

POLICY AND PRACTICE OF REHABILITATION AND RETURN TO WORK AFTER CANCER: SEMINAR TO DISCUSS CURRENT APPROACHES

5 October 2017, Brussels

Rehabilitation and return to work (RTW) after cancer is considered an important topic for health and safety at work and is part of EU-OSHA's 2014–2020 strategy. The 'Rehabilitation and return-to-work after cancer' project started in December 2015 and had three objectives:

1. To provide an insight into the problems encountered by workers affected by cancer and by their employer;
2. To provide recommendations for companies regarding workplace interventions to support work rehabilitation after a cancer diagnosis;
3. To provide insight into the barriers to and facilitators of implementing interventions to support work rehabilitation after a cancer diagnosis.

The project was divided into four subtasks:

1. Literature review on rehabilitation and RTW after a cancer diagnosis;
2. Detailed descriptions of instruments, practices, policies and interventions to support rehabilitation and RTW after a cancer diagnosis;
3. Company case studies;
4. Focus groups.

The combined review of literature, policy and practice made this an innovative and exciting project. The inclusion of the opinions of workers, employers and OSH experts is extremely valuable for obtaining a complete picture of the available evidence. This project intended to contribute to the evidence-based underpinning of EU policy in the area of health and safety at work. Subtask 1, the literature review, resulted in an EU-OSHA publication at the end of 2016.

An EU-OSHA stakeholder seminar was held to bring different stakeholders together to present and discuss the draft final results of the project. EU-OSHA focal points nominated representatives to attend this seminar from, for example, public health authorities, institutes for occupational safety and health, cancer societies, work environment authorities, ministries, European organisations and vocational rehabilitation associations from all Europe. The intention of the seminar was to support the validation of the findings and to provide further pointers for policy and practice.

1.1 Opening statements

The seminar was opened by **Marine Cavet**, project manager of this project at EU-OSHA, and **Angela de Boer**, associate professor and principal investigator at the Coronel Institute of Occupational Health of the Academic Medical Center (AMC) in Amsterdam.

Jorge Costa David, Principal Administrator in Directorate-General for Employment, Social Affairs and Inclusion- DG EMPL (Unit B3 Health and Safety), highlighted the European Commission's perspective of the topic. He acknowledged how the demographics of an ageing population affect society and make RTW after cancer an important European topic. European Commission legislation could help solve this issue, since not all Member States have a well-defined legislation system regarding RTW. In addition, a bridge is needed between results and actions. Solutions vary between the different countries due to cultural differences, costs, inequality in treatment, and the programmes already in place. Jorge Costa David underlined the importance of the tertiary prevention of occupational diseases and outlined the difference between work-related and occupational diseases. He also highlighted the importance of performing risk assessments. Finally, he stressed the importance of disseminating information that is easily available, such as the recent new infographic produced within the framework of the Online interactive Risk Assessment (OiRA). The International Labour

Organisation (ILO) is also developing apps to support social dialogue in order to curtail rising global unemployment.

1.2 Presentation of policies, systems, programmes or instruments in the field of rehabilitation or RTW with or after cancer: Methodology and results

Angela de Boer, as the project leader, presented the results of Subtasks 1 and 2 of this project. She explained that the numbers of cancer survivors of working age in Europe are increasing and that many cancer survivors are facing difficulties in RTW, which is resulting in costs for workers, employers and society. She explained how work-related cancer, occupational cancer and other cancers seem to have similar RTW issues. She mentioned that RTW in small and medium-sized enterprises (SMEs) seems more problematic than in larger companies. In this project, we found 78 programmes aimed at workers and/or employers, of which she presented seven in detail from the United Kingdom, Denmark, Belgium, the Netherlands, and Ireland. She concluded to the audience that multidisciplinary programmes involving several stakeholders from both inside and outside a company were the most common and most effective.

