ShowUp 4Health

Building Trust in Roma Communities and Internally Displaced People for NCD Prevention

D.3.1. TRAINING PROGRAMME AND MATERIAL FOR HEALTHCARE PROFESSIONALS

Co-funded by the European Union

PROJECT TITLE	BUILDING TRUST IN ROMA COMMUNITIES AND INTERNALLY DISPLACED PEOPLE FOR NCD PREVENTION
PROPOSAL ACRONYM	ShowUp4Health
PROPOSAL NUMBER	101129427
CALL IDENTIFIER	EU4H-2022-PJ-3
TOPIC	EU4H-2022-PJ-12
STARTING DATE	01/12/2023
DURATION	36 months
WP NUMBER	WP3
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DATE OF PUBLISHING	12.09.2025
TYPE	Documentation
VERSION	0.1
RIGHTS	©Copyright: ShowUp4Health Consortium
Dissemination level of this deliverable	Public
REVIEW STATUS	√ WP Leader accepted
	√ Coordinator accepted

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TABLE OF CONTENT

LIST OF TABLES AND FIGURES

Applying ISHDM in primary healthcare

Boundary areas, possible means and methods of cooperation – interactive development

Introduction

The health and social care systems are interconnected in many ways. Some connections are regulated and mandatory, while others have developed organically to provide more efficient and effective care. However, the two systems often operate in parallel, and the lack of cooperation can prevent clients and patients from receiving the comprehensive support they need.

To improve the efficiency of care and coordinate services, it is essential for health and social care professionals to develop a joint strategy, align their work processes, and collaborate on improvement efforts. Currently, these systems are often fragmented, making effective problem-solving difficult. In many cases:

- Professionals are unfamiliar with each other's work and areas of expertise;
- There is a lack of shared communication channels and cooperation mechanisms,
- Services are poorly integrated, leading to repetitive or duplicative care,
- Clients and patients must act as the link between systems, which poses a significant barrier—especially for vulnerable groups.

This training theme focuses on exploring the interfaces between health and social care, understanding the importance of interdisciplinary collaboration, and providing practical tools to strengthen joint working.

It is particularly +important for professionals to understand each other's roles and approaches. Joint training can facilitate this. There is a need for professionals to have practical tools that help them build effective communication and cooperation models, enabling them to plan together and develop processes that prioritize the needs of clients. Conscious and coordinated action is needed.

This training offers not only theoretical knowledge but also concrete, practical solutions to enhance collaboration.

The most vulnerable groups in society—such as many Roma communities —face multiple disadvantages in health and social care. Low levels of education, poor housing conditions, poverty, and mistrust institutionals all hinder access to appropriate services.

Collaborative training for professionals in both sectors can help dismantle institutional barriers that often prevent these groups from receiving the care they need. It can strengthen community-based approaches such as health promotion and preventive screenings, support the confidence-building necessary for disadvantaged individuals to engage with care systems, and promote the coordination of local health and social services to improve accessibility.

Training Program: "Boundary areas, possible means and methods of cooperation – interactive development"

General Description of the Programme:

Title:	Boundary areas, possible means and methods of cooperation - interactive development
Nature of training:	Attendance training
Teaching time:	10 hours
Overall objective:	**Getting the Big Picture: Where Health and Social Care Intersect** Understanding the boundaries in the interaction between the two care systems involves examining roles, responsibilities, and authority. Clarity on "who does what" is essential to avoid overlaps or gaps in service and to ensure seamless support for patients and clients. **Outcomes of Inter-Sectoral Collaboration** This section highlights successful practices and emerging opportunities where health and social care services complement each other, contributing to more effective and integrated patient care. **Techniques to Foster Collaboration** Practical methods to support the development of cooperation include: - Establishing initial contact; - Identifying shared interests and activating collaboration; - Engaging in joint planning and designing shared processes; - Exploring opportunities for development and innovation.
Teaching methodology:	Lecture, plenary discussion, small group work - practice-oriented, training approach
Data of the person(s) providing training:	Semmelweis University Faculty of Public Service
Does it issue a certificate	Yes, the training is an optional subject in the continuing training scheme for health professionals
Invoicing/execution condition:	Attendance and completion of classwork
Target group:	Professional staff with higher education qualifications in health and social services
Input requirement:	University degree, work in a professional field
Content of education:	- **Basic Concepts and Characteristics of Cross-Border Cooperation** Introduction to key terms and principles, an overview of the two care systems, and a presentation of existing mandatory cooperation frameworks. - **Organisational Goals and Analysis of Potential Cooperation Partners** Exploration of cooperation networks, stakeholder analysis, application of focus group methodologies, and an introduction to interview techniques to identify partnership opportunities. - **Communication Techniques for Positive Collaboration** Training in contact-building techniques (e.g., *"I got the message"* approach), strategies for clearly communicating goals, and methods for fostering willingness to collaborate. - **Case Work: Developing Organisational Cooperation Processes** Guided design of cooperation processes, including the identification of potential bottlenecks and techniques for removing barriers. - **Practical Application of Collaboration Techniques** Hands-on practice in applying tools and methods that support effective

	inter-organisational cooperation. - **Systemic Case Management Focused on the Family** Techniques for managing care processes holistically around families, considering both health and social care perspectives. - **Showcasing Existing Good Practices** Presentation and discussion of successful examples of integrated collaboration already in place.
Training outcomes, competences:	**Knowledge** - Understand the structure of the health and social care systems, including key institutions, actors, and their respective responsibilities. - Gain familiarity with relevant legislation, regulations, and professional protocols that govern cooperation between sectors. - Develop a clear understanding of the roles, tasks, and approaches of health and social care professionals. **Skills (Ability)** - Apply effective communication techniques to ensure clear and constructive information exchange between sectors. - Identify problems collaboratively and engage in joint case discussions to develop coordinated case management strategies. - Manage conflicts that may arise between professionals from different sectors using appropriate resolution techniques. - Build and maintain cross-sectoral networks; initiate and support the establishment of joint working groups. - Utilize available health and social care resources efficiently, avoiding duplication and promoting synergy. **Attitude** - Embrace a partnership mindset, treating professionals from both sectors as equal contributors to care. - Demonstrate empathy and sensitivity towards the constraints, challenges, and responsibilities faced by colleagues in other disciplines. - Show openness to interdisciplinary collaboration and flexibility in adapting to new methods of working. - Maintain a solution-focused approach, prioritizing practical opportunities over perceived obstacles. **Autonomy and Responsibility** - Acknowledge and act upon one's role in fostering collaboration, understanding its impact on client outcomes and systemic effectiveness. - Make informed, independent decisions within one's professional scope, while actively seeking collaboration when interdisciplinary input is required. - Take initiative, demonstrate professional autonomy, and act responsibly, while recognizing when collective action and teamwork are essential.
Study material available:	Partially, just in Hungarian. Improvement needed.
Serial number of teaching material in the attachment	6.2.1.
Other information	

1. Table: "Boundary areas, possible means and methods of cooperation – interactive development"

Cooperation between social and health care – signalling and crisis management

Introduction

The interface between social and health care plays a crucial role in supporting individuals in vulnerable situations. A well-functioning signalling (alert) system and effective crisis management are essential to ensure timely and appropriate assistance for those in need.
Currently, however, care systems often operate in parallel with limited coordination, which hinders timely and effective intervention. In many cases, professionals lack adequate knowledge of each other's roles, signalling responsibilities, or the most effective approaches to handling crisis situations. Both disciplines typically approach client or patient cases from within their own professional frameworks, without adopting a broader, holistic perspective.

Common Issues in the Current System:

- Professionals are often unclear about how the signalling system functions or uncertain about when and how to issue alerts.
- Communication between health and social care providers is frequently obstructed, leading to delayed or incomplete information flow.
- Crisis management protocols are inconsistently applied across institutions and may lack clarity.
- Responses to major crises are rarely coordinated, reducing the overall effectiveness of support services.

Vulnerable populations—such as many Roma families—face heightened risks of health and social crises. For these groups, efficient signalling and rapid, coordinated responses are especially critical. Coordination between health and social care providers is essential to ensure that individuals in the most precarious situations receive swift and appropriate support.

Training Objectives
This training aims to:

- Familiarise participants with the functioning of the signalling system, including its legal and ethical foundations;
- Provide insights into crisis management tools used in both health and social care systems;
- Strengthen communication and cooperation between professionals across sectors, especially in crisis situations;
- Introduce models of joint case discussion and shared decision-making that support timely and effective intervention.

Training Program: "Cooperation between social and health care – signalling and crisis management"

General Description of the Programme:

Title:	Cooperation between social and health care - signalling and crisis management
Nature of training:	Attendance training
Teaching time:	10 hours
Overall objective:	To support healthcare providers in navigating their shared responsibilities with the social care system by clarifying roles, boundaries, and collaborative opportunities. The training addresses boundary issues in intersectoral cooperation, focusing on the delineation of roles, responsibilities, and decision-making authority between health and social care providers. Participants will explore how to create and maintain effective patient pathways across various stages of care—including prevention, treatment adherence, health maintenance, recovery, and crisis intervention. The training will also highlight the outcomes of successful cross-sectoral collaborations, showcasing best practices and identifying opportunities for mutual support between the two systems to enhance the quality and effectiveness of patient care.
Teaching methodology:	Lecture, plenary discussion, small group work - practice-oriented, training approach
Data of the person(s) providing training:	Semmelweis University Faculty of Public Service teachers and professional leaders of (large) social service organisations
Does it issue a certificate	Yes, for health professionals, included in the mandatory training courses
Invoicing/execution condition:	Attendance and completion of classwork
Target group:	Health and social care professionals
Input requirement:	University degree, professional experience
Content of education:	Main content units - **Overview of Social Services and Shared Clientele** Introduction to the structure and functions of social services, with a focus on identifying overlapping target groups between the health and social care systems. - **Signalling in Everyday Practice** The operation of the alert and signalling system, including its legal framework, practical applications, and the obligations of professionals. - **From Signalling to Action: A Case Study Approach** Analysis of a real-life case to illustrate the transition from signalling to intervention, highlighting the roles, responsibilities, and decision-making authority of involved actors. - **Crisis and Crisis Management** Exploration of crisis management protocols in family and child welfare services, transitional family homes, and crisis centres, and how these connect with the healthcare system. - **Health Interventions in Social Services** Strategies for managing chronic, acute, and health-disruptive conditions within primary social care services. - **The Role of Care and Its Interface with Healthcare** Examination of various care types (adult and child), the importance of rehabilitation, and the function of specialised care centres at the

