ERO · WG DENTAL TEAM

Bureaucracy and documentation in the Dental Team

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Survey scope and methodology

1. Aim of this survey – to map amount of bureaucracy and documentation burden in Dental Team
2. Online form with 33+ questions sent out to all member organizations
3. YES/NO + open questions
4. To measure **perceived bureaucracy**, **time spent on paperwork**, **documentation requirements**

Hypotheses raised

1. Paperwork is excessive and growing
2. Reporting is duplicated and low value
3. Bureaucracy and empty reporting are one of the reasons why younger colleagues do not want to be private entrepreneurs

Survey results

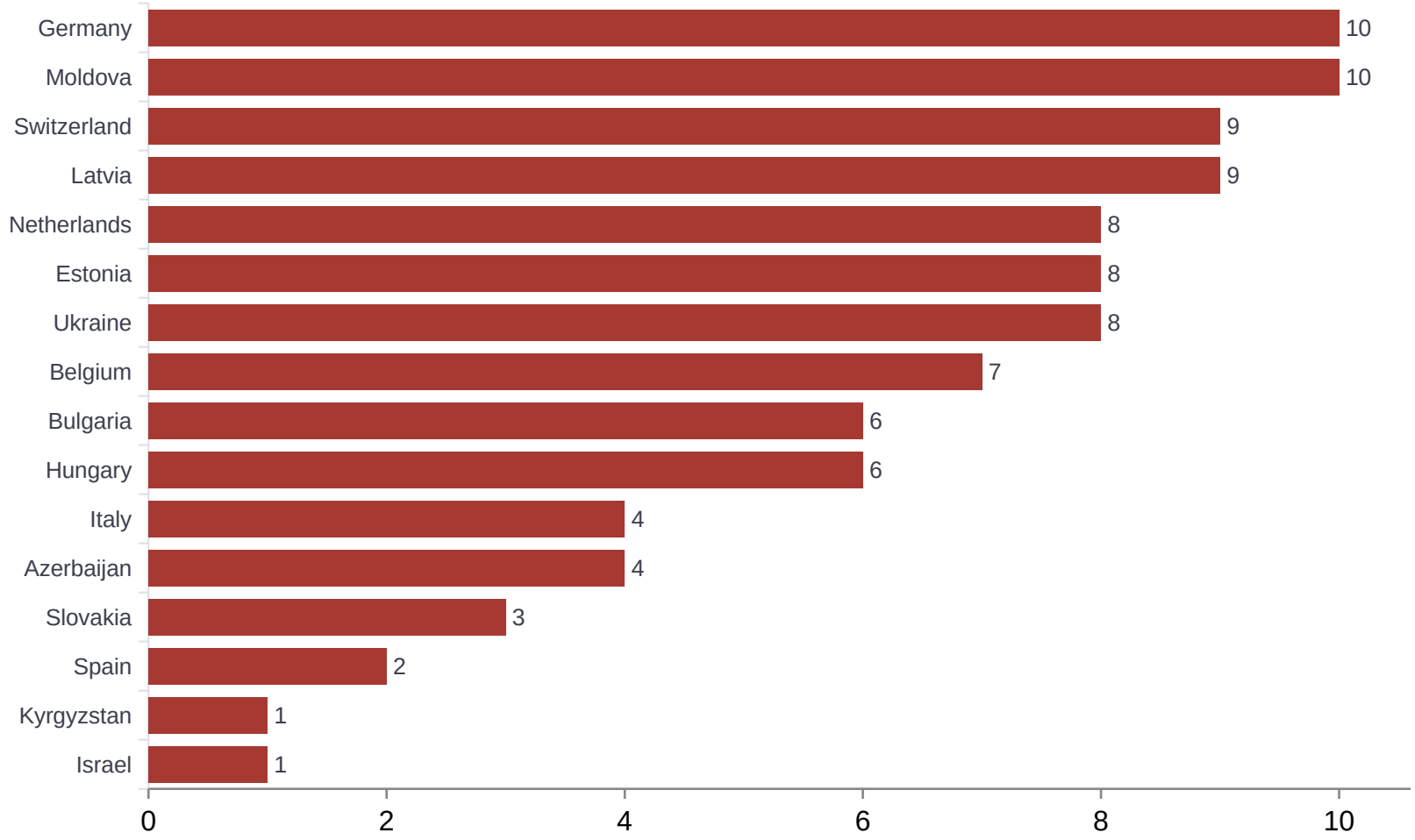
14 of 47 member associations responded · 30%
14 (+2) of 36 countries responded · 39%