After her presentation, the audience discussed what possible actions could be taken at EU level and Angela confirmed that policies and legislation on RTW after cancer could have a great impact on improving RTW after cancer. Questions from the audience concerned RTW rates with or without intervention. Workers who are eager to return to work and are provided with an intervention could influence the RTW rates in intervention studies. There is evidence available on staying at work (SAW) for months to years after cancer, so big statistical data from different European countries about RTW data after cancer may be needed. This could start as a large European initiative. One last question was about the differences between sectors and the differences in the programmes, which might be difficult to describe. There is a great deal of differences between countries, and access to RTW starts with the legislation of a specific country. There are also many differences between companies and between the programmes that companies provide.

1.3 Presentation of company case studies and focus groups on key success factors and major pitfalls in promoting effective reintegration programmes: Methodology and results

In this presentation, **Inge Braspenning**, researcher at the AMC, revealed the results of Subtask 3 'Company case studies' of this project. This subtask involved collecting information on examples of the programmes applied in practice in European companies.

Semi-structured interviews of stakeholders from eight companies in Belgium, the Netherlands and Ireland revealed a variety of programmes, initiatives and policies in place to support the RTW of workers with cancer. The content of the programmes and the people involved in the programmes differed. Most common were multidisciplinary programmes involving several stakeholders from both inside and outside the company. The facilitators described for executing the programmes were legislation encouraging RTW, communication between stakeholders, knowledge of cancer and work and RTW processes, and positive attitudes towards workers returning to work after a serious illness. The perceived barriers were the difficulty to implement work adjustments and insurance issues.

Sietske Tamminga, researcher at the AMC, continued this presentation by revealing the results of Subtask 4 'Focus groups'. Four focus groups in Belgium, the Netherlands, Ireland and the United Kingdom asked experts and intermediaries about the facilitators of and barriers to promoting effective reintegration programmes on the one hand, and the requirements for and obstacles to the implementing of programmes and initiatives for rehabilitation and RTW after cancer on the other hand. These topics were discussed, and qualitative analyses by themes of these focus groups' results were performed, using the Sherbrooke model (Loisel, Buchbinder et al. 2005). Information on occupational cancer is lacking. Cancer seems to be stigmatised in all the countries, and there was a need for structural implementation of programmes. Barriers and facilitators often appeared to be country specific and due to, for example, culture, laws and regulations that may influence companies' policies and attitudes towards workers with a serious illness returning to work. Sietske concluded by defining the overall needs regarding RTW: early involvement of the treating physician/nurse in the RTW process, early support of the occupational health physician (OHP), provision of (communication) training for supervisors/employers, and paying attention later on to SAW. The initiative in the

Netherlands to train OHPs to become oncological occupational physicians, which had positive results, was discussed with the audience. However, the problem seemed to be financial. Sometimes the OHP was kept away by the employers, which made it difficult for the worker to get access to occupational health care. It was also mentioned that RTW opportunities depend on the treatment's intention to be curative or palliative. A facilitator for implementing programmes that was discussed was disability management, which exists in educational programmes in Canada, Belgium and Austria.

1.4 General discussion

After the two presentations by speakers from the AMC, a discussion began and shifted towards misconceptions about the inability to work during and/or after cancer. These misconceptions may possibly be down to culture. The ability, rather than the inability, of a worker with cancer to work should be decided by the worker him/herself, and the employer should always ask them 'Do you want to stay at work/return to work?' and 'How important is participating in work for you at the moment?'. A general practitioner (GP) or oncologist (supported by the legal system) may need to ask the worker these questions again at different stage of their disease, and enquire about their own assessment of their ability to (return to) work. In the end, there are many diseases, and it is extremely important to look at the individual level (type of work and needs of the worker). Policy and programmes should therefore stay at the individual level. A gap between scientific evidence and the provision of the programmes in practice was also mentioned.

1.5 Presentation of a specific programme

Liz Egan presented the Working through Cancer programme from MacMillan Cancer Support, a United Kingdom cancer charity. Liz Egan is currently the Lead for this programme, the main aim of which is to support people living with cancer to stay at and/or return to work. In the United Kingdom, the three key challenges people face in returning to work are:

1. a lack of access to vocational rehabilitation/work support services,
2. a lack of information and support such as information on the impact of cancer on people's working lives, and
3. a lack of support from employers who do not always know how to best support staff with cancer.

