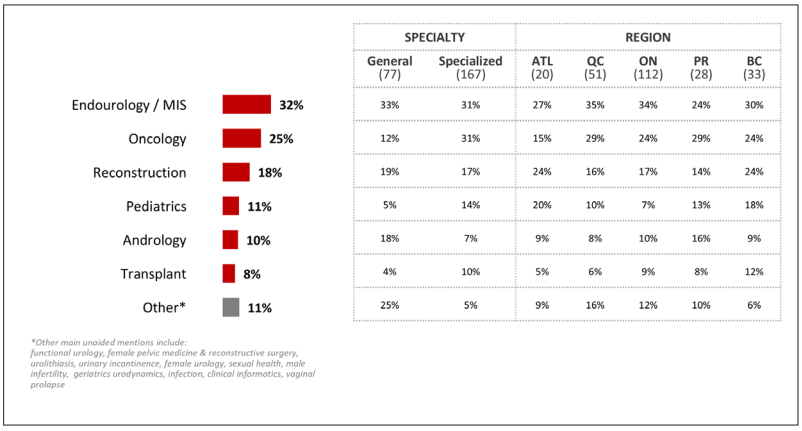


SPECIALTY		REGION					RESIDENCY COMPLETION				FELLOWSHIP MAJORITY OF PRACTICE	
General (77)	Specialized (167)	ATL (20)*	QC (51)	ON (112)	PR (28)	BC (33)	1970-89 (19)*	1990-99 (35)	2000-09 (63)	2010-21 (127)	Yes (197)	No (47)
58%	80%	70%	88%	66%	76%	70%	74%	78%	78%	69%	76%	59%
44%	54%	60%	47%	52%	50%	52%	26%	24%	55%	61%	52%	45%
25%	5%	-	6%	18%	10%	6%	15%	11%	6%	13%	8%	26%
9%	3%	9%	2%	4%	10%	3%	-	6%	5%	5%	4%	7%

Figure 3. Reasoning for pursuing fellowship training (2022 comparative values in brackets). Figures in green font indicate a significantly higher proportion than other respondents.

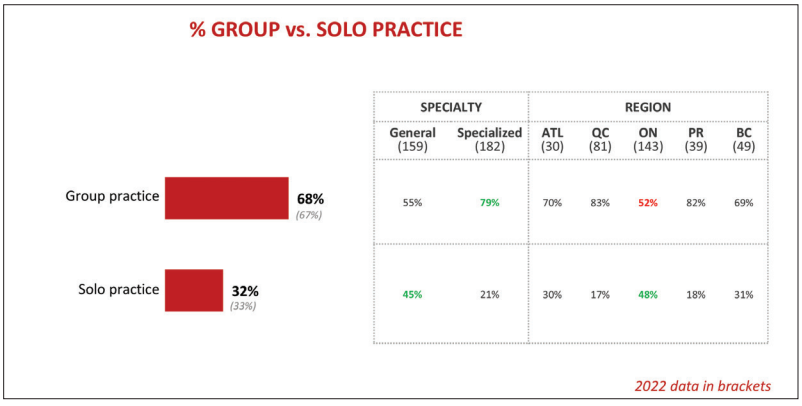
Practice patterns

Similar to 2022, 68% of CUA members participating in the survey indicated they work in a group practice, although this was less commonly reported among those practicing in Ontario. The breakdown by practice type and region is depicted in Figure 5. For those working in a group, there was an average of eight urologists in the group. Physician extenders, such as expanded-role nurses or nurse practitioners, are involved in close to 30% of survey members' practices, especially among subspecialists. Physician extenders were least commonly used in British Columbia (BC). Nearly seven in 10 survey participants reported having trainees, including



