THE EQUALITY MARK... ONE YEAR ON

On 7th July 2010, the National Commission for the Promotion of Equality (NCPE) launched an innovative measure in the Maltese labour market - the Equality Mark.

NCPE came up with the idea of an ambitious project incorporating five lots of research as well as the setting up of standards which need to be reached in order to be able to claim that you are an Equal Opportunities Employer.

This certificate recognises employers commitment to ensuring equal opportunities within the workplace and showcases their practices in this regard.

It was decided that the certification would be based on an implemented Sexual Harassment and Equality Policy, assessment of the recruitment procedures to verify gender equality, availability and equal accessibility to family-friendly measures and equally offered personal development opportunities. The necessity of a trained Equality Representative within every certified organisation also ensured a direct and consultative link formed with NCPE in the case any equality related queries occur. With the launch of the certification, which

was accompanied by a major nation wide awareness-raising campaign, applications started pouring in at NCPE.

By October 2010, eight companies had obtained the Mark. Wanting to be pioneers in this field and after the prestige of being the first equality certified employers in Malta, large companies like: HSBC, Vodafone, Melita plc and Medavia, government organisations like National Statistics Office, Foundation of Social Welfare Services and smaller private enterprises like Bettson and the European School of English were presented with their award by Hon. Minister Dolores Cristina at a ceremony.

By March 2011, 15 organisations had been certified adding to the group: The National Audit Office, FTIAS, Intercomp, Chetcuti Cauchi, Alert Communications, Link School of English / Sunlingua, Enemalta and World Aviation Group.

During the upcoming Awarding Ceremony that will be held on the 23rd November 2011 at the Mediterranean Conference Centre; Bank of Valletta, Deloitte, Megabyte, the Foundation for Medical Services, ADPRO Instruments, Lotteries & Gaming Authority, Mater Dei Hospital and Phar-

macy Of Your Choice will be presented with a plaque and certificate to mark their certification. These companies have one thing in common - a distinct commitment to gender equality. This strategy benefits their employees and gives them the peace of mind that their changing family responsibilities will be understood and at best incorporated in their work routine. It also benefits the image of these companies that even in the lean years, have put their greatest resource, their employees, at the forefront of their actions. Such policies harbour respect and loyalty which in turn motivate staff enough to weather tough times together.

If your organisation is interested in acquiring more information on the Equality Mark, visit NCPE's website www.equality.gov.mt or contact us on equality@gov.mt or 2590 3850.

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BREAST SCREENING – BEYOND THE HYPE

In Malta & Gozo the National Breast Screening Programme has screened some 12,000 women, and detected 90 cancers. At most eight of these were early cancers that were in a very early stage and would probably not shorten the woman's life span. It is impossible to predict! Some 1000 women had to be recalled for another test, and about half of these needed a tissue sample. About 140 women had benign lesions.

The demand for health surveillance is growing incessantly and we expect this proactive approach to our well-being more and more. We seem ever prepared to pay for health services - either through our taxes or through private arrangements.

The debate over the risks and benefits of screening continues. Some have identified shortcomings in the information on breast screening given to women in countries such as the UK, where for every 2,000 women screened over ten years, one will avoid dying from breast cancer. At the same time, they claim ten will be treated or investigated unnecessarily for an abnormality that might never cause them harm.

Yet more heated debate has surfaced on the impact of screening. The same Norwegian researchers (well known screening opponents) have argued that mastectomy rates rose at least initially in many countries where screening programmes have long been introduced - by some 30 per cent. This trend is now falling possibly because of changes in surgical treatment.

In Malta we will undoubtedly see this effect, although perhaps less strikingly since the private sector has offered screening for some time – with consequent impact on surgery rates.

Perhaps this underscores the need for agreed guidelines. We should no longer undergo treatments on investigations without a 'quality control system'. Our experts are increasingly being asked to show evidence that they engage in a minimum number of mammograms per year (5000/year), or are highly specialised – say in the surgical field of breast problems. Every patient with cancer should now expect to have their diagnosis and treatment discussed at a multi-disciplinary forum. Only then can we

be certain that the best choices are offered to the patient. The days of the lone clinician or the occasional specialist are rapidly disappearing.

Opportunistic or unregulated screening should be subject to our scrutiny. There is ample evidence that structured or regulated programmes offer value-for-money. The mammogram interval and the age for starting mammography have been extensively studied and firm guidelines are in place. Studies show that in EU countries where high- quality, less frequent mammograms are performed within set standards, cancers are better detected, compared to those who perform more frequent mammograms without quality control.

Screening may not be perfect but the benefits outweigh the harms – provided it is delivered correctly.