The programme provides a range of both online and offline information resources for employers and employees affected by cancer, including carers, the self-employed, and health and social care professionals. One of the key initiatives offered is the MacMillan at Work programme for employers, which provides workplace training, resources and guidance for HR, line managers and occupational health professionals to help change their perceptions of work and cancer and to support the development of best practices to support staff affected by cancer. Liz discussed the need for greater understanding on the part of employers and health professionals of the importance that people with cancer attach to work. To address the information needs of people with cancer, MacMillan runs awareness-raising campaigns, such as a recent campaign for people with cancer's rights at work, the landing page of which had over 40 000 individual visits over five weeks. It also provides a dedicated helpline service to support people with employment issues. Another objective of the programme is to ensure that government policies on health, welfare and employment reflect the work support needs of people with cancer. MacMillan has recommended, for example, that the National Health Service England (NHSE) should work with government partners to ensure that supporting the RTW of people with cancer is a key focus. A recent example of success has been the integration of MacMillan's recommendations into the Cancer Strategy for England, which propose that RTW is fully integrated into assessment and care planning and that vocational rehabilitation services are commissioned.

The involvement of carers in enterprises/organisations was discussed with the audience. MacMillan provides information and support on RTW programmes for carers of people with cancer – through MacMillan's resources, awareness campaigns and through employment information and advice via the MacMillan helpline. In addition, the provision of e-learning courses to trade union representatives in the United Kingdom seemed to be quite unique in comparison to the findings in other countries in Europe, where trade unions are not often involved in the RTW process. Although union membership in the United Kingdom has declined over the years, most public-sector workers belong to a union.

Employees tend to contact their union representatives when they have issues regarding their job. However, although union representatives are experts on employment-related issues, they do not necessarily have a good understanding of cancer and its impact on people's work. MacMillan has worked with the Trades Union Congress (TUC), a representative body for unions across the United Kingdom, to develop e-learning programmes for union representatives, which are available on the MacMillan and TUC websites.

1.6 Presentation of a company with successful measures in place

Marlies Kivits presented her company 'Human Support' which a company called 'Pon' is using for its workers with cancer. Pon is an international trading and service organisation with a workforce of 13 000 people spread over 450 locations in 32 countries. It is a family company, which traces all the way back to the early 1900s. Pon believes it is important for people to be able to enjoy their work in good health, until they retire from the workforce. A happy, healthy workforce is good for Pon and their operational continuity, but it is just as beneficial for the workers themselves. Pon provides its workers with a Pon Fit programme, which is about promoting health and vitality within Pon (healthy lifestyle with sufficient exercise, healthy eating, and a good work-life balance). Pon Fit aims to make people aware of this, and gladly shares its knowledge and expertise in areas relating to fitness and vitality. Pon and Marlies met each other at the 'Alpe d'Huez' which is an event in which participants raise as much funds as possible to contribute to the fight against cancer. They do this by running, walking or cycling up the legendary Alpe d'Huez mountain pass up to six times in one day. Marlies Kivits, a cancer survivor herself, illustrated to Pon the importance of work and cancer, and as a result they began collaboration with 'Human Support' as part of the Pon Fit programme. Marlies Kivits is the founder of 'Human Support' and provides help to both workers and employers of companies with workers affected by cancer. By offering a tailor-made programme and being the moderator between the worker and the employer, she connects people and tries to optimise the RTW process of workers diagnosed with cancer.

After her presentation, she discussed the success factors of her programme. This very diverse programme often deals with very diverse outcomes. Tailoring the provision of help to the needs of a worker, the coping strategy of a worker and their ability to manage life events, and the employer's experience in supporting workers diagnosed with cancer all contribute to the success of a programme. In addition, she described her role in this programme; she acts as a coordinator, case manager and/or troubleshooter. The collaboration between Pon and 'Human Support' is seen as a kind of service provided by Pon to the worker. The final questions concerned ethical problems. Marlies explained that ethical problems are not an issue: she does not know the medical status of the worker and does not share their personal information with the employer.