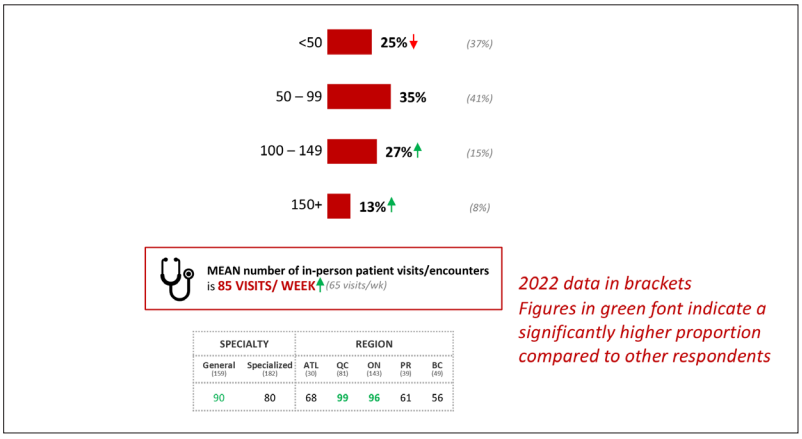
	SPECIALTY		REGION				
	General (77)	Specialized (167)	ATL (20)	QC (51)	ON (112)	PR (28)	BC (33)
Endourology / MIS 32%	33%	31%	27%	35%	34%	24%	30%
Oncology 25%	12%	31%	15%	29%	24%	29%	24%
Reconstruction 18%	19%	17%	24%	16%	17%	14%	24%
Pediatrics 11%	5%	14%	20%	10%	7%	13%	18%
Andrology 10%	18%	7%	9%	8%	10%	16%	9%
Transplant 8%	4%	10%	5%	6%	9%	8%	12%
Other* 11%	25%	5%	9%	16%	12%	10%	6%

Figure 4. Fellowship programs selected based on current practice type and region.



	SPECIALTY		REGION				
	General (159)	Specialized (182)	ATL (30)	QC (81)	ON (143)	PR (39)	BC (49)
Group practice 68% (67%)	55%	79%	70%	83%	52%	82%	69%
Solo practice 32% (33%)	45%	21%	30%	17%	48%	18%	31%

Figure 5. Practice type (2022 comparative values in brackets). Figures in green font indicate a significantly higher proportion than other respondents. Figure in red font indicates a significantly lower proportion than other respondents.



SPECIALTY		REGION				
General (159)	Specialized (182)	ATL (30)	QC (81)	ON (143)	PR (39)	BC (49)
90	80	68	99	96	61	56

Figure 6. Number of in-person encounters in a typical week (2022 comparative values in brackets). Figures in green font indicate a significantly higher proportion than other respondents. Green arrows indicate a significantly higher proportion compared to 2022. Red arrow indicates a significantly lower proportion compared to 2022.

students, residents, and/or fellows. While expectedly, 93% of academic respondents had trainees, a significant number of those in a hybrid (85%) or community settings (77%) also reported involvement with learners, including students, residents, and fellows.

CUA members reported an increase of in-person patient encounters in a typical week compared to 2022. The mean number of encounters was 85/week, up from 65 reported in the prior survey. The breakdown of patient visits by volume, practice type, and region is displayed in Figure 6. Survey participants reported spending an average of 18 minutes on a new patient consultation, similar to 2022, which was also consistent among general urologists and subspecialists across the country.

On average, participants reported working 46 hours/week on clinical activities, with 49% spending more than 50 hours on clinical duties. Practitioners in Atlantic Canada and Quebec reported working fewer hours/week compared to the national average. Further details on the hours worked on clinical activity/week are shown in Figure 7.

The makeup of a typical week with respect to clinical activities is similar across the country and consistent with 2022 findings. Three-quarters of CUA members report seeing patients in clinic or office 2–3 days per week. On average, six hours/week are allocated for cystoscopies and four days per month are spent in the operating room. There were minimal differences in the distribution of clinical activity between general urologists and subspecialists. The average number of nights on-call was seven/month, although 12% reported doing more than 11 nights/month. The frequency of night calls was similar among regions, practice focus, and when compared to 2022. When on-call, members report covering three hospitals, on average, although 30% indicated they cover four or more facilities.