	intersection of health and social care. - **Critical Points and Good Practices in Addressing Healthcare Gaps** Identification of systemic bottlenecks and effective solutions that address health service deficiencies within social care contexts. - **Collaboration in Nursing Homes and Specialised Care Centres** Demonstration of how healthcare tasks are managed in nursing homes, supported by specialised care centres, as a model for integrated care. - **Good Practices and Opportunities for Improvement** Presentation of integrated operational models, complex service systems, and interdisciplinary teamwork as pathways to more effective and coordinated care.
Training outcomes, competences:	**Knowledge** - Understand the functioning and legal framework of the signalling (reporting) system — including when, how, and to whom to report. - Learn crisis management models and protocols — covering both immediate and long-term intervention strategies. - Acquire the basics of interdisciplinary case management — focusing on collaborative approaches that prioritize the client/patient's needs. - Understand the specific needs of vulnerable populations, particularly disadvantaged groups such as Roma communities. **Skills (Ability)** - Apply effective signalling and feedback practices — ensuring clear, timely, and comprehensible communication. - Recognize and manage crisis situations — including emergency decision-making and coordination of response. - Use case discussion and interdisciplinary collaboration techniques — fostering effective teamwork across professional boundaries. - Demonstrate conflict management and negotiation skills — resolving inter-professional tensions constructively. - Identify and implement development opportunities — designing innovative strategies to improve cooperation and system efficiency. **Attitudes** - Adopt a proactive mindset — aiming not only to identify problems but also to seek practical, client-centered solutions. - Embrace a partnership-based approach — promoting mutual respect and equal cooperation between health and social care professionals. - Show openness and flexibility — bridging differences in professional cultures and perspectives. **Autonomy and Responsibility** - Professional Responsibility: Each professional must take timely action to recognize and report issues to the appropriate authority. - Shared Responsibility: Integrated case management and crisis response require close collaboration between health and social care sectors. - Ethical Responsibility: Decisions to intervene—or not to intervene—can have serious consequences; informed, ethical decision-making is essential. - Autonomous Decision-Making: Professionals must recognize when to act independently and when to involve others. - Awareness of Competence Boundaries: Autonomy involves knowing one's professional limits and recognizing when collaboration is necessary for optimal outcomes.
Study material available:	Partially, just in Hungarian. Improvement needed.
Serial number of teaching material in the attachment	6.2.2.

Other information	

2. Table: "Cooperation between social and health care – signalling and crisis management"

NCD Prevention and Screening Strategies

Executive summary

Challenges facing disadvantaged and deprived communities

Each country uses its own government-led approach to measure deprivation, typically encompassing indicators such as income, employment, health, education, crime, and housing. Beyond these metrics, broader definitions of deprivation also include community-level factors. Experts often highlight the absence of "social infrastructure"—including access to health services, shops, transportation, and leisure facilities—as a defining characteristic of deprived communities.

A lack of reliable transport links in these areas further limits residents' access to employment opportunities, education, and essential services. The effects of living in a deprived area can be profound and far-reaching, influencing physical and mental health, educational outcomes, and life chances.

Regional inequalities have been observed as far back as the early 20th century, when gaps began to widen between capital cities and other regions. Growing up in a disadvantaged area has been shown to negatively affect long-term health outcomes and reduce life expectancy. Studies reveal a significant disparity in biological age between individuals living in poverty and those in the least deprived areas. Poverty is also a known contributor to poor mental health.

Certain regions face unique difficulties. For example, many coastal communities experience particularly poor public health outcomes and limited access to services.

Ethnic minority groups are disproportionately represented in deprived communities. In Central and Eastern Europe, Roma communities are among the most marginalized and disadvantaged populations, facing systemic barriers in education, health care, employment, and housing.

Introduction

In Hungary, health insurance coverage is nearly universal for both Roma and non-Roma populations. However, a significant challenge remains: more than half of Roma individuals rarely or never access health services, such as visiting general practitioners. This discrepancy highlights barriers to access, which may stem from socio-economic disadvantages or experiences of discrimination.

Cardiovascular diseases pose a major health risk within Roma communities. Research indicates that both Roma men and women face a significantly higher risk of developing cardiovascular diseases over a 10-year period, as well as a greater likelihood of mortality from these conditions compared to the general population.

The use of telemedicine has increased considerably, particularly in disadvantaged areas, especially during the COVID-19 pandemic. A study published in *Health Affairs* found that the most notable rise in virtual care utilisation occurred among patients living in the most deprived neighbourhoods. This surge is critical, as it improves access to healthcare services in communities that might otherwise face geographical or socio-economic barriers.

Cardiovascular diseases are the leading cause of death in Hungary. According to data from the Hungarian Central Statistical Office (KSH), cardiovascular conditions accounted for 49% of all deaths in 2019. Poor living conditions and psychosocial factors are recognised risk factors in the development of such diseases. In the 300 poorest municipalities (mainly

those with large Roma populations) targeted by the programme, it is reasonable to assume that residents are more vulnerable. The core pillar of the programme's medical concept was the development of a health assessment protocol to evaluate the cardiovascular status of the population. This approach aimed to broaden the scope of individuals eligible for treatment and improve overall population health. The timely identification and long-term management of cardiovascular risk factors can reduce long-term health damage and mortality. As such, regular health screening of asymptomatic individuals is also a priority.
In addition to cardiovascular assessment, care teams face numerous challenges in patient care that require complementary strategies and professional approaches. These include emergency conditions, illnesses needing specialist intervention, and cases requiring a broader range of diagnostic investigations. Therefore, the medical approach encompasses a wide spectrum of care, beyond cardiovascular evaluation alone.
Telecare services can serve a variety of healthcare purposes. The main activities include cardiovascular assessments through a comprehensive internal medicine approach applied to a large number of patients, chronic disease management, and the care of patients presenting with acute complaints in a telehealth setting.
The professional methodology for cardiovascular assessment was developed by the central coordination medical team, based on current clinical guidelines. These procedures are continuously updated in line with evolving best practices.
A key milestone in the development of the mobile telecare system was not only the targeted training of nurses but also the establishment of a care management system and the education of healthcare colleagues.

Background and rationale

For people living in disadvantaged settlements, infrastructural barriers and unfamiliarity with the healthcare system are major obstacles to accessing medical care. Their situation is further exacerbated by a shortage of general practitioners (GPs): practices in remote, small villages are often left unstaffed.
Mobile health services and telemedicine offer the most effective solutions to overcoming challenges related to distance and the shortage of doctors. Regional centres serve as key points of contact with local residents, supporting the delivery of mobile health services. Healthcare managers based in these centres play an active role in patient management and also assist patients in navigating the healthcare and insurance systems.
The development of telemedicine and mobile healthcare systems can improve the health status of Roma communities, while also extending access to care for people living in isolated villages and rural areas.
Telemedicine represents a modern approach in which examinations are carried out in mobile medical units by nurses, using digital diagnostic tools, while doctors participate remotely via live online video conferencing. The results of these examinations are transmitted in real time to the doctor through digital data transfer. In this model, only the nurse and patient are physically present in the mobile unit.
However, telemedicine has its limitations: certain procedures (e.g. abdominal palpation) cannot be performed remotely, requiring referral to the public healthcare system. Nevertheless, with well-trained nurses and advanced digital diagnostic and point-of-care testing (POCT) equipment, a reliable cardiovascular profile can be established.
Telemedical consultations are further supported by mobile ultrasound units and mobile laboratory sampling units, enabling a broader range of care to be delivered directly to patients.

The telemedicine consultation system also allows doctors in the clinic to seek specialist input through remote consultations, enhancing diagnostic and treatment options.

Training Program: "Methodology for the development of a mobile telemedicine medical care system"

General Description of the Programme:

Title:	Methodology for the development of a mobile telemedicine medical care system
Nature of training:	Presentation
Teaching time:	4x120-minute presentation
Overall objective:	The vast majority of Roma communities and disadvantaged residents live in marginalised areas, often far from major urban centres. In these settlements, healthcare provision is frequently inadequate due to a combination of factors, including poor infrastructure and a shortage of general practitioners. Telemedicine has emerged as the most effective means of addressing these barriers. In this innovative model, nurses carry out examinations using digital diagnostic equipment in mobile medical clinics, while doctors consult and assess patients remotely via live video conferencing. To ensure the effective operation of a mobile telemedicine system, it is essential to establish a comprehensive mobile healthcare infrastructure, involving the active participation of regional centres and professionals such as care managers, social workers, and regional coordinators. Demonstrating how this integrated healthcare system can be implemented and managed will enable partner countries to develop similar mobile health services aimed at improving the health outcomes of Roma communities and other underserved populations.
Teaching methodology:	Presentation
Data of the person(s) providing training:	The telemedicine central coordination team of the Hungarian Charity Service of the Order of Malta (consisting of doctors, nurses, social workers, and healthcare managers)
Does it issue a certificate	Yes, participants will receive a certificate upon completion of the training.
Invoicing/execution condition:	Completion of the training requires full attendance at all lectures.
Target group:	The target groups include doctors, nurses, social workers, healthcare managers, and institutional managers.
Input requirement:	The minimum entry requirement for the training is a secondary school certificate.
Content of education:	**Methodology for the Development of a Mobile Telemedicine Medical Care System** 1.1. Executive Summary 1.2. Medical Concept of the Telehealth System 1.3. Telemedicine Consultation System 1.4. Technical Infrastructure of the Telehealth System 1.5. Evaluation of Telemedicine Practice 1.6. Nursing Challenges in Telemedicine 1.7. Medical Challenges in Telemedicine 1.8. Telemedicine Tools, POCT Systems, and Software 1.9. Regional Centres and Maltese Health Points 1.10. Operational Steps in Telehealth Practice 1.11. Patient Support Services – Healthcare Management 1.12. Paediatric Considerations in Telemedicine 1.13. School Health Programme 1.14. Mobile Ultrasound Clinic

	1.15. Advantages and Limitations of Telemedicine 1.16. Monitoring and Evaluation of Telemedicine Effectiveness
Training outcomes, competences:	**Knowledge** - Designing a mobile telemedicine system - Developing telemedicine services tailored to Roma communities - Building a health support system based on mobile tele-clinic care in Roma communities and underserved municipalities **Skills** - Selecting and procuring appropriate digital equipment for telemedicine - Developing training programmes for nurses involved in mobile telemedicine - Establishing and training a patient support system led by healthcare managers - Training doctors in telemedicine-specific practices **Attitudes** - Understanding the processes and operation of modern telemedicine services - Applying complex and critical thinking to the development of telemedicine care **Autonomy and Responsibility** - Ability to design an integrated telemedicine care system - Capacity to coordinate the implementation of a mobile telemedicine service
Study material available:	Yes.
Serial number of teaching material in the attachment	6.3.1.
Other information	

3. Table: "Methodology for the development of a mobile telemedicine medical care system"

Training Program: "The mobile telemedicine nursing system"

General Description of the Programme:

