



Part A: Preparation and Assessment  
of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for EqIA.

**Step 1 - Preparation:**  
**identify the title of the**  
**Policy/function/strategy, the main aims**  
**and the key contributors**  
**(see Form 1)**



**Step 2 - Gather Evidence:**  
**collect, but do not analyse information**  
**at this stage - just see what evidence is**  
**available**  
**(see Form 2)**



**Step 3 - Assessment of Relevance and**  
**Priority:**  
**determine whether or not the evidence**  
**demonstrates high, medium, low, or no**  
**relevance and priority across the core**  
**dimensions of the equality duties, by**  
**each of the equality strands**  
**(see Form 3)**

## Form 1: Preparation

**Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).**

Step 1 – Preparation		
1.	Title of Policy - what are you equality impact assessing?	<b>ADVANCE AND EMERGENCY CARE PATHWAY POLICY FOR CHILDREN AND YOUNG PEOPLE WITH LIFE THREATENING OR LIFE LIMITING ILLNESS</b>
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	<ul style="list-style-type: none"> <li>• To implement a consistent approach to Advance and Emergency Care Pathways</li> <li>• To ensure patients receive appropriate and effective resuscitation when necessary and without delay</li> <li>• To ensure patients are treated with dignity and their human rights are respected<sup>5</sup></li> <li>• To ensure appropriate, correct and respected application of United Nations Convention on Rights of the Child<sup>6</sup></li> <li>• To promote current best practice in children's palliative care and specifically in the area of advance care planning based on current national guidance from ACT<sup>1</sup>, Royal College of Paediatrics and Child Health<sup>7</sup>, Royal College of Physicians<sup>8</sup>, IMPaCCT group<sup>9</sup>, Department of Health<sup>10</sup>, General Medical Council<sup>11</sup>, Welsh Assembly Government<sup>12</sup>, National Service Framework for Children<sup>13</sup>.</li> <li>• To comply with Department of Health requirements</li> <li>• To provide support for clinical staff</li> <li>• To provide written information for patients and relatives</li> </ul>

<b>Step 1 – Preparation</b>		
		<ul style="list-style-type: none"> <li>• To satisfy legal and professional requirements</li> <li>• To minimise clinical risk, litigation and material loss</li> <li>• To comply with UHB requirements for formal organisation-wide policies</li> <li>• To ensure the AECP procedures are monitored and audited</li> <li>• To facilitate improving end of life care as a key performance indicator of all NHS Health Boards and Trusts in Wales</li> </ul>
3.	<b>Who Owns/Defines the Policy? - who is responsible for the Policy/work?</b>	<p>Dr Graham Shortland Executive Medical Director  Dr Cath Norton Clinical Director Child Health and Consultant Community Paediatrician  Dr Sian Moynihan Consultant Community Paediatrician  Dr Michelle Jardine Consultant Paediatric Intensivist  Dr Richard Hain Consultant Paediatric Palliative Care</p>
4.	<b>Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process?</b>	<p>Dr Sian Moynihan Consultant Community Paediatrician  Rose Whittle Community Services Manager  Cardiff and Vale UHB ethics Committee  Parent representative</p>
5.	<b>Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?</b>	<p><b>Family Witnessed Resuscitation</b></p> <p>BMA, RCN, Resuscitation Council (UK) (2007). Decisions relating to cardiopulmonary resuscitation. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.</p> <p>Cardiff &amp; Vale UHB (2001) Policy on Consent for Imaging, Examination and Treatment</p> <p>TSO (2007), Mental Capacity Act Code of Practice</p>

**Step 1 – Preparation**

6.	<b>Stakeholders - Who is involved with or affected by this Policy?</b>	<ul style="list-style-type: none"><li>• All children , young people with a life threatening or a life limiting illness, their family and their carers</li><li>• All clinical staff that deliver care to children and young people</li><li>• Resuscitation Practitioners</li><li>• Welsh Ambulance Service</li><li>• Cardiff and Vale Social Services</li><li>• Ty Hafan</li><li>• Police</li><li>• Cardiff and Vale Education</li></ul>
7.	<b>What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors.</b>	<p><b><u>Detract</u></b></p> <ul style="list-style-type: none"><li>• Cost of translating the policy into Welsh and other languages as required</li><li>• Printing cost for individual departments printing out the standardised DNAR forms</li><li>• Poor compliance from senior medical staff to complete these forms</li></ul> <p><b><u>Contribute</u></b></p> <ul style="list-style-type: none"><li>• Implementation of training across trust to relevant clinical areas</li></ul> <p>Establishment of a South Wales wide policy of a unified advance Care pathway via the South Wales Paediatric Palliative Care Network</p>