We are still waiting for answers

Armenia
Austria
Bosnia & Herzegovina
Croatia
Cyprus
Czech
Denmark
France
Georgia
Greece
Ireland
Kazakhstan
Kosovo
Luxembourg
Macedonia
Poland
Portugal
Romania
Slovenia
Turkey
United Kingdom
Uzbekistan

Administrative burden is real

Frequency of member feedback about excessive bureaucracy: 1 = not at all; 10 = daily · N=16



6.0

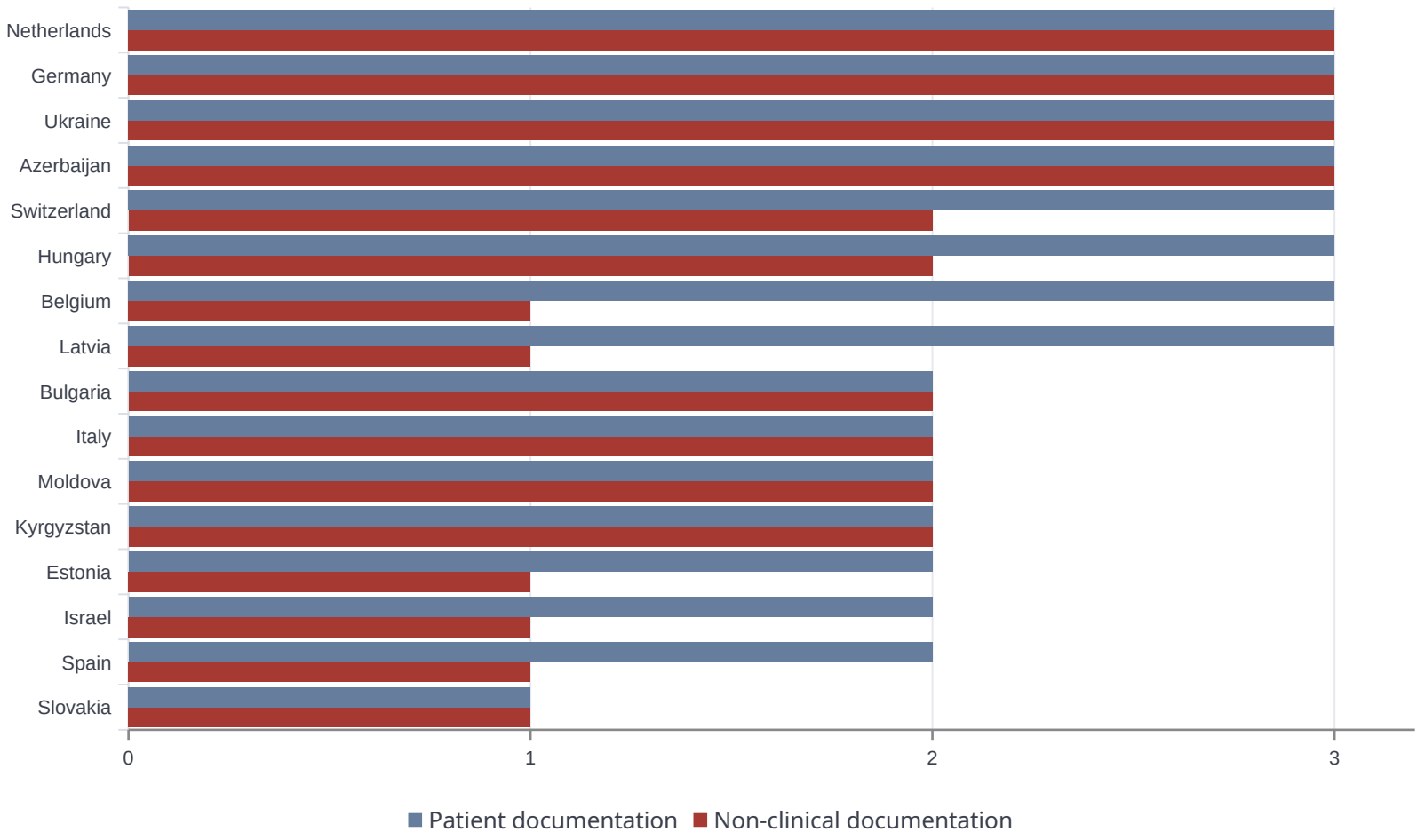
mean score, out of 10

6.5/10

median score · 50% scored 7–10

Documentation and reporting takes time

Daily time band: 1 = <30 min · 2 = 30–60 min · 3 = >1 hour · N=16



87.5%

14 of 16 estimate at least 30 minutes/day of **patient** documentation.