Title:	The mobile telemedicine nursing system
Nature of training:	Presentation, seminars and practice
Teaching time:	2x120-minute presentation. 2x3-days seminars, 2x3-days practices
Overall objective:	**Well-trained telemedicine nurses form the backbone of effective telemedicine care.** In mobile telemedicine services, nurses stationed in mobile medical units carry out patient examinations using digital telemedicine tools. As these devices are equipped with online data transmission capabilities, examination results are sent in real time to the doctor, who participates remotely via video link. Using telemedicine technologies and compatible devices, nurses can perform a wide range of procedures, including: - Transmitting auditory sounds using digital stethoscopes - Live video streaming of dermatological and ENT (ear, nose, throat) lesions via a digital examination camera - Conducting ECG and Ankle-Brachial Index (ABI) tests - Performing diagnostic tests using point-of-care testing (POCT) devices Nurse training is essential and typically requires at least 3 to 4 months to ensure proficiency with telemedicine equipment and understanding of the system's

	operation. Their work is supported not only by a multi-phase training programme but also by an online professional nursing code of conduct, which provides standardised guidelines for all nursing procedures within the telemedicine framework. This training course will enable participants to become familiar with the telemedicine care system and to master the use of its associated tools.
Teaching methodology:	Presentation, seminars és practices
Data of the person(s) providing training:	The telemedicine nursing leadership team of the Hungarian Charity Service of the Order of Malta
Does it issue a certificate	Yes, a certificate is awarded upon successful completion of the training.
Invoicing/execution condition:	To complete the training, participants must attend all lectures, actively participate in the exercises and seminars, and accumulate points awarded by instructors during the practical sessions.
Target group:	The training is primarily intended for nurses.
Input requirement:	The minimum requirement for the training is a nursing qualification: either a nursing certificate, a bachelor's degree, or a master's degree in nursing.
Content of education:	The mobile telemedicine nursing system: 1.1. Key Chapters from the Code of Nursing Practice 1.2. Preparing the Telemedicine Nursing Final Report 1.3. Use of the Digital Stethoscope 1.4. Operation of Digital Examination Cameras 1.5. Steps for Setting Up a Telemedicine System 1.6. Examination of Paediatric and Adult Patients in Telemedicine Practice 1.7. Mobile Blood Collection System 1.8. Operation of the Mobile POCT Laboratory and Data Transmission 1.9. School Health Programme 1.10. Patient Education in Telemedicine Settings 1.11. Mobile Ultrasound Clinic
Training outcomes, competences:	**Knowledge** - Designing a mobile telemedicine nursing system - Developing and structuring a mobile nursing team - Creating a dedicated training programme for telemedicine nursing **Skills** - Gaining proficiency in the use of telemedicine systems and digital diagnostic tools **Attitudes** - Embracing modern principles and practices of telemedicine in nursing **Autonomy and Responsibility** - Organising and managing a telemedicine nursing team - Selecting appropriate nursing leadership - Structuring an effective nurse training system
Study material available:	Partially in English; requires improvement and full translation.
Serial number of teaching material in the attachment	6.3.2.
Other information	

4. Table: "The mobile telemedicine nursing system"

Training Program: "The telemedicine doctor's daily routine"

General Description of the Programme:

Title:	The telemedicine doctor's daily routine
Nature of training:	Presentation
Teaching time:	2x120-minute presentation.
Overall objective:	**The provided document outlines the implementation and challenges of telemedicine services, with a particular focus on teleconsultations. The key points are summarised below:** 1. **Introduction to Telemedicine** Telemedicine represents a new mode of working for general practitioners and hospital doctors. It involves conducting medical consultations remotely—often from home or office—using digital tools such as computers, webcams, and reliable internet connections. 2. **Unique Aspects of Telemedicine** Telemedicine enables doctors to carry out consultations without the need for a physical office environment. Essential equipment includes a computer with a webcam, dual monitors, and audio equipment. Medical documentation is completed using web-based software, such as NetDoktor. 3. **Challenges and Processes** The transition to telemedicine presented several challenges, including the need to adapt workflows, train new staff, and provide appropriate support. This shift required the development of detailed procedures and structured onboarding processes for telemedicine doctors. 4. **Teleconsultation Workflow** Teleconsultations are conducted via video conferencing, during which doctors interact with patients, supported by on-site staff. The doctor provides instructions for examinations performed by the assistant and records the findings using medical software. 5. **Documentation and Communication** Telemedicine reduces the need for printed documentation, as most records are submitted electronically to healthcare systems. However, certain printed documents may still be required for patient confirmation or regulatory purposes. 6. **Training and Onboarding** Initial training for telemedicine doctors included familiarisation with the equipment and software. A dedicated onboarding process was introduced to support the smooth integration of new doctors into the telemedicine system. 7. **Support Systems** A comprehensive support system was established, including standby medical assistance, webinars, and mentoring. These measures aim to support telemedicine doctors and ensure high-quality patient care. 8. **Continuous Improvement** The document emphasises the need for ongoing learning and development. Webinars and mentoring sessions are used to uphold high standards of medical practice and foster the professional growth of doctors. **Overall**, the document highlights the opportunities and challenges associated with telemedicine, the importance of structured processes and support systems, and the continuous efforts to enhance the telemedicine experience for both doctors and patients.
Teaching methodology:	Presentation.

Data of the person(s) providing training:	The Telemedicine Medical Leadership Team of the Hungarian Charity Service of the Order of Malta
Does it issue a certificate	Yes, a certificate is awarded upon successful completion of the training. or Yes, participants will be awarded a certificate upon successful completion of the training.
Invoicing/execution condition:	Completion of the training requires full attendance at all lectures.
Target group:	The training is intended primarily for doctors.
Input requirement:	The minimum requirement for the training is a nursing qualification: a nursing certificate, a bachelor's degree, or a master's degree in nursing.
Content of education:	The telemedicine doctor's daily routine: **1.1. Use of Digital Systems and Data Transmission** An overview of the telemedicine platforms used for consultations, including logging into secure systems, managing patient data, reviewing test results, and maintaining data protection and confidentiality standards during remote medical interactions. **1.2. Steps to Set Up a Telemedicine System** Detailed guidance on preparing the telemedicine environment for daily consultations, including checking equipment (camera, microphone, digital diagnostic tools), setting up the video interface, and confirming connectivity and data transfer protocols between medical assistants and physicians. **1.3. Patient Examination in a Telemedicine System** A step-by-step process for conducting remote examinations in collaboration with on-site health assistants. This includes reviewing the patient's digital health record, providing instructions for on-site physical assessments, interpreting real-time data, and formulating a diagnosis or care plan through the teleconsultation system.
Training outcomes, competences:	- **Knowledge** - Designing a mobile telemedicine medical system - Establishing and structuring a telemedicine medical team - Developing a dedicated training system for telemedicine medical professionals - **Skills** - Using telemedicine platforms, digital tools, and medical software - Conducting patient examinations in an online/remote setting - **Attitudes** - Embracing and applying modern principles of telemedicine in clinical practice - **Autonomy and Responsibility** - Organising and managing a telemedicine medical team - Selecting and coordinating a central medical leadership team - Structuring and overseeing the telemedicine medical training programme
Study material available:	Partially in English; requires improvement and full translation.
Serial number of teaching material in the attachment	6.3.3.
Other information	

5. Table: "The telemedicine doctor's daily routine"

Training Program: "The medical teleconsilium and telespecialist system"

General Description of the Programme:
This training programme provides a comprehensive overview of the **medical teleconsilium and telespecialist system**, with a focus on its application in modern healthcare delivery. The course introduces participants to the principles, operational procedures, and clinical pathways involved in remote specialist consultations and interdisciplinary case discussions.
Participants will gain insight into how **teleconsultations** and **virtual consilia** support diagnosis, treatment planning, and continuity of care—particularly in underserved or remote areas. Emphasis is placed on effective collaboration between general practitioners and specialists, the integration of telemedical tools into daily practice, and the ethical and legal considerations of telehealth.
The training combines theoretical knowledge with practical demonstrations of system usage, data handling, communication protocols, and clinical decision-making processes in a telemedical environment. By the end of the course, participants will be equipped to coordinate, participate in, and facilitate medical consilia using telemedicine platforms.

Title:	The medical teleconsilium and telespecialist system
Nature of training:	Presentation
Teaching time:	4x120-minute presentation
Overall objective:	**Summary: Telemedicine Programme with Telespecialists (Hungary, 2023)** The presentations provide detailed insights into a **telemedicine programme launched in Hungary in the summer of 2023**, with a specific focus on the **integration of telespecialists**—namely **cardiologists, dermatologists, and pulmonologists**. Below is a summary of the key points: **1. Programme Overview** - The initiative employs **telespecialists** to deliver **remote consultations and professional support** to both healthcare providers and patients. - Initially, the programme covers **three medical specialties**: cardiology, dermatology, and pulmonology. - The primary goal is to **overcome barriers to accessing specialist outpatient care**, including geographical distance, long waiting times, and financial limitations. **2. Telespecialist Activities** - The roles and workflows of telespecialists were **refined following initial implementation**, based on the practical needs of **remote referring (telerendelő) physicians**. - Telespecialists contribute via **real-time consultations** and **asynchronous teleconsultations**, offering diagnostic support and second opinions. **3. Programme Impact and Future Directions** - The programme has produced **positive outcomes**, ensuring **high-quality specialist input** while reducing the number of unnecessary in-person referrals. - **Referring physicians** have responded favourably to the teleconsultation process, appreciating its efficiency and accessibility. - Future plans include **broadening the range of medical specialities**, optimising telemedicine protocols, and further embedding **teleconsultation into routine clinical pathways**. **Overall**, the presentations underscore the programme's success in **improving access to specialist care** through digital innovation, addressing structural challenges in healthcare delivery, and laying the groundwork for **scalable, sustainable telemedicine services**.
Teaching	Presentation

methodology:	
Data of the person(s) providing training:	The telemedicine medical central coordination team of the Hungarian Charity Service of the Order of Malta (comprising doctors and medicalspecialist)
Does it issue a certificate	Yes, a certificate is awarded upon successful completion of the training.
Invoicing/execution condition:	Completion of the training requires full attendance at all scheduled lectures.
Target group:	The training is intended for doctors and healthcare managers.
Input requirement:	Participants must hold a recognised medical degree to be eligible for the training.
Content of education:	Methodology for the development of a medical teleconsilium and telespecialist system: The development of a medical teleconsilium and telespecialist system is structured around key specialty areas with high population health impact. The methodology ensures remote access to specialist care, improved diagnostic pathways, and reduced need for in-person referrals. **a) Telecardiology:** - Focuses on **cardiovascular diseases**, given their high prevalence in the population. - Provides remote diagnostic services, including **electrocardiography (ECG)** and **24-hour ECG monitoring**. - Aims to deliver **definitive care remotely** for selected patient groups, thereby reducing the necessity for face-to-face consultations with cardiologists. **b) Teledermatology:** - Responds to the **increasing demand** and limited access to dermatological services, particularly in remote and underserved areas. - Employs **photo documentation** and **digital dermatoscopes** to remotely diagnose and manage skin conditions. - Enables the **effective treatment of many dermatological cases** without requiring patients to attend in-person appointments. **c) Telepulmonology:** - Targets **respiratory diseases**, with a particular emphasis on chronic obstructive pulmonary disease (COPD) and lung cancer. - Utilises **spirometry** to perform essential lung function assessments during remote consultations. - Plans to **expand service capabilities**, including the potential introduction of **direct specialist-patient teleconsultations** in the near future.
Training outcomes, competences:	Knowledge: - Designing a medical teleconsilium system - Developing telespecialist care services tailored to Roma communities - Building a health support system based on teleconsilium for Roma communities and underserved municipalities Skills: - Selecting and procuring appropriate digital equipment for a teleconsilium support system - Developing training programmes for medical specialists in telemedicine systems - Establishing a patient-centred healthcare support system linked to teleconsultation Attitude: - Understanding the structure and operation of modern teleconsilium care - Applying complex and critical thinking to the development of remote specialist consultation systems