1.7 Presentation of a specific policy

Dirk Dhollander presented the evolution of the Belgian legislation on the RTW of workers with a serious illness. He is a physician and has worked for 40 years in the field of occupational health as an OHP and as an insurance physician. He started by presenting the two spheres of interests in the Belgian labour market that are politically supported and controlled by employers' organisations on one side (OHP) and the social insurance employee and union linked (SIP) organisations on the other side. Belgium has no cancer-specific legislation on RTW. In 2005, a certain RTW evolution began. The focus before was on executing laws and managing the procedures of sick leave and invalidity allowances rather than (partly) returning to work, which was impossible. This resulted in great numbers of sick-listed people, a great deal of invalid pensions and a yoyo effect between unemployment and incapacity benefits. Both employer and employee acted rather passively with respect to RTW, and it was unclear who was responsible for enhancing RTW guidance. In 2009, new legislation was passed, which requires the social insurance physician (SIP) to do everything to integrating the sick-listed employee and contacting every stakeholder involved. At this starting point, no resources were available to perform this task, and the law had no executional detail or sanction. But later, it became more detailed and the curative sector became involved in RTW, and '(cancer) rehabilitation programmes' integrated psychosocial elements with the physical parts. Today, (part-time) RTW is common practice, oncological rehabilitation incorporates RTW, the employer is obliged to provide support for the RTW of a worker, and the OHP is allowed to contact the sick-listed worker,

which improves their contact. Dirk concluded with a proposal to put more obligations/pressure on the employer and worker with respect to RTW, which might increase the number of people returning to work in Belgium.

1.8 General discussion

Liz Egan mentioned that the MacMillan resources are available in English and may possibly be translated into other languages if a company/organisation wants to begin developing their own online and/or offline information resources and has no access to all the resources. An agreement could be made, but national differences in legislation and culture must be taken into account. A question from Belgium, where there is a great deal of invalidity, inquired what would be a specific rehabilitation programme for cancer, as there are many rehabilitation programmes available for diseases other than cancer. Actually, although a European rehabilitation frame exists, and all countries have policies (by the European Parliament), many cancer specific challenges concern 'stigma' and the nature of work which could have impact on RTW and are therefore specific for cancer. Mixing generic programmes and cancer-specific elements might also solve the problem of a lack of cancer-specific programmes. Having a specific coach in place for every disease is not feasible or preferable for employers. Liz explained in response to a question about the need for systematic approaches to the implementation of all these programmes by employers, that there are more policies for employers which could help employers with implementation of programmes. It will depend on the company which policy suits the best. MacMillan helps to understand what a cancer diagnosis means and educates employers. To change the perceptions of cancer and work in society is one of its main goals.

Participants of the seminar concluded that there is a need for RTW coordinators (from an independent organisation). This coordination could be provided at different levels. RTW should be tailor made and should have a consistent framework. Some findings are applicable in all EU Member States, taking national-level differences into account; other findings might be less applicable to all EU Member States due to differences across the States (e.g. the role of the OHP). Health care insurances should fund time for health care professionals to deal with RTW issues. The final comment was that risk assessments to control for the risk and long-term effect of cancer treatment at a workplace should be performed beforehand. This might make it easier to decide on the reasonable steps to prevent difficulties at the workplace arising when a worker returns to work.

1.9 Roundtable

In the afternoon, the attendees took part in a roundtable discussion, which gave the audience the opportunity to ask questions.

1 Recommendations on: Best practices, policies and strategy options for different levels of actors.

Jos Verbeek (FIOH) coordinated this topic during the roundtable.