56.3%

9 of 16 estimate at least 30 minutes/day of **non-clinical** documentation

Time spent in one year

30 min

DAILY SCENARIO

A conservative benchmark for non-clinical documentation time.

110 h

PER DENTIST / YEAR

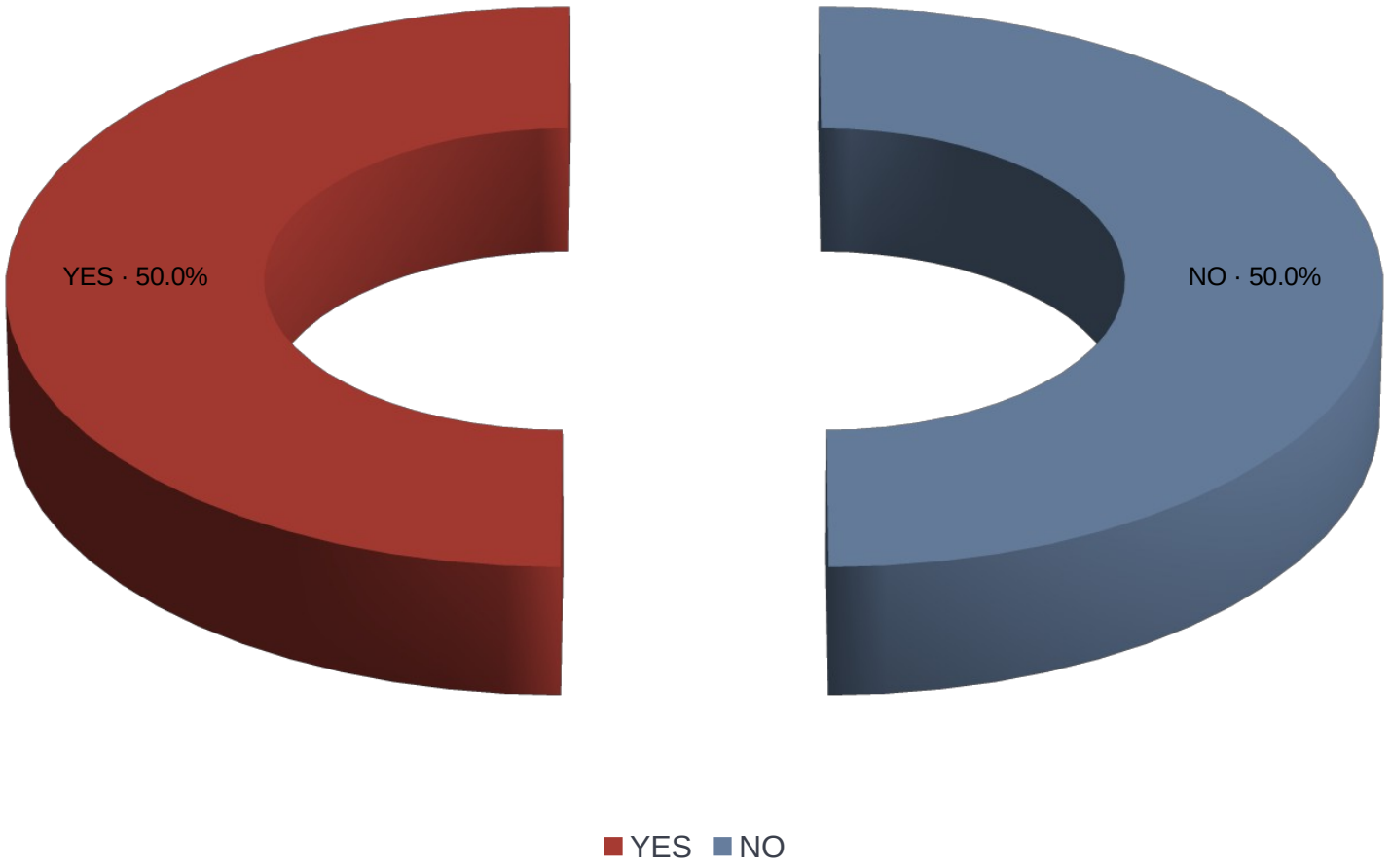
Thirty minutes each day across 220 working days.

