The authors point out many gender disparities in the field of urology. Many are being rapidly addressed in our field. One example is the focused effort by organizers of the American Urological Association Annual Meeting to include women as expert panelists and presenters of meeting highlights. Similarly, the Trustees of the American Board of Urology are 17% female even though the proportion of urologists that trained 20–25 years ago to have reached the level of eligibility for Trustee is only approximately 6% female.

The authors provide an excellent outline of contract components that should be considered by practices striving to hire and retain female urologists. In fact, well-defined leave benefits, productivity targets, salary components, bias training, and other examples a fair employee treatment should be provided to all urologists when considering joining a practice, not just women. Such clearly explained benefits are common place in federal and academic practices which may explain, in part, why women urologists gravitate toward these jobs despite lower compensation.

For practices eager to hire women urologists, whether academic, hospital-based, or independent practices, awareness of the contractual issues that can be perceived as unfair and biased is critical to successful recruitment. For practices already fortunate enough to have women urologists among their ranks, consider what measures can be taken to retain those individuals.

The responsibility also falls on those urologists, both male and female, that are seeking employment or considering renegotiating a contract. Asking for clarification on benefits and expectations for promotion or partnership is appropriate. If a potential employer is unwilling to provide such clarification, that fact should send a strong message regarding how the urologist will be treated by that employer.

References
time to promotion, decreased publication productivity, grant funding, societal awards, and mentorship for women in comparison to men.\textsuperscript{2,4}

One example of implicit bias is microaggressions or “subtle snubs, slights, and insults directed towards minorities, women and other historically stigmatized groups, that implicitly communicate or at least engender hostility.”\textsuperscript{5,6} While many of these overt expressions of bias and discrimination are limited, microaggressions are pervasive and can have significant impact on whether a person feels welcome. These can be as simple as referring to a woman physician by her first name rather than the title “Dr.” or promoting the “myth of meritocracy, which is the belief that hard work pays off and that race or sex play no role in determining a person’s success.”\textsuperscript{5}

While transparency in policy may exist in some academic centers, it is often skewed toward the promotion and success of men physicians who more often pursue traditional academic research endeavors while women physicians may focus more on education and service to the university. There are multiple influences on men and women’s career paths, including differing mentorship, sponsorship, and home responsibilities. Ultimately, it’s important for all to continue to recognize and understand unconscious behaviors such as microaggressions and respond to them appropriately.

References