1) Employer

- For the employer, it is important to have a conversation with the worker at the workplace premises. This will help to get the worker back to the workplace and could thus facilitate their return to work. It is also important to create real tools for the employer to help cancer patients' RTW. An offer for workplace accommodation from the side of the employer could show that the employer is interested in getting the worker back.
- Greatly varying social security practices in Europe make RTW for cancer survivors difficult in some places. For example, when an OHP recommends workplace accommodations but the employer denies that these are possible, the worker will lose their job after a period of invalidity pension. It is argued that there **should be much more incentives** for employers to take workers back. On the other hand, many of these issues require the patient to disclose their diagnosis. Without disclosure it is difficult to access their rights to, for example, workplace accommodations. This is in contrast to the right to privacy that exists in many countries and that does not grant the employer the right to know an employee's diagnosis. Therefore, the recommendations should respect national legislation.

- The employer **should be willing to help** the cancer patient and should be provided with resources to help patients.
- 2) Worker
- The current European Commission consultation mechanism should also involve OSH professionals and cancer patient organisations, since they could actually suggest what is needed to OSH. The worker should take responsibility for and be engaged in the conversation about work. They are often afraid and unsure whether they can cope with RTW. This is where they need support.
 - For the worker, there should be better communication, because sick leave is complicated when you are having chemotherapy. This aspect should be part of the intervention process/recommendation.
 - An extra issue for workers is that communication seems to be especially problematic for low-income workers who also run a higher risk of cancer. This issue should be targeted.
- 3) OSH professionals
- It is important to **make the recommendations simple for stakeholders** in companies. It is especially important to recommend how these cancer and RTW issues should be integrated into more general RTW programmes. In addition, it is important to indicate what resources are needed for a new cancer and RTW programme and where companies can obtain these resources. For SMEs this is vital, and they probably need intermediaries or consultants who can supply these resources.
 - A job coach, RTW coordinator or case manager could be helpful. Their function would be to empower the worker, which means to prepare them for the negotiations with the employer and the OHPs/SIPs.
- 4) Health care professionals
- Health care professionals should be better aware of the risks of long-term sick leave when they advise their patients not to work during chemotherapy. In particular, they should not stop patients from working; although in some cases patients may overburden themselves, in which case they should be protected against themselves.
 - The OHP should be provided with special courses on RTW and cancer.
 - Communication should be better between various physicians (GPs, OHPs) involved in a case of a cancer patient, e.g. by monthly face-to-face meetings. However, whether this is allowed depends on a country's legislation. Legislation should be changed if it forbids this kind of communication.
 - The GP should have an idea of the work the patient is doing and what their workplace looks like. Questions about work should be more usual in health care.

The most important recommendation for all stakeholders is to **'talk about work'**. This is based on the notion that RTW can be helpful and help 'cure' the disease. Too often the idea is that it is best for cancer survivors not to work, but this is an implicit notion that is only reinforced by not talking about this topic with and among stakeholders. Talking about work is a good start, and this could be e.g. supported by an EU-OSHA campaign that stresses that 'you can often work despite being diagnosed with cancer'. In addition, MacMillan should be available in all EU countries. **Ensuring that the various stakeholders** obtain the material could be a task for public health or social security authorities. MacMillan has successfully reached out to HR managers and OSH professionals in the United Kingdom. Thus, it is possible to create a network of involved people.

2 Recommendations on: Essential elements in OSH systems for supporting workers and employers effectively (support and needs)

Inge Braspenning coordinated this topic during the roundtable.

- 1) Worker diagnosed with cancer (self-employed/employee)
- It is important that the self-employed have access to OSH. In some countries, the self-employed are excluded from OSH. Here the GP's role would be crucial.
 - Supporting the self-employed by providing information on financial/insurance issues.