	Autonomy and responsibility: - Ability to design and implement a teleconsilium care system - Capacity to coordinate the establishment and management of a teleconsilium framework.
Study material available:	Yes.
Serial number of teaching material in the attachment	6.3.4.
Other information	

6. Table: "The medical teleconsilium and telespecialist system"

Training Program: "The mobile cardiovascular screening and care initiation in telemedicine"

General Description of the Programme:

Title:	The mobile cardiovascular screening and care initiation in telemedicine
Nature of training:	Presentation
Teaching time:	4x120-minute presentation
Overall objective:	Cardiovascular disease is one of the leading causes of death, along with cancer. Early detection and appropriate medical care of cardiovascular disease can extend the life expectancy in Roma communities and early detection and appropriate treatment of cardiovascular disease can significantly reduce the number and duration of inpatient hospital admissions. Among the adult population, cardiovascular disease is a benefit of early detection and careful care: - avoiding the development of co-morbidities - avoiding serious complications - avoiding long, regular inpatient stays - increased life expectancy of patients. Mobile telemedicine is the most effective solution in Roma communities due to lack of health literacy and unoccupied GP practices. This training will provide students with the medical background for this telemedicine-based mobile practice approach with a focus on cardiovascular diseases.
Teaching methodology:	Presentation
Data of the person(s) providing training:	The telemedicine medical central coordination members in The Hungarian Charity Service of the Order of Malta (doctors, specialist)
Does it issue a certificate	Yes, the completion of the training provides certificate.
Invoicing/execution condition:	To complete the training, you must have attended all the lectures.
Target group:	The target groups are doctors, health care managers.
Input requirement:	The minimum requirement for training is a medical degree.
Content of education:	The mobile cardiovascular screening and care initiation in telemedicine: - the medical challenges of telemedicine in medical care - professional support for the telemedicine doctor - monthly medical webinars and standby doctor system - telemedicine doctor mentoring system and discussion of medical cases - limits of telemedicine care, diseases that can be treated in telemedicine - chronic disease management in telemedicine
Training outcomes, competences:	Knowledge: - knowledge of telemedicine care protocols - developing chronic care management in Roma communities via telemedicine Skills: - management and care of chronic patients via telemedicine - developing an own medical support system for the telemedicine doctors Attitude: - understanding the mobile screening and health care model - comprehensive thinking about health care for Roma communities living far from the health care system Autonomy and responsibility:

	- developing a health care plan that is adapted to local specificities - rethinking the preventive and care responsibilities of people living in areas with a shortage of GPs through telemedicine
Study material available:	Yes, partly.
Serial number of teaching material in the attachment	6.3.5.
Other information	

7. Table: "The mobile cardiovascular screening and care initiation in telemedicine"

Training Program: "Mobile eye screening training"

General Description of the Programme:

Title:	Mobile eye screening training
Nature of training:	This training, based on the methodological guidelines for mobile eye screening, will provide students with the necessary skills to organise and conduct mobile eye screening. Students will learn the theoretical and practical aspects of complex eye screening, the steps of eye care and the process of spectacle making. The training is based on the Methodological Guide to Paediatric Eye Screening. The methodological guide is structured in the following sections: This training, based on the *Methodological Guide to Paediatric Eye Screening*, will equip students with the essential skills to organise and carry out **mobile eye screening**. Participants will gain both theoretical and practical knowledge related to comprehensive eye screening, the stages of eye care, and the process of spectacle preparation. The training curriculum follows the structure of the methodological guide, which includes the following key components: - Specific roles and responsibilities of the ophthalmic screening team - Step-by-step guidance on the spectacle preparation process - The protocol for follow-up eye care This training ensures that students are fully prepared to deliver high-quality mobile eye screening services, particularly in underserved or hard-to-reach communities. - The professional concept of mobile eye screening - The conceptual framework underpinning mobile eye screening - A detailed overview of the organisational tasks required before screening - The recruitment and engagement process - In-depth description of complex eye screening procedures - Specific roles and responsibilities of the ophthalmic screening team - Step-by-step guidance on the spectacle preparation process - The protocol for follow-upeye care.
Teaching time:	The training lasts three days: 150 minutes lecture 3 days of practical training (1 practical training day 8 hours)
Overall objective:	**Eye screening is crucial for both children and adults.** In children, early detection of eye disorders is especially important, as untreated vision problems can significantly hinder age-appropriate educational progress and school performance. In adults, regular eye examinations are essential for the

	management of conditions such as **cardiovascular disease** and **diabetes**, as these often present with associated eye complications. The *Methodological Guide to Paediatric Eye Screening*, developed by the **Hungarian Charity Service of the Order of Malta (HCSOM)**, provides a comprehensive framework for conducting **mobile eye screening** in both children and adults. The HCSOM successfully delivers mobile eye screening among disadvantaged populations, where access to ophthalmological care—particularly for children—is often extremely limited. Many children have gained access to essential eye care through this initiative, delivered in partnership with local health services. As part of the mobile eye screening service, residents receive **comprehensive eye care**. When glasses are needed, the Hungarian Charity Service of the Order of Malta oversees the **entire process**—from examination to the production and distribution of spectacles. In cases where further specialist ophthalmological care is necessary, the Charity Service also coordinates the continuation of care and specialist referrals. By learning the **full methodology** of this complex eye screening and eye care process, students will be equipped to **independently organise and implement** similarly comprehensive mobile eye screening and follow-up care services in disadvantaged communities.
Teaching methodology:	Frontal and practical training
Data of the person(s) providing training:	The Hungarian Charity Service of the Order of Malta's paediatric screening team: senior screening staff member(s), paediatric screening staff members, optometrist. The paediatric screening team of the Hungarian Charity Service of the Order of Malta includes senior screening staff, paediatric screening personnel, and an optometrist.
Does it issue a certificate	Yes, the completion of the training provides certificate.
Invoicing/execution condition:	On the last day of the training, teams of 3-5 people will be trained to organise a simulated screening day and to perform a simulated complex ophthalmic screening. On the final day of the training, participants will work in teams of 3–5 to organise a simulated screening day and carry out a simulated comprehensive ophthalmic screening.
Target group:	Optometrists, health care providers - health care providers with a specific eye care profile. The team includes optometrists and healthcare professionals with specialised training or responsibilities in eye care.
Input requirement:	The minimum requirement for training is a high school certificate. A secondary school certificate is the minimum qualification required to participate in the training.
Content of education:	Main content units: - The professional concept of mobile eye screening - The process of organising and preparing for screening activities - Pre-screening procedures preceding the comprehensive eye examination - The components and methodology of the complex eye examination - Administrative tasks following the screening - The process of spectacle preparation and delivery The procedure for referral, admission, and follow-up care
Training outcomes, competences:	Knowledge: Participants will acquire knowledge of: - Protocols for ophthalmic screening - The procedure for performing the Lang stereotest

	- How to conduct a nystagmus test - Techniques for distant and near visual acuity testing - The minimum requirements and preparatory steps for organising both small- and large-scale mobile eye screenings - Basic principles of ophthalmic care Competency: Participants will be able to: - Organise and manage mobile eye screening activities effectively Attitude: Participants will demonstrate: - An understanding of the purpose and operation of the mobile eye screening methodology - The ability to engage in **complex and critical thinking** regarding the development and adaptation of mobile eye screening services Autonomy and responsibility: Participants will: - Be capable of independently organising mobile eye screenings - Be able to coordinate the development and implementation of a mobile eye screening system
Study material available:	The study material is available only in Hungarian, as it includes specific optometric and ophthalmological examinations protocol, which may vary from country to country depending on the recommendations of the respective nationalmedical associations.
Serial number of teaching material in the attachment	6.3.6.
Other information	

8. Table: "Mobile eye screening training"

Training Program: "Healthcare quality and organisational development standards for safe patient care"

General Description of the Programme:

Title:	Healthcare quality and organisational development standards for safe patient care
Nature of training:	Methodology and impact assessment of the **BELLA** (**BetegELL A**creditation) project. https://info.nevesforum.hu/2020/06/bella-programhoz-tartozo-anyagok/ The aim of the **BELLA** (**BetegELL**ater **Accreditation**) project was to develop quality improvement standards to enhancepatient safety and to implement these standards in practice. The training materials cover not only the methodology used for developing these standards, but also include an analysis of their effectiveness conducted at the conclusion of the project. Specific examples are provided to illustrate the applied methodology and its practical implementation.
Teaching time:	The training lasts one day: - 180 minutes of frontal training - 180 minutes round table discussion - 360 minutes seminar
Overall objective:	The primary aim of health services is to ensure the best possible health status and quality of life for patients—that is, to maximise health gains through effective care. Within the BELLA project, the concept of maximising health gain served as a guiding principle in the development of quality improvement and patient safety standards. A key criterion in designing these standards was to ensure they addressed real, manageable problems relevant to everyday care delivery, thereby resulting in practical, implementable operational guidelines for Hungarian healthcare settings. In many cases, with appropriate adaptation to local legislation, these standards and practices can also be applied in other countries' healthcare systems. As part of the methodological approach, the training includes not only the operational protocols for healthcare providers and suppliers, but also presents good practices in developing patient education materials and information leaflets, aimed at enhancing patients' health literacy and understanding of care processes. This knowledge will be delivered through in-person training sessions. In addition, a roundtable discussion will offer students the opportunity to hear expert opinions from healthcare professionals on the topic. The training concludes with a seminar, where students will actively engage in designing standards and simulating their practical implementation.
Teaching methodology:	The training will include a combination of frontal (lecture-based) instruction, round table discussions, and seminar sessions.
Data of the person(s) providing training:	Health care professionals (pharmacists, nurses, qualified nurses)
Does it issue a certificate	Yes, the completion of the training provides certificate.
Invoicing/execution condition:	Attend the lecture and the round table discussion and actively participate in the seminar.
Target group:	Healthcare professionals, pharmacists, healthcare managers, healthcare facility managers and nursing directors.
Input requirement:	Healthcare qualifications - nurse, qualified nurse, pharmacist, doctor, healthcare manager.