≈14 days

EIGHT-HOUR DAYS

At 60 minutes/day, the cost doubles to 220 hours—or 27.5 working days.

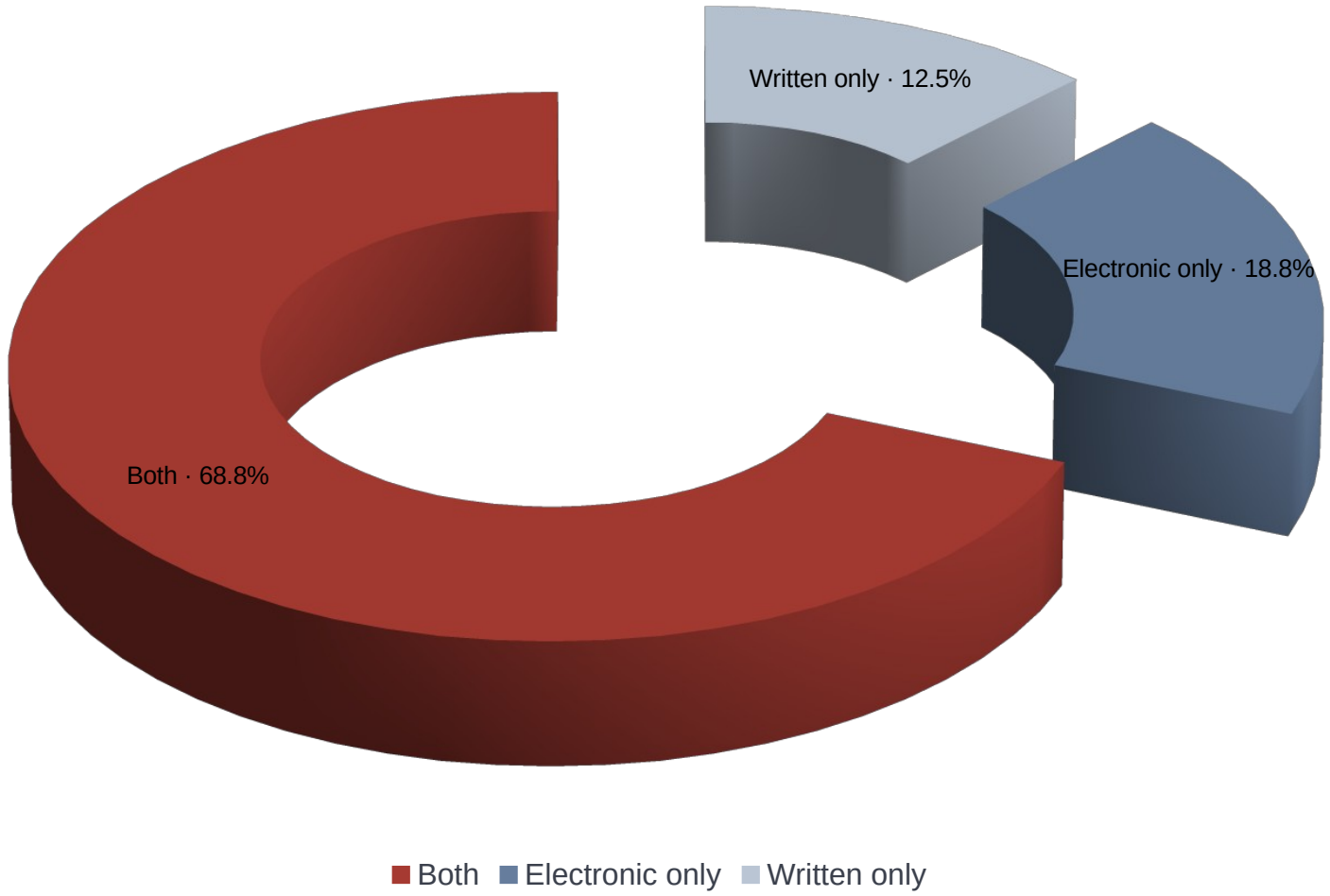
Bureaucracy is associated with a lower desire to practice a liberal profession