For non-clinical activities, including administrative tasks, teaching, and research, respondents devoted five hours/week to one or more of these activities. With respect to teaching, 71% reported from one to more than eight hours/week focused on educational tasks. Research activity is undertaken by 46% of members, with a mean of three hours/week, although 20% reported allocating more than five hours/week.

Members who completed the survey reported taking an average of five weeks of vacation in the past year, similar to 2022; however, the proportion taking six weeks or more increased to 46% compared to 37% in 2022.

Members were asked if their practices were currently hiring or expecting to hire at least one additional

urologist over the next five years, and 77% indicated this intention. This figure increased significantly from 68% in 2022. When broken down by region and the timing of hiring, a greater proportion of members in Quebec and the Prairie provinces indicated an intention to hire within 12 months, with fewer hiring plans reported for Ontario during this same time frame. Based on the type of practice, 86% of academic-focused members reported plans to hire within five years vs. 67% of those in a general practice. Among those members aware of the potential for new hiring, the expertise being sought is demonstrated in Figure 8.

Members were asked about retirement planning. The mean age reported for full retirement was 64 years; however, three in 10 CUA members were unsure of their retirement plans. There was minimal difference in opinion regarding age of retirement among regions, those in community vs. academic practices, or among those who completed the 2022 survey. Of note, 52% of respondents indicated their financial situation was the most important factor influencing their retirement planning, similar to 2022. Physician burnout was cited by 19% of members as a reason to consider earlier retirement.

Census participants were asked to describe the most pressing issues facing practicing urologists in Canada at this time. The most common issues listed included: an inability to provide timely patient access to care (51%), physician burnout (34%), financial stress (7%), and limited practice opportunities (4%).

When asked if they would consider choosing urology as a career if they were starting all over again, 74% of respondents indicated they would do so, while 17% were unsure and 9% indicated they would not choose the specialty. Those with a subspecialist focus were more likely to be satisfied with their career choice (79%) compared to those in a community setting (70%). There were no regional differences observed.

Similar to the 2022 survey, we asked CUA members about their access to a number of technologies or services. Again, we noted regional variations in access to some diagnostic and treatment options. Brachytherapy/HDR was more commonly available in British Columbia. There was greater penetration of MOSES Holmium:YAG or thulium fiber laser (TFL) lithotripsy technology in the Prairies compared to the rest of the country. Access to shockwave lithotripsy was significantly less in Ontario and Quebec compared to other regions. Robotic access was highest in the Prairies and the lowest in British Columbia. Prostate enucleation, either by TFL or holmium laser, was only available to 19% of respondents from Ontario, but

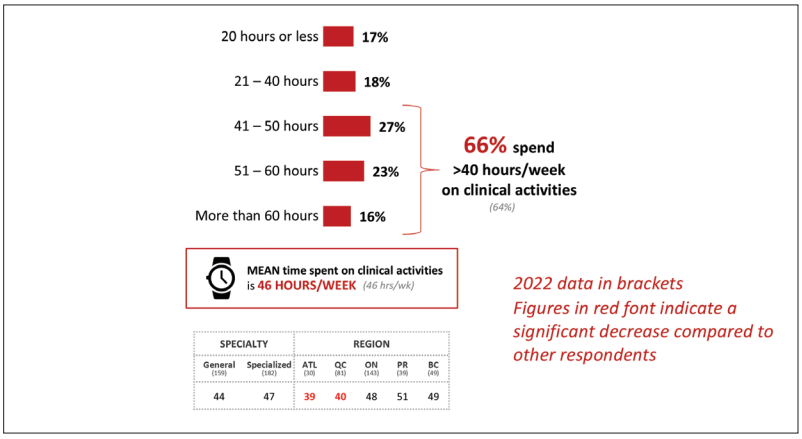


Figure 7. Time spent on clinical activities/week (2022 comparative values in brackets). Figure in red font indicates a significantly lower proportion than other respondents.