- 2) Workplace level/employer (SMEs/larger companies)
 - A prerequisite at the workplace level is a company's policy and positive attitude towards the RTW of workers with a serious illness. Starting with a general policy for all diseases is essential.
 - **Pooling SMEs** in order to provide OSH information/assistance for SMEs. SMEs could learn from each other, and together it is easier to access this kind of help from OSH. It is also more attractive financially.
 - Obligatory **risk assessments** (performed by the OHP) would be helpful: this might make it easier to decide on reasonable steps to prevent difficulties at the workplace when a worker returns to work. However, obligatory risk assessments will only have impact when there is also a control-system providing sanctions when risk assessments are not performed or when no support is provided.
 - Involving all relevant company stakeholders at the beginning, **creating an RTW framework**.
 - Shifting towards **making 'work' a health outcome**. Increasing the importance of work could start by including 'participation in work' as a health outcome for physicians.
 - The occupational health care system should organise meetings that are mandatory for workers and employers which provide both with information on RTW.
 - The nature of the work must be taken into account when creating policies. It might be harder to return to work if it involves physical effort.
 - SMEs often have no access to occupational health support. Collaborating with business incubators could help SMEs develop by making services such as management training available. Business incubators could also act as forums for principal occupational issues.
 - The EBSN (European e-Business support network) could provide workers diagnosed with cancer with valuable information on RTW through e-business practices. EBSN is a platform and network that provides coordination and support for SMEs in e-business practices. European funding is granted for programmes that stimulate the exchange and transfer of knowledge regarding e-business practices, bringing together e-business experts in Europe, and sharing e-business experiences and good practices among SMEs.

3 Challenges and success factors of implementation and transferability of examples of strategy and practice

Sietske Tamminga coordinated this topic during the roundtable.

Challenges:

- Different laws in countries could make it less necessary to support RTW by employers because, for instance, they do not have to pay for sick leave of the workers diagnosed with cancer. This is a challenge for the implementation of RTW programmes for workers diagnosed with cancer when there is no financial incentive for the employers to implement a RTW programme
- Most of the important decisions around RTW are made by state officials rather than by OSH persons which could only deal with those decisions.
- An early intervention or paying attention to RTW early in the illness process is important, however it is not always feasible.
- **The intervention / RTW-programme should be mandatory for the employer**. Nowadays employers don't always have to help their worker with RTW by law.
- It is important to take timing of information into account to **prevent an overflow of information**.
- An employer's positive attitude towards workers with a serious illness returning to work is a prerequisite for successful RTW. Every employer has its own budget/incentives. A negative attitude will be a challenge for successful implementation.
- It is important to provide training to OHPs to become oncological occupational physicians. However it is hard to get funding for these specialisation courses for occupational physicians and to get their oncological occupational care and programmes reimbursed by the health care insurances.
- It is important to shift the focus to RTW as a possibility for the worker instead of an obligation.

- When RTW won't be possible as such (which means that the worker will need to change profession and retrain), it is difficult for the employer to communicate this and say this directly to the worker (not daring to act).
- If it is unclear to colleagues what their role is in the RTW process, they might not know what their role regarding communicating with the worker diagnosed with cancer is, and they might not accept the adjusted tasks of the worker diagnosed with cancer. This might cause friction which could have negative impact on the RTW of the worker and on the implementation of programmes.

Success factors:

- The advice from a doctor or nurse about work to worker is really valuable for a good RTW.
- Employer's and worker's positive attitude or willingness towards returning to work is a prerequisite for successful RTW and implementation of programmes.
- **Using a renowned organisation** with an example of a famous person returning to work could empower a case.
- RTW coordinator at the level of case manager having a coordinating role between employees, employers, occupational physicians, insurance physicians and health care.
- When money is available for programmes or resources and when different stakeholders **have access to programmes** it will contribute to a successful RTW. Supporting RTW is often a financial issue.
- In addition to employers' and workers' positive attitudes, also governmental and political support are needed for a successful RTW.
- Sharing good practices, piloting new ideas in one region first and networking to learn from each other will improve the knowledge and skills of employers regarding RTW.
- Guidelines are needed to well organise the RTW of a worker diagnosed with cancer.
- Other diseases could take advantage of well-organised RTW programmes.
- Regarding work-related cancer it is important to talk about the risks (risk communication) in order that both employer and worker are informed about the risks to health of returning to work.

4 Further (practical) recommendations

Angela de Boer coordinated this topic during the roundtable.