Content of education:	Main content units: - Introduction to the BELLA programme - Methodology for the development of quality and safety standardsOverview of accreditation materials - Impact assessment of the BELLA project - Presentation of model patient leaflets and examples of good practice - Presentation of sample information posters and related good practices
Training outcomes, competences:	Knowledge: by completing the training, the student will acquire the following knowledge: - Recognition of patient safety, quality assurance and organisational development issues in healthcare institutions - develop patient safety, quality and organisational development standards that respond to the problems detected Competency: On completion of the training, the student will have the following competencies: - writing standards for patient safety, quality assurance and organisational development - Develop patient information leaflets to improve patient safety - Identify systemic problems in healthcare institutions and develop a strategy as soon as possible Attitude: - Recognise and identify problems encountered in the course of patient care to ensure patient satisfaction and the best health outcomes for patients - is open to the views of healthcare providers and patients - implementing feasible good practice in hospital practice - producing informative patient information materials that are useful in healthcare practice Autonomy and responsibility: - at the end of the training, the student will be able to critically assess the functioning of healthcare institutions and identify areas for improvement in terms of patient safety - be able to develop and implement standards-based quality and organisational improvement actions in areas for improvement in patient safety
Study material available:	Yes.
Serial number of teaching material in the attachment	6.3.7.
Other information	

9. Table: "Healthcare quality and organisational development standards for safe patient care"

Mental Health Assessment and Support for Vulnerable Groups

Training Program: "Basic knowledge of mental health protection"

General Description of the Programme:

Title:	Basic knowledge of mental health protection
Nature of training:	Small group training
Teaching time:	The entire training is split into 3 consecutive days, the training days are divided into group training sessions as follows: Day 2: 4X120 minute small group training sessions Day 4: 3X120-minute small group training sessions Day 3: 3X120-minute small group training sessions There are 15-minute breaks between training sessions and a 45-minute lunch break at noon. Several small group training sessions on the same topic run in parallel, so that 5 small groups can be trained in 5 different rooms on the same day. Maximum number of participants per day: 50. Each group consists of 10-12 people.
Overall objective:	The aim of the training is to provide guidance on mental health protection in the workplace for professionals working with people with multiple disadvantages and disadvantaged backgrounds and to positively support the mental health problem-solving skills of professionals in supporting residents.
Teaching methodology:	Small group problem-solving in the context of a three-day training course. The small groups will consist of 10-12 people. Several small groups can be trained in parallel.
Data of the person(s) providing training:	HR team members and mental health professionals
Does it issue a certificate	Yes, the completion of the training provides certificate.
Invoicing/execution condition:	The training is considered complete if the student actively participates in all three days of the training. The trainers will assess the active participation of the students during the three days.
Target group:	People working in support organisations as middle managers or team leaders: social workers, health professionals, regional and district managers of support organisations, professionals supporting disadvantaged people, protection nurses.
Input requirement:	The minimum requirement for training is a high school certificate.
Content of education:	Main content units: - description of the training topics - description of the tasks and exercises to be carried out during the training - the equipment required to carry out the exercises.
Training outcomes, competences:	Knowledge: - the paradigm shift in mental health - addressing prejudice in society and the workplace - substantive overview of mental health in the workplace, formulation of mental health objectives in the workplace - the crucial role of workplace communication in the field of mental health at work - successful workplace communication - stress management at individual and organisational level - recognition of anxiety disorders and mood disorders and their impact on workplace mental health

	- sleep and sleep disorders, their impact on mental health at work - chemical addiction and its impact on workplace mental health - alcohol consumption and its impact on mental health at work - mental health support for clients - "The practice of flirtation" - logotherapy and existential analysis - logotherapy crisis intervention Ability: - organising mental health sessions in the workplace - planning healthy mental health workplace environments - using different communication techniques in the workplace - recognising mental health crisis situations, knowledge of logotherapy crisis intervention methods Attitude: student who has attended the training: - strive to develop mental health in the workplace in their immediate working environment - be able to assess the mental health situation in the workplace within a given support or aid organisation - make constructive suggestions for the development of mental health within the organisation - recognises crisis situations among their immediate colleagues - takes a responsible approach to mental health in the workplace in his/her immediate working environment Autonomy and responsibility: - managing workplace conflicts between subordinates at a high level of competence - high level of competence in managing conflicts between clients and support staff - developing mental health among staff - recognition of the need for logotherapy crisis intervention, involvement of mental health professional "preventing burn-out among subordinates, creating a healthy working environment
Study material available:	Yes.
Serial number of teaching material in the attachment	6.4.1.
Other information	

10. Table: "Basic knowledge of mental health protection"

Cross-Sectoral Collaboration and Community Engagement

Introduction

In disadvantaged municipalities, numerous good practices and effective strategies have emerged in the areas of cross-sectoral cooperation and community engagement. Several of these strategies are supported by training programmes, which allow for the transfer and implementation of these models in other countries, and facilitate the professional development of practitioners working in similar contexts.
In Hungary, the profession of healthcare manager has evolved specifically within the framework of supporting healthcare and providing care for disadvantaged populations. These professionals not only assist general practitioners in their daily work but also play a crucial role in coordinating and managing patient care, particularly in underserved communities.
To support this professional role, we have developed a training programme for healthcare managers, which is designed to be adapted and delivered by partner countries, enabling them to train professionals who can effectively contribute to equitable and integrated healthcare provision.

Training Program: "Patient support services in deprived settlements – care management"

General Description of the Programme:

Title:	Patient support services in deprived settlements - care management
Nature of training:	Presentation and seminars
Teaching time:	The teaching time is a complex teaching day: the teaching day consists of a 150-minute lecture and three 120-minute seminars.
Overall objective:	The aim of the training is to introduce The Hungarian Charity Service of the Order of Malta care management system to support disadvantaged residents, and the seminars will give students the opportunity to learn about the practical implementation of care management. The Hungarian Charity Service of the Order of Malta supports residents in deprived settlements by providing mobile health services. As part of the mobile health service, the programme aims to provide care and support to patients. Patient support is essential for the health understanding and successful medical/specialist care of the residents. Care management is made up of several parts: - patient journey planning - liaising with residents - organising health-related patient education events - liaising with patients and specialist care providers. Care management plays an important role not only in the mobile health service, but also in the general medical practices provided by The Hungarian Charity Service of the Order of Malta. Successful GP and specialist care in deprived settlements is an essential part of care management. The aim of this training is to prepare health professionals and social workers in their own region to build and maintain an effective patient support system, which will lay the foundations for successful health care for the laokosk. The seminars will provide students with an understanding of the practicalities of patient support through good practice examples from The Hungarian Charity Service of the Order of Malta and through the organisation's care manager trainee teachers. Through active participation, students and care professionals reflect together

	on the problems they encounter and experience, and on the good practices developed to address them. During the seminar, students will not only think through the steps of patient journey planning together, but will also learn communication strategies from care managers in the field.
Teaching methodology:	Lecture and three 120-minute small group seminars. Small groups of 5-7 people.
Data of the person(s) providing training:	The health care managers and regional coordinators of the Attila Naszlady Health Promotion Programme of The Hungarian Charity Service of the Order of Malta, i.e. health care organisers.
Does it issue a certificate	Yes, the completion of the training provides certificate.
Invoicing/execution condition:	Attendance at the lecture and active participation in all three seminars are required for graduation. During the seminars, the instructors will continuously evaluate the students' participation based on given criteria.
Target group:	Health professionals working in GP practices (nurses, assistants, graduate nurses, etc.), social nurses working in health care facilities, social workers supporting GP practices, social workers supporting work in disadvantaged communities.
Input requirement:	The minimum requirement for training is a high school certificate.
Content of education:	Main content units: - Presentation on the good practice of the care management system developed by the Hungarian Charity Service of the Order of Malta. This includes educational material. - The material for seminars varies from course to course. Regional care managers working for the Hungarian Maltese Relief Service present their daily work. They go into detail about the problems encountered, not only in general terms but also by presenting specific cases. Then, through interactive exercises, the students in the small group will be able to develop a fictitious care manager patient support system for their own practice or region.
Training outcomes, competences:	Knowledge: students participating in the training will have the following knowledge: - steps for developing a regional, practice-based care manager problem map - the preparation of the basis for care management and patient journey planning - methods of successful contact with patients and health care providers to ensure successful health care - how to develop a patient journey map, the basis for patient journey planning - patient recruitment methodology Competency: On completion of this course, the student will be able to: - develop a care management system for a region or practice - Support medical/specialist care through patient journey planning and patient liaison - present the current status of the patient journey and care process to health professionals or service providers Attitude: Graduate students: - Actively participate in GP and specialist care by taking over the administrative burden of patient journey planning from health care professionals - support the success of healthcare by developing patient journey maps - support patient education events to promote health literacy among residents through patient recruitment Autonomy and responsibility: upon completion of the course, the graduate

	student: - can independently support residents in booking appointments for examinations and specialist consultations based on medical referrals - monitor the current status of the patient's pathway - keeps in constant contact with the healthcare provider about any delays in the patient's care process and the current situation - in case of inadequate patient compliance, support medical/specialist care by maintaining close contact with the patient
Study material available:	Yes.
Serial number of teaching material in the attachment	6.5.1.
Other information	

11. Table: "Patient support services in deprived settlements – care management"

In Hungary, the delivery of healthcare in disadvantaged—predominantly Roma—communities has demonstrated that the involvement of **local professionals,** who possess deep **knowledge of regional specificities,** is crucial for the success of health interventions and service provision.
Regional Centres, situated within these underserved communities and staffed by **local health and social care professionals**, play a central role in facilitating mobile medical services, organising health screenings, and maintaining continuous engagement with Roma residents.
Three key pillars underpinning this **inter-sectoral cooperation** are:

1. **Maltese Health Points**
2. **Regional Health Care Organisers**
3. **The School Health Programme**

Maltese Health Points: Anchoring Local Access
Maltese Health Points are **regional health centres** established in disadvantaged areas. They are staffed by interdisciplinary **teams, including local nurses, social workers, and healthcare managers**. Their primary mission is to foster trust and build sustained relationships with Roma and other marginalised populations. These centres ensure:

- A continuous **local presence** to support ongoing health promotion
- Effective implementation of **mobile health screenings**, medical prescriptions, and **follow-up care**
- Direct support for medical teams operating from **central or capital regions**

The Role of Regional Health Care Coordinators
Alongside nurses and regional managers, these centres are supported by **Regional Health Care Coordinators**—often social workers who have received specialised training in healthcare navigation and coordination.
Their key responsibilities include:

- Organising **patient pathways**, scheduling appointments, and coordinating referrals to hospitals and specialist clinics
- Supporting patients with **navigating the healthcare system**, including health insurance and administrative tasks
- Ensuring **continuity of care** during medical visits and school health assessments
- Maintaining contact with patients to monitor ongoing health needs

These professionals **serve as vital links between the community and the healthcare system**, ensuring that care **remains** both accessible and continuous.
The School Health Programme is a key component of the regional healthcare strategy, focusing on the health and well-being of children within the school setting. These programmes are implemented by school nurses and coordinated with paediatricians and dietitians through telemedicine consultations, which often include parental involvement.

Health assessments typically include:

- Measurement of height and weight
- Blood pressure readings from both arms
- InBody body composition analysis and BMI calculation
- Hearing assessments
- Spinal curvature screenings

Many children are identified as either undernourished or obese, necessitating further medical evaluation. Follow-up care is managed by telemedicine paediatricians in cooperation with local healthcare providers and hospitals. When specialised treatment is needed, children may be referred to university hospitals in Budapest, with continued monitoring facilitated through the telemedicine system.

This integrated model illustrates how local engagement, professional training, and telemedicine can enhance healthcare access in underserved regions while fostering trust and long-term sustainability within the communities served.

The School Health Programme: Early Detection and Follow-up

The **School Health Programme** is a key component of the regional healthcare strategy, focusing on the health and well-being of children within the school setting. These programmes are implemented by school nurses and coordinated with paediatricians and dietitians through telemedicine consultations, which often include parental involvement.