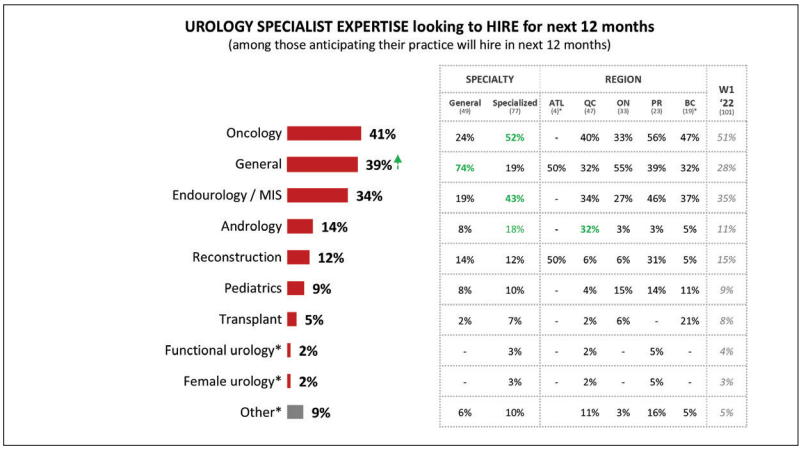


Figure 8. Expertise needed for new hires over the next 12 months (2022 comparative values in brackets). Figures in green font indicate a significantly higher proportion than other respondents. Dashed green arrow indicates a directionally higher proportion compared to 2022.

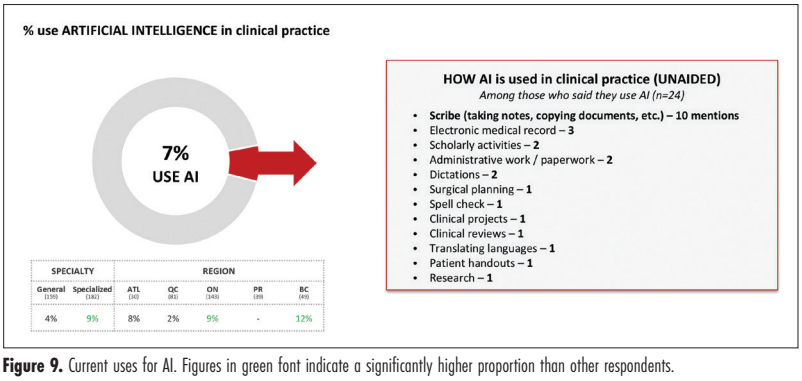


Figure 9. Current uses for AI. Figures in green font indicate a significantly higher proportion than other respondents.

76% of those working in the Prairie provinces. Focal therapies for prostate cancer, including cryotherapy, were also more widely available in the Prairies relative to all other regions. In general, those working in academic centers had greater access to the services

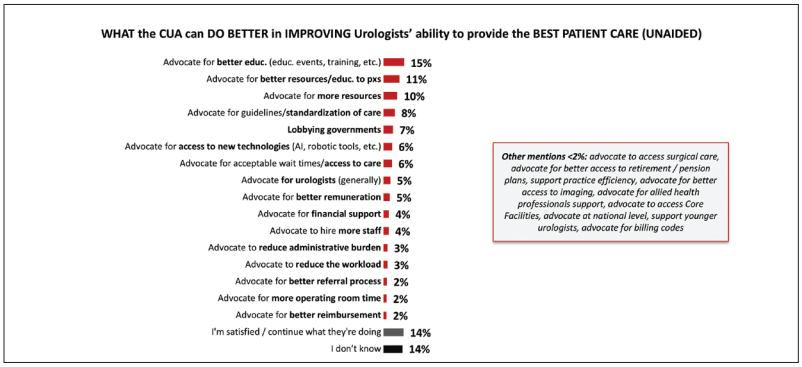


Figure 10. Suggestions for CUA advocacy efforts to improve patient care.

and technologies listed compared to their counterparts working in the community setting.

Several questions were posed regarding office-related practices and technology, including the use of telemedicine, social media presence, electronic medical records (EMRs), and artificial intelligence (AI). Eighty-three percent of all members use telemedicine, with a slightly lower usage in Quebec (79%) and Ontario (74%). As in 2022, the use of websites and social media for practice management remains uncommon. Only 25% have their own website and 10% have a social media account devoted to their practice. In contrast, 94% of participants in the survey used an EMR in their office, which was consistent across the country. Only 7% reported using any type of AI platform at this time. AI was mostly used as a scribe, with other applications listed in Figure 9.