- **Providing the self-employed and SMEs with business advice** by video or company case examples/ tips/practical tools (snappy, quick information about communication)/assessment of benefits.
- Designating a senior person in a company to influence incentives within the business to change the attitude to cancer.
- Larger companies need specific RTW and cancer policies to show their workers they take it seriously (policies must be tailored to the business they are in). HR should be involved in this.
- Creating Top 10 tips for the employer and the self-employed, to avoid overload of information and time issues in companies.
- Launching a marketing campaign to reach SMEs and the self-employed via social media (e.g. Facebook, federations of small businesses, Chamber of Commerce).
- Not everything in legislation is applied in practice and/or can be forced.
- **Companies should be willing to share good practices.** This could promote a culture change. Awarding companies for good practices could serve as encouragement to share practices.
- Companies facing work-related cancer do not want to talk about cancer because of their legal responsibilities to prevent (or minimize) exposure to carcinogens. These companies are facing more difficulties with insurances, which won't support paid rehabilitation of worker with work-related cancer. Furthermore, accepting one case or work-related cancer in a company might have jurisdiction for future cases. In addition legal claims to the employer and ethical issues of the worker to RTW are barriers to RTW. In addition, thinking about occupational

cancer might be a barrier to RTW. If such a barrier is noticed, asking for ideas on causality should be standard practice.

- **EU is serious about RTW and cancer: creating an envoy/ambassador** (for SMEs) may add credence to the topic of RTW after cancer.
- **Formalising the relationship between** national health services, Social Security Services and OSH. These bodies should exchange information about RTW after cancer.
- Asking a worker to change perspectives and priorities in life after cancer is important.
- People (job coach, job coordinator, OHP) who act as mediators between workers and employers often face privacy issues.
- Health care professionals have to be trained to deal with RTW issues.
- Co-workers have to be trained/informed about cancer and its impact on quality of life. Co-workers may have more responsibilities as a result of cancer. One co-worker could keep in contact with the employee who has cancer. The employer/supervisor should manage this process and ask what the worker needs.

Angela de Boer delivered the summary of the discussions and closing presentation.

1.10 Closing remarks

Elke Schneider, senior project manager at EU-OSHA, made the concluding remarks, briefly highlighting the main points discussed during the seminar.

- The workshop discussions demonstrated the importance of addressing rehabilitation of workers after cancer as it has particular challenges. Cancer is still taboo and rehabilitation needs to address the fact that it is a potentially fatal disease, unlike for example MSDs or mental health disorders. Rehabilitation has been a topic in the activities of EU-OSHA, for example in the [Healthy Workplaces Campaign 2016-2017](#), but a lot has been going on since EU-OSHA first discussed the topic with NGOs and in a workshop on '[Carcinogens and Work-Related Cancer](#)' in 2012.
- The importance of an early intervention for workers: an early intervention or paying attention to RTW early in the illness process is essential. Communication with the worker diagnosed with cancer throughout the sickness period is another important facilitator of a successful programme. A number of documents will be translated to facilitate further discussions.
- The importance of practical tools: spreading knowledge to HR personnel and supervisors on cancer and work via, for instance, workshops, would be of added value. Helping in the exchange of information and to share best practices is the role of EU-OSHA.
- The challenges to SMEs: the size of the organisation is an important factor for RTW. In SMEs, information and resources for RTW strategies or programmes are lacking, and support and education are needed. The larger a company is, the more likely it is to have the resources to support and keep an employee with reduced work ability at work or on a long sick leave. It is very difficult to implement RTW programmes, because it is harder for SMEs to accommodate work modifications and provide gradual RTW, as they have less flexibility. Interventions that are tailored for small business owners and SMEs are lacking.
- Tailoring the programme to suit the worker's preferences could complement the use of a framework for the RTW of workers diagnosed with cancer.
- With regard to physicians, it is important to train them to address RTW issues. The health insurer should play a role in this by funding time for health care professionals to do this.
- The importance of risk assessment for work-related cancer. Since the long latency and sensitivity of work-related cancer, risk assessment and monitoring of exposures and health problems are needed to adjust work circumstances in time. The health insurance should take responsibility in this.
- Although some findings of this project and this seminar could be applicable to all Member States, national-level differences should be taken into account. Some good practices presented at the seminar could help those countries that are setting up schemes.