Health assessments typically include:

- Measurement of height and weight
- Blood pressure readings from both arms
- InBody body composition analysis and BMI calculation
- Hearing assessments
- Spinal curvature screenings

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This integrated model illustrates how local engagement, professional training, and telemedicine can enhance healthcare access in underserved regions while fostering trust and long-term sustainability within the communities served.

Strategy Program: "Developing regional health centres in regions with Roma communities"

General Description of the Programme:
The Maltese Health Centres serve as regional hubs for telemedicine-based healthcare. Their core function is to create and maintain the local conditions necessary for the delivery of telemedicine services. This includes supporting the management of prescriptions, involving patients in their care pathways, maintaining regular contact with the population, and ensuring a continuous local presence.
The managers of the Maltese Health Centres operate under the supervision of central coordination and are responsible for implementing professional tasks and decisions made at the central level. Each centre is also staffed by regional coordinators and regional telemedicine assistants, who contribute to the effective operation and outreach of the programme.
Close cooperation between the Maltese Health Centres and the Presence Points is essential to the success of the programme, particularly in reaching vulnerable communities and strengthening local engagement.

Sitemap

The programme aims to cover the 300 most disadvantaged settlements in Hungary. At the time of its launch, it was not feasible to reach all these settlements simultaneously. Therefore, it was necessary to designate base settlements to establish strong regional centres that could support local organisation and the day-to-day operation of the programme in the catch-up municipalities.

To this end, five regional hubs—known as the Maltese Health Centres—were identified and established. The aim of this chapter is to describe the structure and regional presence of the Maltese Health Centres within the programme, outline their core activities, and explain their relationship with the Maltese Presence Centres.

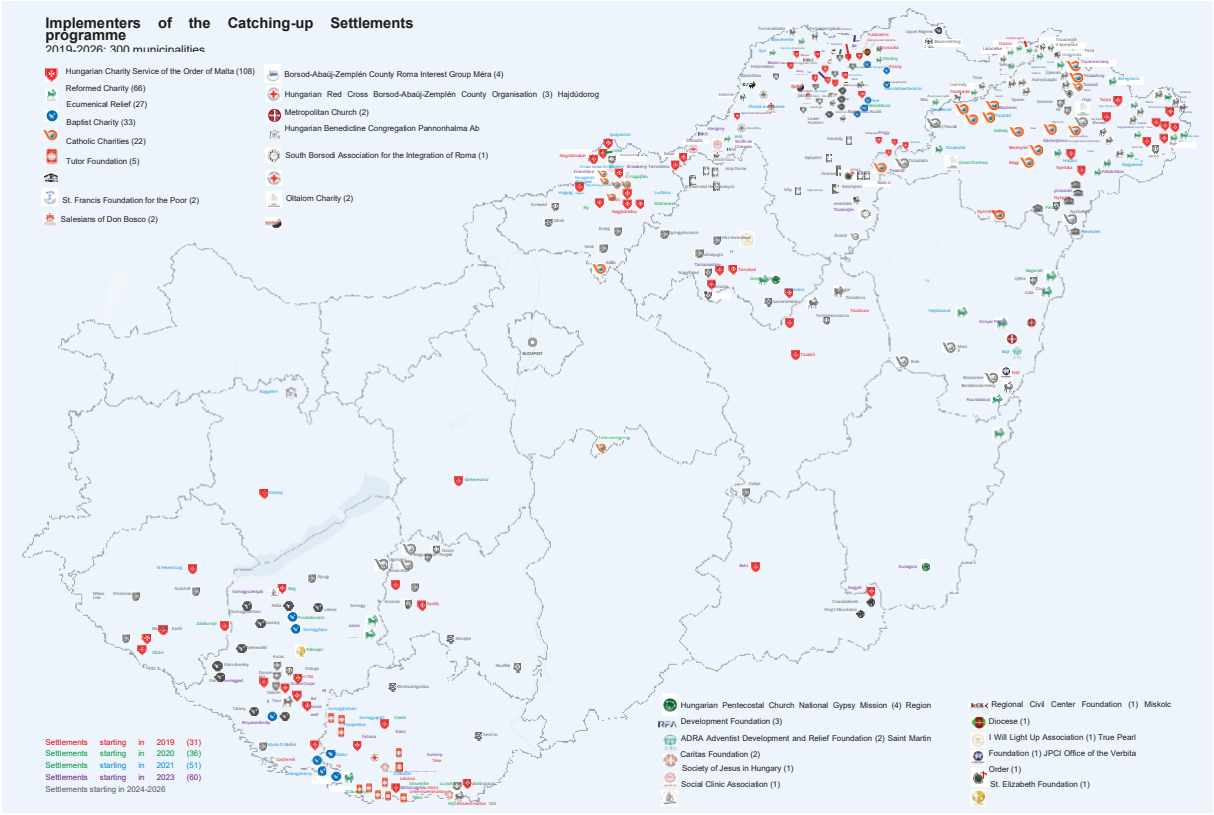
The municipalities of the Maltese health centres

The local implementation of the programme is carried out by the Maltese Health Centres, which have been established in the following municipalities: Hirics, Litke, Nyírkáta, Szalonna, and Zalakomár. When selecting the locations, the primary objective was to place the Health Centres in as many regions as possible, prioritising areas with a high number of outlying or remote settlements. The national distribution of "catching-up" municipalities is illustrated in Table 12.

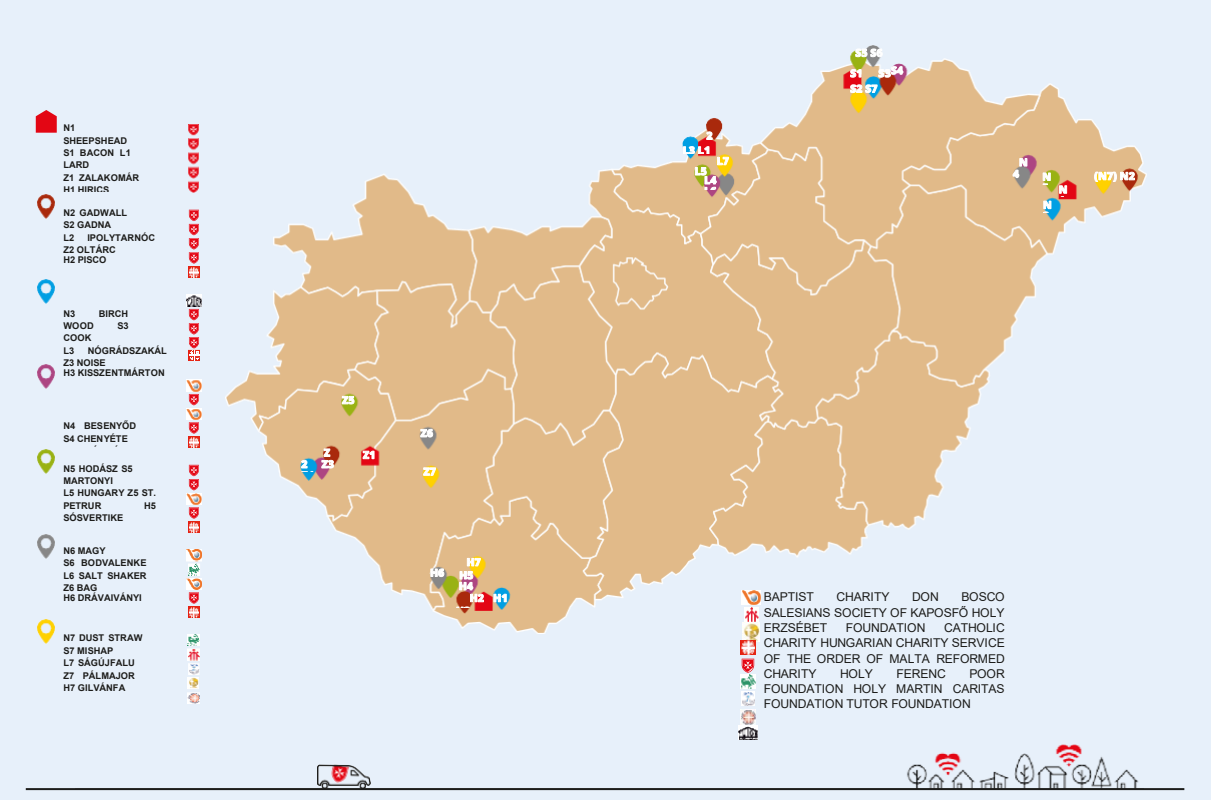
In general, catching-up municipalities are characterised by limited access to healthcare and internet services, as well as significant systemic obstacles. Many of these municipalities suffer from a shortage of general practitioners (GPs), with numerous vacant GP practices. In such cases, care is provided by temporary or substitute physicians, often on a part-time basis. It is also common for a single GP to be responsible for several small municipalities, meaning their actual availability in any one location is very limited.

Access to specialist outpatient and inpatient care is also problematic. A significant portion of the population in these areas finds it difficult to reach such services due to poor public transport infrastructure. Public transport is typically infrequent, and multiple transfers are often required to reach healthcare facilities. This situation is exacerbated by the poor socio-economic conditions of many residents in catching-up areas, who often cannot afford the cost of travel.

As a result, residents of these municipalities face considerable difficulties in accessing health care, and their overall health status is significantly poorer than that of residents in larger urban centres.



1. Figure: Geographical location of the catching-up settlements (FeTe) and programme implementers



2. Figure: Location of the Maltese Health Centres and their settlements satellite

Telemedicine

The experience gained through the Maltese Presence Programme was also utilised in the designation of the Health Centres. While working in the regions, professionals from the Presence Programme became familiar with the local populations and created problem maps of the municipalities.

Although there are considerable differences between municipalities in terms of population circumstances, infrastructure, and access to services, some common challenges in health access could be identified. Residents of underdeveloped or "catching-up" settlements often live in closed communities, where establishing trust and productive relationships between external professionals and local residents requires time, patience, empathy, and—most importantly—a consistent presence.

Experience has shown that local professionals are generally more successful in building good relationships with the community. For this reason, it was considered essential during recruitment for the Maltese Health Centres to prioritise professionals who had already worked in health or social care in the region or in neighbouring areas. Although the staffing of the Centres required the recruitment of new personnel, the regional insight provided by the Presence Programme and the recommendations of its leadership played a significant role in selecting both the locations and staff for the new Centres.

Ultimately, in autumn 2022, five locations—Hirics, Litke, Nyírkáta, Szalonna, and Zalakomár—were selected according to the above criteria, and Maltese Health Centres were established in each. The programme is planned to expand to additional settlements in the future, drawing on the experience and outcomes of the existing Centres.

The programme has been implemented in seven phases, involving a total of 35 municipalities. At the time of writing, all 35 municipalities are actively providing healthcare services under the

scheme.

Table 12. presents an overview of the municipalities included to date, the Health Centres (Health Points) established under the programme, the municipalities assigned to each Centre, the population data (adults, children, total), and the availability of general practitioners (GPs).