The final two questions in the 2024 census were newly added to assess members' feelings about how the CUA could better support their ability to care for their patients. Advocacy, in general, was cited most. This was reflected by several suggestions, which are depicted in Figure 10. When asked specifically whether the CUA should become more actively involved in advocating or promoting private pay urologic care, there was considerable variation across the country. Sixty percent of Quebec members felt this is an area the CUA should be addressing vs. only 27% in Ontario and BC.

DISCUSSION

In the 2024 census, 46% of eligible CUA members participated, exceeding the 39% achieved in 2022. The sampling size is considered a reasonable response rate for online-based surveys.[4,5]

As in 2022, the focus of the most recent survey was to assess the impressions and experiences of CUA members in active clinical practice, while realizing this group does not necessarily reflect the opinions of the entire membership. Sampling of other membership categories to learn about specific opinions and issues related to individual groups is being considered by the CUA in the future.

The 2024 CUA census reaffirms several demographic findings and opinions from the membership in active practice. In addition, new findings included the observation that more recent graduating residents are choosing fellowship training to secure a hospital appointment and not necessarily for an academic position. Urologists in Canada appear to be working harder than ever, seeing more patients per week and devoting more time to clinical activities.

The increasing clinical workload may be related to various factors not interrogated by this census, but clearly worthy of further exploration. Has the population boom in the past 10 years resulted in communities being underserviced for urologic care? Are patient comorbidities and urologic conditions increasing in incidence? Are we still witnessing the lingering effects of the pandemic, with patients now seeking care deferred over the past several years? The CUA intends to explore this trend further to understand the potential causes, as this trend could have future impact on resident education, clinical care, and members' quality of life. Perhaps reflecting the greater clinical demands, members also reported taking more vacation time, with almost 40% indicating they now take 6–9 weeks per year.

Among survey participants, 77% indicated their practice is currently or will be hiring within the next five years, up from 68% in 2022. Whether this phenomenon reflects upcoming retirements, the opening up of new positions, or the greater clinical workload is not known. Among those practices expecting to hire additional urologists within the next 12 months, the top three areas of expertise being sought were oncology (41%), general urology (39%), and endourology/MIS (34%).

The use of social media platforms and AI in clinical practice has not been widely adopted among survey participants at this time. This may be an area where the CUA Office of Education might assist in developing educational programming to ensure members are fully informed of the advantages and limitations of incorporating these technologies into clinical use. Moreover, the Health Policy and Advocacy Committees should engage policymakers and hospital administrators through lobbying efforts to address regional disparities to patient access. The idealistic but laudable goal should be equal access to state-of-the-art technologies in all regions of the country regardless of university or community setting. As the "Voice of Urology in Canada," the CUA

should speak on behalf of all our patients to correct barriers to care regardless of jurisdiction.

Limitations

The 2024 census was able to engage CUA members from across the country. While members from all provinces participated, the provinces with the larger populations had a greater number of members respond. Approximately 66% of survey participants practice in either Ontario (40%) or Quebec (26%). It is conceivable that the opinions and practice challenges differ between regions and may not necessarily have been captured as prominently in the less populated regions. For those regions of the country with fewer members and small sample size of survey respondents, observation misrepresentation must be considered. Finally, while the CUA represents the majority of practicing urologists in the country, the census does not include the opinions or concerns of non-members. A review of provincial licensing body registries would suggest less than 10% of Canadian urologists do not belong to the CUA.

CONCLUSIONS

The 2024 CUA active member census reaffirmed several findings noted in the prior survey. Following these demographic and clinical practice trends will be important as the CUA plans future educational events and membership offerings. Several new observations were also noted, including greater clinical workload among members and significant demand for new hires in the next five years.

COMPETING INTERESTS: The authors do not report any competing personal or financial interests related to this work.

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