50%

8 of 16 reported the signal

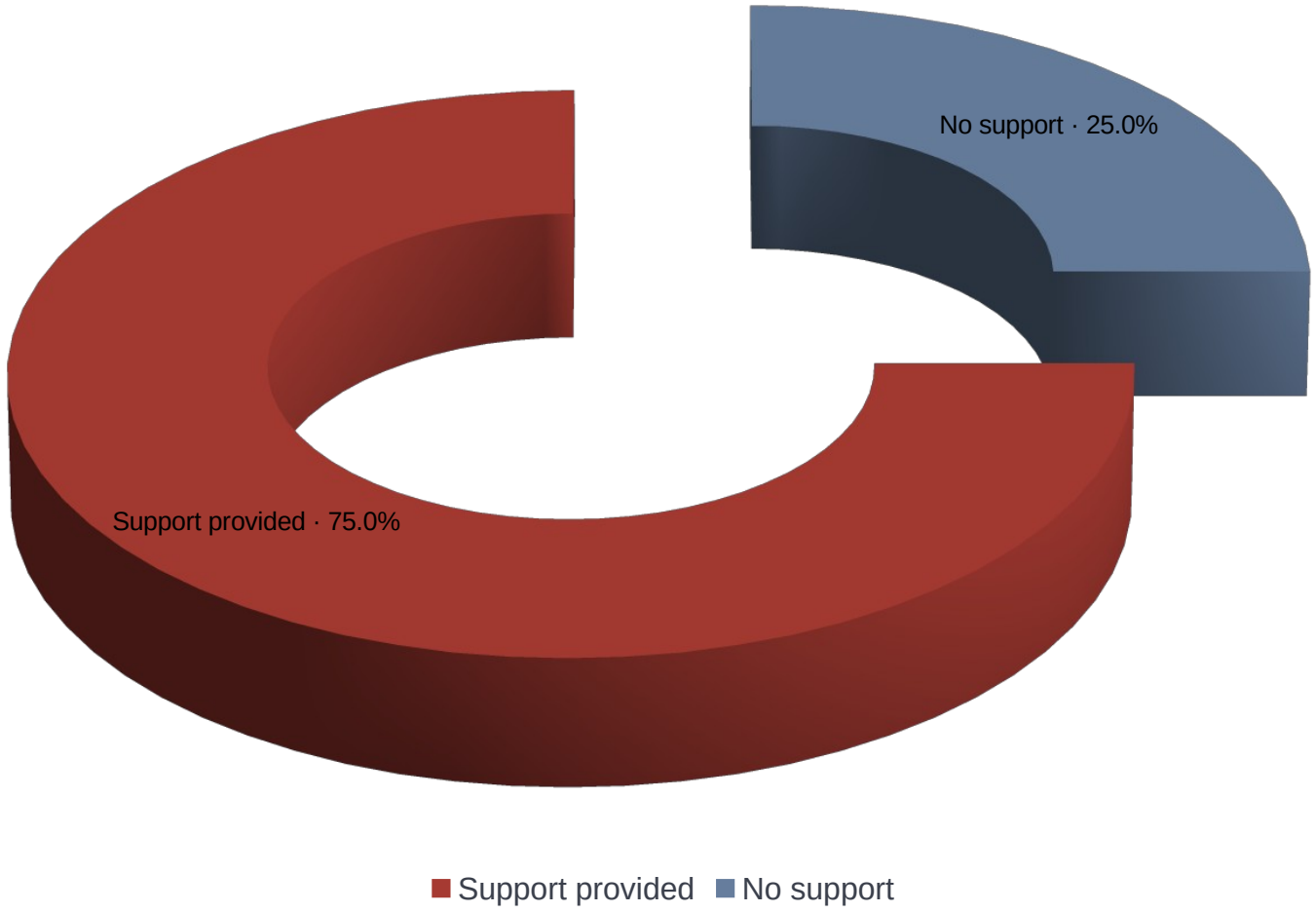
Parallel reporting remains the norm



68.8%
use both reporting channels

81.3%
still have a written component

Most associations are already supporting members



75.0%
provide documents or guidance

68.8%
actively work to reduce bureaucracy

Low-value reporting most common problem

37.5%

6 of 16 cited low-value statistical or administrative reports.

