Bridging the Urology Workforce Gap: Insights from the LUGPA Survey on Expanding Residency Opportunities in Community-Based Programs and Private Practices

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Introduction

The U.S. faces a critical urology workforce shortage with over 60% of counties lack a practicing urologist.

Only 82% of overall and 32% of rural demand will be met by 2037.

Limited residency positions are a key factor in regard to the urology workforce shortage among others including an aging workforce (AUA Advocacy Summit 2024).

Urology specialty with highest profit per resident (RAND study). Despite this, hospitals face funding constraints, GME caps, and other regulatory limitations.

Objective

This study examines:
- Geographic distribution of residency programs
- Private-sector readiness to expand training through community-based models.

Methods

Design: Mixed-methods study

Components:
- GIS analysis of residency locations vs population
- Survey of LUGPA members (n=34)

Measures:
- Residency proximity
- Regional need
- Hospital partnerships

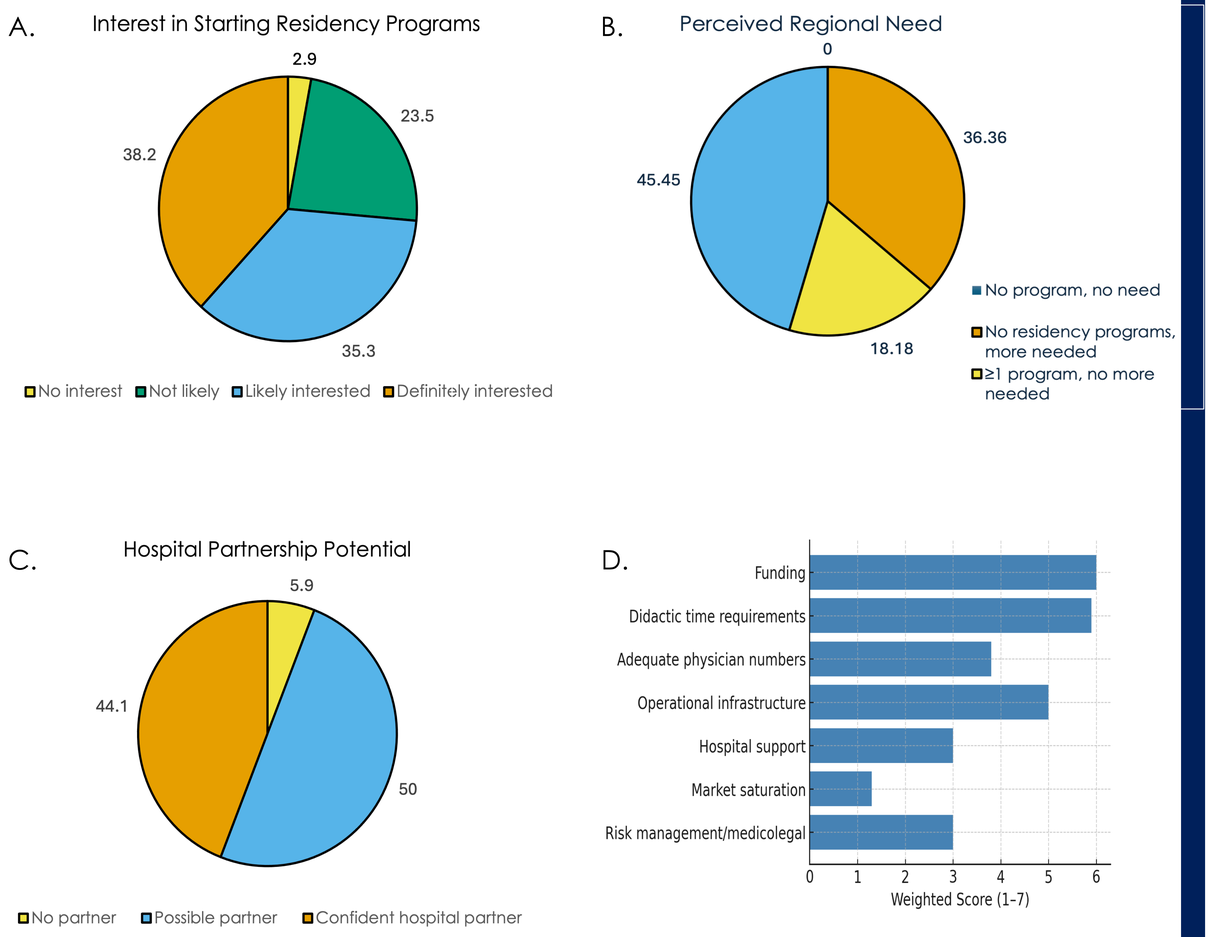

Figure 1. Survey findings from Large Urology Group Practice Association (LUGPA) member practices regarding interest and feasibility of developing community-based urology residency programs.

(A) Interest in starting residency programs, with 38.2% "definitely interested" and 35.3% "likely interested." (B) Perceived regional need for additional training programs, with 45.5% reporting no local programs and a perceived need for more. (C) Hospital partnership potential, with 50% indicating a confident hospital partner. (D) Weighted importance of perceived barriers to implementation, including funding, didactic time requirements, and operational infrastructure as the most significant factors.

Results

Geographic Findings:
- 29.4% of U.S. population lives >50 mi from residency
- 87.7% of these are rural
- Top underserved: Las Vegas, Austin, Orlando, El Paso, etc.

Survey Findings:
- 73.5% definite/likely interest in starting programs
- 55.9% local programs but unmet need
- 50% potential hospital partners
- Barriers: funding, didactics, infrastructure

Conclusions

Significant maldistribution persists, but private-sector interest is strong.

Next Steps:
- Develop public–private funding models
- Align programs with underserved regions
- Standardize guidance for starting programs

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