Training in urologic surgery

According to the Accreditation Council for Graduate Medical Education’s (ACGME’s) data, from 1994 to 2001, the number of urology residents and accredited programs declined by 2.3 percent and 2.4 percent, respectively. However, since 2001, urology residents have increased by 7 percent despite another 2 percent decline in the number of programs through 2009.\(^1\)\(^2\) At the end of training, urology residents achieving American Board of Medical Specialties (ABMS) certifications declined by 19.7 percent from 2000 to 2009.\(^3\) Annual trend data are available from the 2010 ABMS Certificate Statistics booklet.

The proportion of urologic surgeons trained in the U.S. has increased. In 1981, 79 percent of urologists were U.S. medical graduates (USMGs). By 2009, this percentage had increased to 83.3 percent. There has been a shift in the average age of USMGs versus international medical graduate (IMG) urologic surgeons. USMG urologists were nearly three years older than IMG urologists in 1981. By 2009, this trend had reversed, and the average age of USMGs is now more than eight years younger than IMGs.

Group practice growing— but not in rural areas

Following the trends for all practicing surgeons, urologic surgeons are increasingly likely to be employed in a group practice (see Figure 3, this page).\(^4\) The percent of the urologic workforce in group practice increased from 42 percent in 2001 to 60 percent in 2009. As the number employed in group practices increased, the percentage of surgeons employed in solo