1. **Low-value statistical reporting**

   6/16 (37.5%) · unreliable, unused or excessive reporting

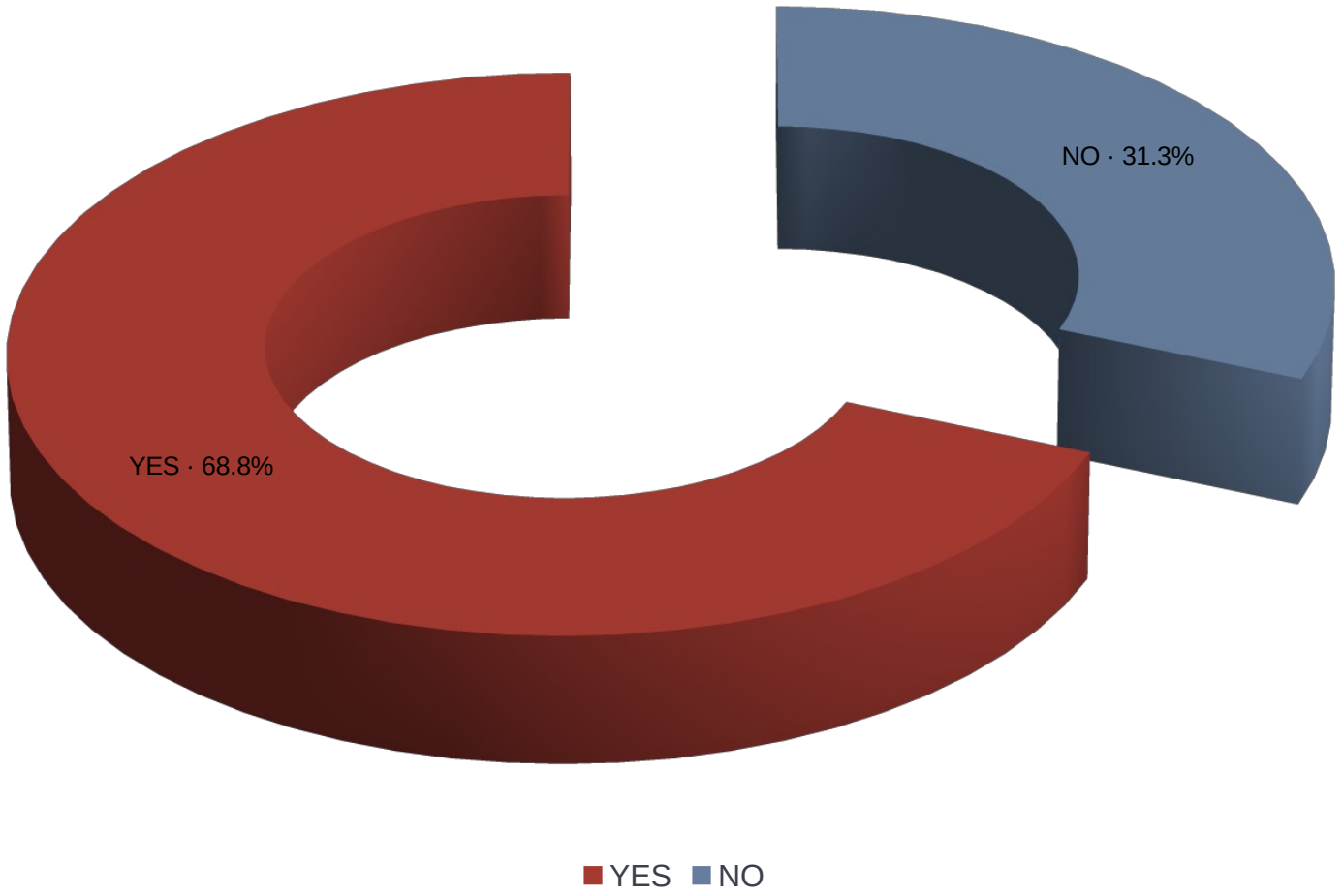
2. **Duplicate or overlapping reporting**