Hirics	Hirics	197	60	257	Yes
	Piskó	230	50	280	No [Vajszló– 8 km]
	Kisszentmárton	233	55	288	No [Substitution in Samodon - 4,3 km and Vayslo - 8 km]
	Lugs	165	60	225	No [Vajszló– 4,6 km]
	Sósvertike	120	35	155	No [Drávastára– 10,4 km]
	Drávaiványi	113	47	160	No [Drávasta– 2,7 km]
	Gilvánfa	304	73	377	No [Magyarmecske– 3 km]
Litke	Litke	577	221	798	Yes
	Ipolytarnóc	330	100	430	Yes
	Nógrádszakál	451	189	640	Yes
	Nógrádmegyer	1302	321	1623	Yes
	Hungarian Alphabet	593	222	815	Yes
	Sóshartyán	615	258	873	Yes
	Ságújfalú	740	266	1006	Yes
Nyírkáta	Nyírkáta	1422	649	2071	Yes
	Pimp	650	339	989	Yes
	Nyírpilis	610	442	1052	Yes
	Besenyőd	642	160	802	No [Letters - 2,1 km]
	Hodász	2352	900	3252	Yes
	Magy	690	195	885	Yes
	Dust straw	1977	793	2770	Yes
Bacon	Bacon	775	255	1030	Yes
	Gadna	160	200	360	No [Upper Hunters– 4,4 km]
	Szakácsi	88	76	164	No [Lak– 5.1 km]
	Csenyéte	325	260	585	Yes
	Martonyi	201	56	257	No [Bacon– 4.9 km]
	Beaverenke	176	158	334	No [Hídvégardó– 3.9 km]
	Balajt	350	175	525	No [Edelény– 6,1 km]
Zalakomár	Zalakomár	2247	684	2931	Yes
	Oltárc	199	45	244	No [Pusztamagyaród– 13,3 km]
	Zajk	161	61	222	Yes
	Gunsmith	137	41	178	Yes
	St Petersburg	807	238	1045	Yes
	Bag	381	53	434	Yes
	Pálmajor	249	98	347	No [Nagybajom– 7,6 km]

12. Table: Characteristics of the municipalities included in the programme, based on population and access to general practitioners (data source: November 2023)

Activities of the Maltese health centres

The Maltese Health Centres operate in offices, converted flats, or unused surgeries, all adapted to meet the needs of the programme. Each Centre is equipped according to standardised criteria and is functional in all five regions. A permanent team of 3–6 staff members work at each Centre, including the Health Centre Manager, regional coordinators, and regional health assistants. These Health Points ensure the ongoing presence and availability of the programme in the municipalities.

Hirics	1 person	1 person	1 person
Litke	1 person	1 person	2 persons
Nyirkáta	1 person	1 person	4 persons
Bacon	1 person	1 person	4 persons
Zalakomár	1 person	1 person	1 person

13. Table: Staff numbers in the Maltese Health Centres

The Health Centres coordinate and provide telemedicine prescriptions both in their own locations and in the satellite municipalities within their region. As part of their work, they contribute to the preparation of a diagnostic health map, which includes a detailed assessment of the healthcare capacity in each municipality—particularly the barriers residents face in accessing health services.

In the outlying municipalities, Health Centre staff are available only on specific days, and no permanent offices are set up. One key role of the Health Centres is to establish strong relationships with local residents, thereby expanding the programme's reach and increasing the number of patients engaged. To achieve this, Health Centres maintain close communication with local stakeholders and key social actors, helping to raise awareness about the programme. These stakeholders vary greatly by region and municipality and may include the GP's assistant, a nurse, a mayor, a shop manager, a teacher, or even a cleaner at a public institution.

During the development of the Health Centres, contact was made with local opinion leaders. With support from the central coordination team, Health Centre staff introduced the programme to both stakeholders and, where appropriate, local residents. The main communication tools used included public forums, outreach visits, and community presentations. When a municipality joins the programme, the relevant Health Centre takes responsibility for promoting the programme locally, identifying stakeholders, and ensuring they are well-informed. This promotion is supported through printed materials such as flyers and information leaflets, as well as face-to-face interactions.

Health Centres are also responsible for creating and maintaining the conditions necessary for delivering telemedicine services in the designated locations. This task varies greatly by region and municipality, depending on specific local conditions. The mobile telemedicine clinics must be suitable for unloading and installing telemedicine equipment. Critical considerations when planning deployments include the availability of reliable internet, adequate utilities, rest and waiting areas, and proper toilet facilities. These factors are assessed jointly by the regional health assistants and the Health Centre staff. The Health Centres play a central role in telemedicine deployment, participating in both healthcare delivery and pre-appointment assessments.

A key task of the Health Centres is to ensure continuous access for residents. They are open on working days from 08:00 to 16:00, with at least one staff member present throughout the day. Even when the mobile telemedicine clinic is not on-site, residents may visit to make enquiries, schedule appointments, or learn about upcoming programmes. In cases of acute complaints, a Health Centre staff member performs a brief triage and refers the patient to the appropriate care provider or schedules a telemedicine consultation.

A network of contacts with healthcare providers is maintained, and information is collected on patient pathways and the availability of both primary and specialist care in the region. The activities of regional coordinators—including patient support and care management—are discussed in detail in the next chapter.

The Health Centres also organise patient education sessions in both their own localities and in surrounding satellite municipalities. These sessions, delivered by regional health assistants using centrally developed materials, focus on practical skills, increasing health awareness, and encouraging patient involvement. Topics include the use of home monitoring devices such as blood pressure monitors and glucose meters.

In cases where social problems are identified, staff members can report them to the local Presence Point or other relevant social services.

Working in the health centres: partners and coordination

When recruiting staff for the Health Centres, it is particularly important to select local professionals who are familiar with regional conditions and can easily build rapport with the local population.

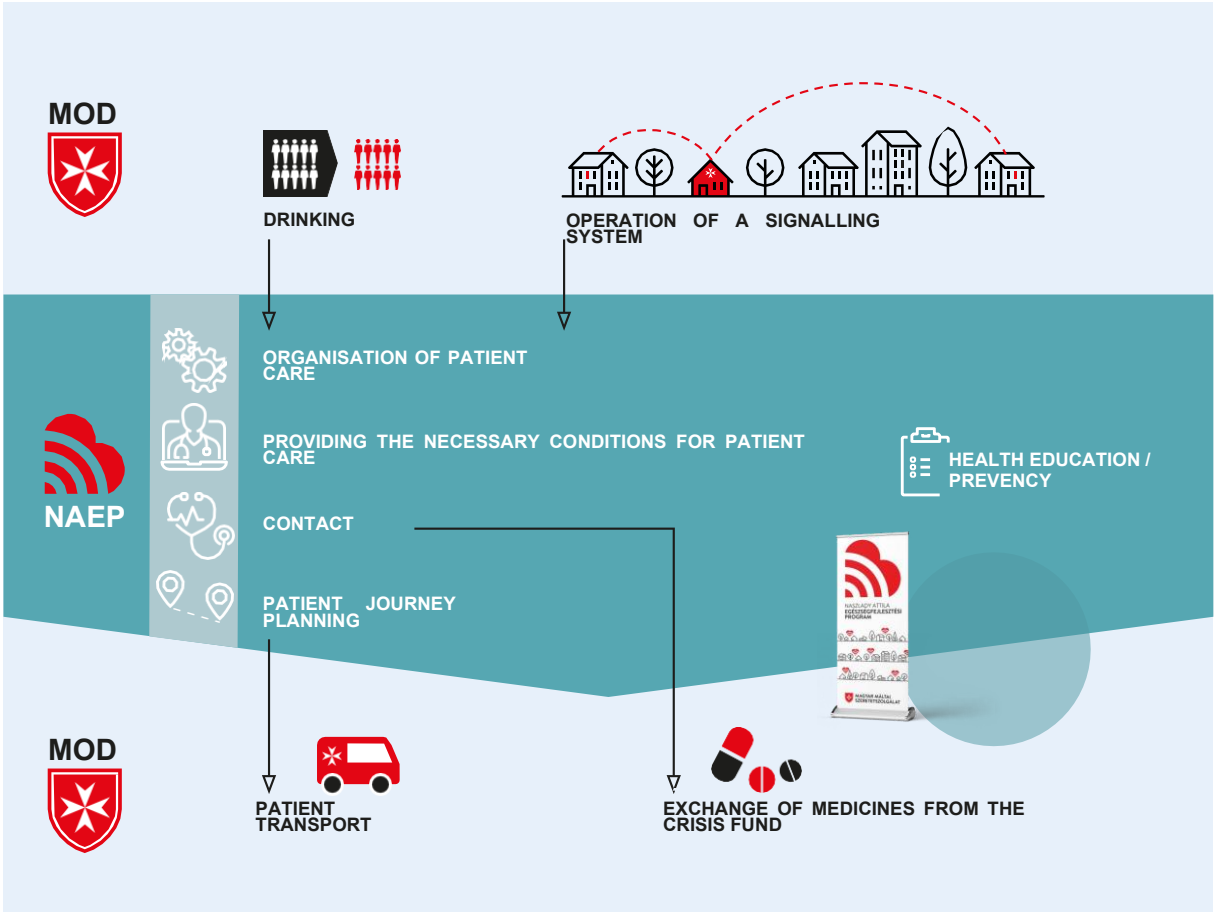
The Maltese Health Centres are managed under the central coordination of the Chief Medical Officer. The Chief Operating Physician ensures that strategic decisions are communicated to the regions, supervises the activities of the Health Centres, and, with the support of the public operations team, ensures the necessary operational conditions are in place. The Chief Operating Physician maintains continuous contact with the Health Centre managers, receiving feedback on local activities and results through regular meetings and reports.

The managers of the Maltese Health Centres are responsible for the implementation of the programmes in their designated municipalities. They directly supervise the regional coordinators and regional health assistants. They ensure communication between the regions and the central coordination team, and they liaise with municipal leaders and key stakeholders involved in the programme.

The Health Centre managers are not necessarily health professionals but are open to collaboration with both professional and social service spheres. During the recruitment process, the regional managers of the Presence Programme made recommendations and contributed to the selection of the Health Centre managers, thereby supporting a good working relationship between the two programmes. The Health Centre Manager is also responsible for monthly monitoring and reporting on activities.

The regional coordinators are university graduates without medical qualifications. One regional coordinator has been assigned to each Health Centre. However, with the increasing number of municipalities involved, additional coordinators are planned for more densely populated areas in the future.

Regional health assistants are medically trained professionals. Their direct local supervisor is the Head of the Maltese Health Centre, while their professional supervision is provided by the Senior Assistant, a member of the central coordination's professional team.



3. Figure: Cooperation between the Attila Naszlady Health Promotion Programme and the Presence Programme by recruiting regional coordinators

The number of regional health assistants working at each Health Centre depends on the size of the region, the population potentially covered by the programme, and of course, the local availability of professionals. Therefore, the number of assistants varies by centre.

Their tasks are complex and multifaceted. They assist with telemedicine appointments, conduct preliminary assessments, provide health education sessions both at the Health Centres and in the surrounding areas, and maintain a permanent presence to support residents and patients interested in health services.

The specific aspects of the health assistant profession are discussed in the relevant chapters of the programme.

Cooperation between Maltese health points and presence points

The Presence Programme was launched several years prior to the Attila Naszlady Health Promotion Programme. As a result, the Presence Points have been active in the intervention areas of our programme for much longer. They have gained extensive experience, prepared problem maps of the municipalities, and established ongoing contact with the local population.

