Journal of Pediatric Urology (2017) 13, 68–72

The American Academy of Pediatrics Workforce Survey for the Section on Urology 2015

E. Shapiro [a], Christopher S. Cooper [b], S. Greenfield [c] on behalf of the American Academy of Pediatrics Section on Urology

[a]Department of Urology, New York University School of Medicine, New York, USA

[b]Division of Pediatric Urology, University of Iowa College of Medicine, Iowa City, IA, USA

[c]Women's and Children's Hospital of Buffalo, Buffalo, NY, USA

Correspondence to: E. Shapiro, Department of Urology, New York University School of Medicine, 150 E. 32nd Street, 2nd Floor, New York, NY 10016, USA, Tel.: +1 646 825 6326; fax: +1 646 825 6297

ellen.shapiro@nyumc.org (E. Shapiro)

Keywords
Pediatric urology; Workforce; Survey

Received 24 June 2016
Accepted 9 September 2016
Available online 8 October 2016

Summary

Introduction
In 2013, the American Academy of Pediatrics (AAP) Division of Workforce and Medical Education Policy assumed the task of organizing the updated AAP Workforce Survey, which was modeled after the Future of Pediatric Education II study.

Objective
The objective of the present study was to evaluate changes in practice patterns of all pediatric medical and surgical specialists over time, to facilitate advocacy work by the Academy at federal and state levels.

Study design
The survey was sent to members of the AAP Section on Urology and the Society for Pediatric Urology between June and November 2014. The survey included general and sub-specialty-specific questions. Data analysis was performed using SPSS 18.0. Descriptive statistics, including frequency distributions and measures of central tendency, were used to summarize all responses.

Results
A total of 255 pediatric urologists returned the survey, giving a response rate of 56.4%. The specialty remained vibrant, and members remained content in their career choice. About two-thirds practiced in a full-time clinical setting, and had research, teaching, and/or administrative duties. About 75% reported no change in clinical volume or case complexity, although 50% reported an increase in their referral base. A 50% increase in minor cases and a 43.3% decrease in open cases were reported. Only 13% planned to retire within the next 3–6 years. The current job market for fellows was unrestricted for 51.3%, significantly restricted for location for 23.1%, and restricted with regard to practice type for 25.6%. Overall, 51%, 37%, and 13% of the respondents expressed the opinions that over the next 5 years, too many specialists in pediatric urology were currently being trained, just the right number, and too few, respectively. Medical student interest remained encouraging.

Discussion
One of the primary objectives of the survey was to gain insights into whether there was concordance between the number of trainees and the current and future job opportunities. Unfortunately, the main limitations of the survey were the questions on retirement and adding a partner. Since the survey was anonymous, there was a missed opportunity to direct fellows to specific job openings. In addition, every member of a large group may have individually responded, inflating the responses or, in some cases, negating the responses if the partners did not agree.

Conclusion
Pediatric urologists have an overall sense of contentment of career choice, despite shifts in complex open surgical volume and increasing competition. Surveys that are not anonymous would provide specific geographical manpower needs.

http://dx.doi.org/10.1016/j.jpurol.2016.09.002

Introduction

In 2000, the American Academy of Pediatrics (AAP) published the Future of Pediatric Education (FOPE) II study, which included a workforce survey (www.aap.org/fope2) [1]. This survey was designed to facilitate advocacy work by the AAP at federal and state levels. In 2013, the AAP's Division of Workforce and Medical Education Policy embarked on a project to update the AAP workforce survey, which was modeled after the FOPE II study. As part of this effort, the AAP surveyed the sub-specialty of Pediatric Urology.

The objective of the present study was: to present information from this AAP-sponsored survey that is relevant to the demographics, current characteristics and trends in clinical practice, and manpower of Pediatric Urology in the United States of America (USA).

Material and methods

A 102-question electronic survey was sent by an e-mail link to 187 and 260 pediatric urologists who were members of the AAP Section on Urology and the Society for Pediatric Urology, respectively. Members of both organizations may have received more than one invitation to complete the survey. Responses were submitted electronically and anonymously between June 23 and November 24, 2014. Pediatric Urology fellows were not solicited. Several reminder e-mails were sent.

The first part of the survey comprised a standard set of questions (#1–39) generated by the AAP germane to all of the 25 participating sections of the AAP. The second set of questions (#40–102) was developed and extensively reviewed by the members of the Pediatric Urology Workforce Committee. The survey was deemed exempt by the AAP's Institutional Review Board because survey respondents were anonymous. Data analysis was performed by the AAP using SPSS, version 18.0 (IBM). Descriptive statistics, including frequency distributions and measures of central tendency, were used to summarize responses. Results were expressed as frequency distribution or mean ± standard deviation, and median and range.

Results

Overall, 255 pediatric urologists submitted a survey, which represented 56.4% of the surveyed pediatric urologists in the USA. Not all responders completed every question of the survey.

Demographics

The demographics of the responders are summarized in Table 1; 87% of the responders were male. The racial distribution was 77.4%, 11.5%, 6.4%, 2.3%, and 2.3% for Caucasian, Asian, Hispanic, African American, and other, respectively. Of the responders, 90.6% graduated from a USA medical school a mean, median, and range of 25.9, 25.0, and 7–64 years prior to completing the survey, respectively.

Table 1 Demographics and characteristics of clinical practice.

	Number responders	% responders
Gender (n = 202)		
Male	177	87.6%
Female	56	12.4%
Race (n = 217)		
Caucasian	168	77.4%
Asian	25	11.5%
Hispanic	14	6.4%
African American	5	2.3%
Other	5	2.3%
Medical School Location (n = 2)		
USA	184	90.6%
Canada	6	3.0%
Other	3	6.4%
Type of practice (n = 229)		
Medical school/hospital/ parent university	120	52.4%
Specialty group practice	51	22.3%
Multispecialty group	30	13.1%
Pediatric group practice	10	4.4%
Other	18	7.9%
Community type (n = 229)		
Urban, not inner city	110	48.0%
Urban, inner city	82	35.8%
Suburban	33	14.4%
Rural	4	1.7%
Time waiting for non-emergency new patient appointment (n = 213)		
1–7 days	31	14.5%
8–14 days	57	26.8%
15–28 days	50	23.5%
>28 days	30	13.1%
Referral sources (n = 213)		
Pediatric generalists	209	98.1%
Family physicians	196	92.0%
Pediatric subspecialists (medical/surgical)	194	91.1%
Pediatric nurse practitioners	186	87.3%
Obstetric/Gynecology	149	70.0%
Physician assistants	135	63.4%
Non-pediatric nurse practitioners	83	39.0%
General internists	31	14.6%
Adult medicine subspecialists	28	13.1%
Referral sites (n = 213)		
Urgent care centers	184	86.4%
Community agencies	109	51.2%
School districts	40	18.8%
None of these sites	24	11.3%
Face competition in geographic area (n = 221)		
Yes	147	66.5%
No	74	33.5%
Source of competition (n = 221)		
Pediatric medical or surgical subspecialists	131	59.3%
Adult urologists	39	17.6%
Other	21	9.5%

(*continued on next page*)