   5/16 (31.3%) · the same information sent repeatedly

3. **Sterilization / technical documentation**

   5/16 (31.3%) · validation, reprocessing or equipment logs

Targeted bureaucracy can protect legitimate practice

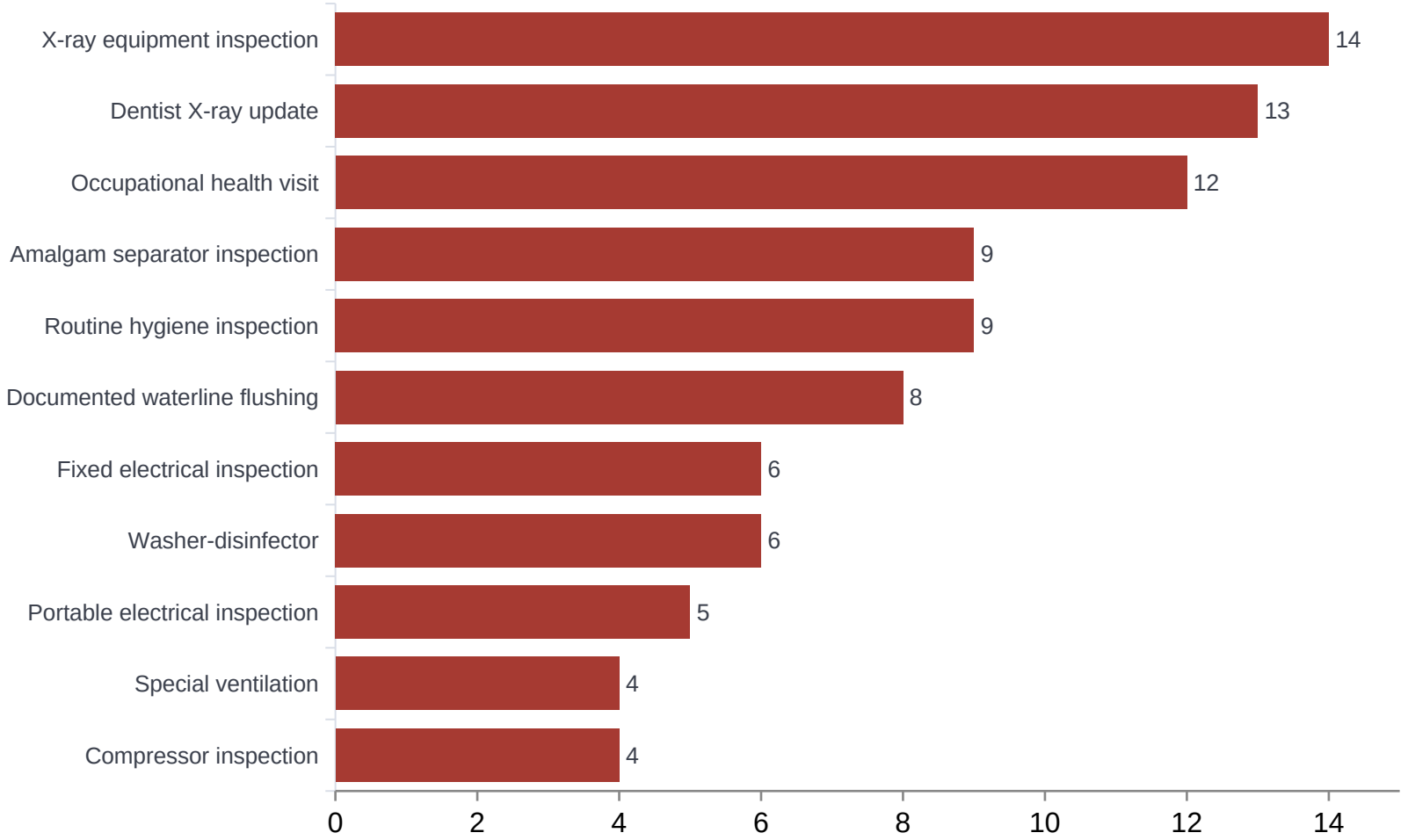


68.8%
see a protective role

11/16
answered YES

Technical requirements vary widely across countries

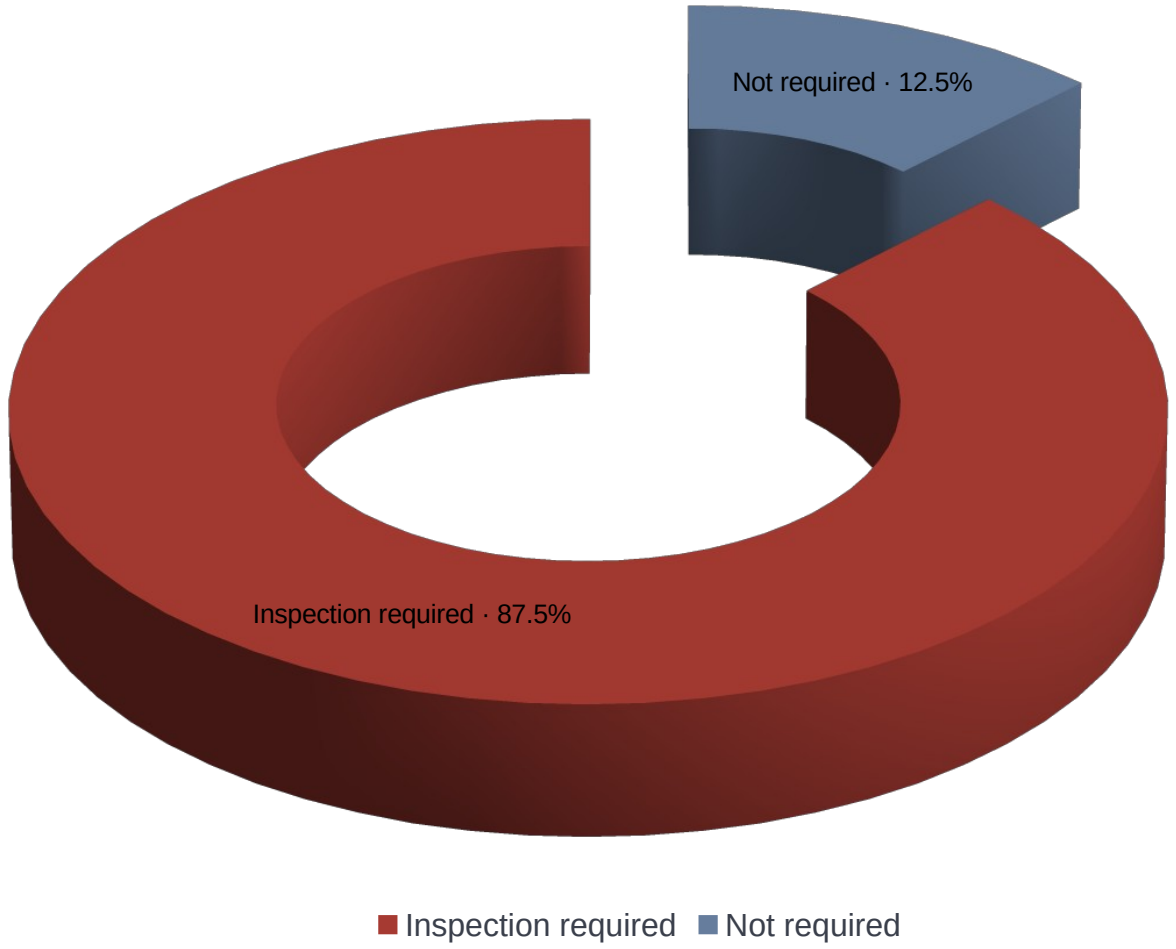
Associations reporting each requirement as mandatory or required · N=16



4 → 14

associations, depending on the requirement

X-ray regulation in most of the countries



87.5%

require equipment inspection

81.3%

require dentist expertise updates

Hypotheses answered

1. Paperwork is excessive and growing - **YES**
2. Reporting is duplicated and low value - **YES**
3. Bureaucracy and empty reporting are one of the reasons why younger colleagues do not want to be private entrepreneurs – **YES (+/-)**

Five priorities for reducing administrative burden

1

Single data entry

Authorities should reuse information already held in another register or system.

2

Digital replaces paper

Retire the parallel paper channel once an electronic process is trusted.

3

Risk-based frequency

Set inspection and validation intervals by risk, history and equipment type.

4

Proportionate reporting

Test each new obligation against dentist hours, staff cost and practice size.

5

Review and remove if not needed

Remove reports with no enforcement, feedback or quality gain—so administration produces more patient safety.

Thank you!