When the Health Promotion Programme was launched, the knowledge accumulated by the staff of the Presence Programme played a key role in selecting the locations. It was essential that the new programme be introduced in areas where social services were already of a high standard.

Following the selection and establishment of the Maltese Health Centres, the next step was to define the scope of the two programmes and to establish clear boundaries. However, as health services and social services cannot be entirely separated, some degree of overlap exists between the two programmes at the local level. This overlap varies from one municipality to another. The interaction between the two programmes is illustrated in Figure 3.

Health care services under the scheme are available to individuals who have a social security number. Residents who apply to the Maltese Health Centres but do not possess such documentation may still have an ID. In these cases, individuals are referred from the Health Point to the Presence Point, where social workers assist with the necessary administrative procedures.

The Health Centres do not have access to a ‘crisis fund’ to support the most disadvantaged groups. However, the Presence Programme allows the Presence Points to use a monthly discretionary budget for such purposes. For example, if a cost-intensive therapy is prescribed but the patient cannot afford it, the Health Centre staff may contact the social services for support.

The referral system also works in reverse: social care providers may notify the Health Centres if they identify a patient in need of health care. In such cases, the Presence Point staff support the appointment process and remind patients of their scheduled visits when necessary.

Despite the challenging infrastructure and financial difficulties faced by the population, the telemedicine programme is currently unable to provide patient transport in the affected regions. Nonetheless, there is significant demand for the service, and patients referred to external institutions often struggle to reach these locations. In such cases, the Health Point contacts the Presence Point. If the issue is financial, the "crisis fund" may offer a solution; otherwise, social workers assist in finding creative solutions for transporting the referred patients.

A shared feature of both programmes is active patient involvement, which is discussed in detail in the care management chapter.

Participation in the services provided by the Maltese Health Centres is free of charge for residents living in the participating municipalities.

Strategy Program: "School Health Programme"

Introduction to the School Health Programme

As part of the wider initiative, a **School Health Programme** was launched for both students and staff in institutions operated by the **Hungarian Charity Service of the Order of Malta School Foundation**. The primary aim of these health assessments is to **identify health-related risk factors** and detect any illnesses that may have already developed but remain undiagnosed.

This chapter outlines the **professional concept** behind the School Health Programme and explains in detail the **health assessment process**.

The **School Health Survey**, implemented across the Foundation's institutions, serves as an important tool for **disease prevention** and the **early identification of health issues** affecting both students and school staff. The goal of the programme is to strengthen **local school-based health support** through structured health assessments and **telemedical consultations** provided by the programme's medical team.

Health Screening and Preventive Services for Schoolchildren under the School Health Programme

Health checks are conducted **on school premises during the school day**. All children undergo a **general health assessment**, and those with identified health concerns are scheduled for a **follow-up consultation with a paediatrician** via telemedicine.

The student health assessment consists of several examinations, conducted **in parallel at different examination stations**. Each child undergoes an **InBody body composition analysis**, which is later evaluated by a **dietitian**.

The results of all tests are reviewed and summarised by the responsible **paediatricians**, who then prepare a **medical opinion**. This summary is uploaded to the **EESZT** (National eHealth Infrastructure) using the designated medical software.

All examinations are carried out **with the written consent** of the child's legal representative. The findings are securely recorded and uploaded to EESZT. Children who require follow-up care will be given an appointment for a **paediatric consultation at the school**, where on-call paediatricians will:

- Conduct further examinations
- Explain the child's health condition
- Provide instructions to the child and their legal representative regarding next steps in care or treatment

Structure of the Student Health Check Process

1. Informative Coordination Meeting

Before the health checks begin, an **orientation meeting** is held. During this meeting:

- Specialists from the **Telemedicine Centre** consult with the **school principal**, **school nurse**, and **school doctor** to gather background information on the children's general health status.
- Senior programme staff collaborate with the school's professional and health

management teams to **plan the health assessment process**, including the **assessment schedule** and logistical arrangements.

Required administration and documentation

Informational materials have been prepared for the **School Health Programme** to support statutory representatives, school management, and class teachers. These include:

- General programme information
- **Health Data Consent Forms** (to be completed by legal representatives)
- The **Health Assessment Questionnaire for Children**

These materials are distributed by the programme's **operational team** to the legal representatives. Class teachers assist with the administration by helping distribute and collect the completed documents.

Annex 5: Health Check Questionnaire – Child

General Health Check

The student health screening is a **comprehensive series of examinations** consisting of the following components:

- Height measurement
- Body weight measurement
- Body composition analysis using the **InBody** device
- Blood pressure measurement on **both arms**
- Spinal curvature assessment using a **scoliometer**
- Hearing test using an **audiometer**
- On-site urinalysis using the **DocUReader**

These instrumental examinations and the associated documentation are carried out on-site by **telemedical health assistants** at multiple examination stations.

Data Processing and Medical Evaluation

The measured results are reviewed offline by **paediatricians and a dietitian** at **Bethesda Children's Hospital**, within the framework of telemedical care. Based on the test results, paediatricians classify students into **risk groups**.

If a student shows any concerning results or discrepancies in tested parameters, the legal representatives (parents or guardians) are informed. They are then invited to discuss the results with **telemedicine doctors**.

Follow-Up via Mobile Clinic

The follow-up consultation takes place at the **mobile clinic located on the school premises**. During this visit:

- The **telemedicine paediatrician** explains the findings to the legal representative and discusses further steps.

- The **dietitian** provides dietary advice based on the results of the **body composition analysis**.
- All findings and recommendations are entered into the patient's electronic medical record and uploaded to the **EESZT** (National eHealth Infrastructure).

4. Figure: Test passportThe multi-station general health check

In order to ensure that instrumental examinations are carried out accurately and efficiently, telemedical health assistants conduct assessments at multiple dedicated stations on-site. To track the completion of each test, every child is issued a **Health Check Passport (Annex 14.1)**. This passport is stamped at each station, making it easy to identify which children have completed the full screening process.

Station 1: Health Assessment Station

At this station, a telemedical health assistant:

- Verifies the presence of the **Health Informed Consent Form** and the **Health Assessment Questionnaire**
- Enters the relevant personal data from the forms into the medical software
- Measures the child's **blood pressure**, **height**, and **weight**
- Records the child's **date of birth** and **social security number** in the Examination Passport
  (This is essential, as many children may not know their exact date of birth, and the passport helps with reliable patient identification.)

Additionally, at this stop, each child is given a **urine sample vial**, which will be used later during urinalysis.
This station can be set up in a **classroom** or within one of the **mobile clinic units**.

Station 2: Body Composition and Scoliosis Screening

At the second assessment point, the telemedical health assistant:

- Conducts **body composition analysis** using the **InBody device**, with results entered into the patient's electronic medical record
- Performs a **scoliosis screening** using a **scoliometer**
  (As this test requires the removal of outer clothing, it is conducted in a **private, closed room**, with particular sensitivity to children's privacy.)

Station 3: Hearing Test

The third station involves a **hearing assessment** using an **audiometer**.

- This test is performed in a **quiet, enclosed classroom**, to ensure the accuracy of results
- Audiometry results are entered manually into the **Medical History** section of the medical software

Medical Evaluation and Follow-up

The results of the health checks—including vital signs, body composition, scoliosis, urinalysis, and hearing—are assessed by **paediatricians from Bethesda Children's Hospital** via the telemedicine platform. The telemedical health assistants upload or manually enter all test results and findings into the medical software's **Document Repository**, ensuring that all data needed for diagnosis is accessible in **NetDoktor**. This includes inputs from allied health professionals, such as dietitians.

Based on the recorded data:

- Paediatricians provide a **primary medical opinion** and complete a **patient test report**, which is uploaded to the **EESZT** (National eHealth Infrastructure)
- If a significant health issue is detected, the child is scheduled for a follow-up appointment
- The school informs the child and their legal guardian of the **appointment date and time**
- The follow-up assessment is conducted **on-site at the school**, using the **mobile clinic**, following the usual procedures

The school health programme among teachers

The School Health Programme is also open to teachers and other school staff. Thanks to the possibilities offered by **mobile clinics** and **telemedical care management**, all members of the educational institution are invited to participate in cardiovascular health screenings—setting a positive example for students regarding the importance of health maintenance and regular check-ups.

The school staff health programme consists of **at least two components**:

1. **Day 1 – Cardiovascular Screening and Laboratory Testing**
   On the first day, a **telemedical health assistant** in the mobile clinic performs cardiovascular screening, including laboratory blood tests used in the programme.

Prior to this day, members of the operational team distribute the **Health Informed Consent Form** and the **Health Assessment Questionnaire** to all participating school staff.

- The questionnaire is attached as: **Annex 6 – Adult Health Status Questionnaire**
- On the first day, staff should arrive with the completed documents.
- The patient's eye condition and cardiovascular history, as recorded in the questionnaire, are entered into the medical software.
- **Laboratory diagnostic sampling** is then carried out. This includes:
  - Venous blood sampling for the cardiovascular panel
  - General urinalysis
- Following the sample collection, the telemedical health assistant performs instrumental measurements:
  - Blood pressure on both arms
  - Abdominal circumference
  - Pulse oximetry
  - Body weight and height for **BMI** calculation

2. **Day 2 – Medical Evaluation and Risk Assessment**
   On a second day (usually later in the week), the **telemedicine physician** will review the medical history recorded by the assistant, evaluate the test results, and perform a comprehensive risk assessment.
   - If necessary, the doctor will also prepare a **diagnostic and treatment plan** for any additional conditions identified.
   - During this follow-up visit, the patient may undergo an **ECG** and any other indicated tests, as instructed by the telemedicine physician.
   - The mobile clinic will carry out these examinations according to standard telemedical protocols.

Results so far

The School Health Programme was launched in September 2023. The first participating school was **Nyírpilisi Primary School**, with 150 children. From mid-September onwards, bi-weekly health checks were organised for the pupils, followed by a series of paediatric consultations, focusing on visits to children identified as being at risk.

In November 2023, the programme was extended to **Nekcsei Demeter Primary School** in **Gyöngyöspata**, where 56 children and 6 staff members were screened and tested. The collected health data are currently being collated and analysed. Based on the findings so far, further care plans are being developed for a significant number of undernourished and obese children. Preliminary data suggest that nearly 40% of the children are at health risk, which calls for urgent intervention to prevent future cardiovascular diseases.

As part of the School Health Programme, another objective is to examine the extent to which school medical care can be supported—or partially replaced—by **on-site health assessments and telemedicine services**.

Municipality		**Nyírpilis**		**Gyöngyöspata**
Children risk based on body composition measurement (headcount)	**September**		**October**	**November**
high risk (main)	22 (31,4%)		36 (49,3%)	16 (34,4%)
mild risk (main)	15 (21,4%)		18 (24,6%)	11 (23,4%)
Number of children (in number) not in risk groups	33 (47,1%)		19 (26,0%)	20 (42,5%)
total children (number) risk		**143 persons**		**143 persons**

14. Table: Number of children at risk in the School Health Programme in the two municipalities studied

ShowUp 4Health

Co-funded by the European Union

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