Step 1 – Preparation		

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.
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Race									
(1)	Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007		✓	✓		✓		✓	
(2)	Human Rights Act 1998								
(3)	UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14								
(4)	Children Act 2004								
(5)	Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2 <sup>nd</sup> edition May 2004								
(6)	Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002								
(7)	Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009								
(8)	IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.								
(9)	Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007								
(10)	Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008								
(11)	National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005								
(12)	A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.								
(13)	Consent, Rights and Choices in health care for children and young people. British Medical Association 2001								
(14)	0-18 years: guidance for all doctors. General Medical Council 2007								
(15)	Mental Capacity Act 2005								
		Eliminating Discrimination and Eliminating Harassment			Promoting Equality of Opportunity		Promoting Good Relations and Positive Attitudes	Encouraging participation in Public Life	Take account of difference even if it involves treating some individuals more favourably*

Disability	<p>(1) <b>Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007</b></p> <p>(2) <b>Human Rights Act 1998</b></p> <p>(3) <b>UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</b></p> <p>(4) <b>Children Act 2004</b></p> <p>(5) <b>Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2<sup>nd</sup> edition May 2004</b></p> <p>(6) <b>Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002</b></p> <p>(7) <b>Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009</b></p> <p>(8) <b>IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.</b></p> <p>(9) <b>Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007</b></p> <p>(10) <b>Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008</b></p> <p>(11) <b>National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005</b></p> <p>(12) <b>A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.</b></p> <p>(13) <b>Consent, Rights and Choices in health care for children and young people. British Medical Association 2001</b></p> <p>(14) <b>0-18 years: guidance for all doctors. General Medical Council 2007</b></p> <p>(15) <b>Mental Capacity Act 2005</b></p> <p>(16)</p>		√		√		√		√		√
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Gender	<ol style="list-style-type: none"> <li>1) Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007</li> <li>2) Human Rights Act 1998</li> <li>3) UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</li> <li>4) Children Act 2004</li> <li>5) Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2<sup>nd</sup> edition May 2004</li> <li>6) Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002</li> <li>7) Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009</li> <li>8) IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.</li> <li>9) Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007</li> <li>10) Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008</li> <li>11) National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005</li> <li>12) A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.</li> <li>13) Consent, Rights and Choices in health care for children and young people. British Medical Association 2001</li> <li>14) 0-18 years: guidance for all doctors. General Medical Council 2007</li> <li>15) Mental Capacity Act 2005</li> </ol>		√		√		√		√			
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<b>Sexual Orientation</b>	<ol style="list-style-type: none"> <li>1. Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007</li> <li>2. Human Rights Act 1998</li> <li>3. UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</li> <li>4. Children Act 2004</li> <li>5. Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2<sup>nd</sup> edition May 2004</li> <li>6. Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002</li> <li>7. Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009</li> <li>8. IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.</li> <li>9. Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007</li> <li>10. Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008</li> <li>11. National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005</li> <li>12. A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.</li> <li>13. Consent, Rights and Choices in health care for children and young people. British Medical Association 2001</li> <li>14. 0-18 years: guidance for all doctors. General Medical Council 2007</li> <li>15. Mental Capacity Act 2005</li> </ol>		√		√		√		√			
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Age	<ol style="list-style-type: none"> <li>1. Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007</li> <li>2. Human Rights Act 1998</li> <li>3. UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</li> <li>4. Children Act 2004</li> <li>5. Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2<sup>nd</sup> edition May 2004</li> <li>6. Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002</li> <li>7. Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009</li> <li>8. IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.</li> <li>9. Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007</li> <li>10. Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008</li> <li>11. National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005</li> <li>12. A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.</li> <li>13. Consent, Rights and Choices in health care for children and young people. British Medical Association 2001</li> <li>14. 0-18 years: guidance for all doctors. General Medical Council 2007</li> <li>15. Mental Capacity Act 2005</li> </ol>		√		√		√		√			
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<b>Religion or Belief</b>	<ol style="list-style-type: none"> <li>1. Decisions relating to CPR. A joint Statement from the BMA, Resuscitation Council (UK) and the Royal College of Nursing. Resuscitation Council (UK). 2007</li> <li>2. Human Rights Act 1998</li> <li>3. UN Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</li> <li>4. Children Act 2004</li> <li>5. Withholding or Withdrawing Life Sustaining treatment in Children: A framework for practice. RCPCH. 2<sup>nd</sup> edition May 2004</li> <li>6. Withholding and withdrawing life-prolonging treatments: Good practice in decision Making.GMC.2002</li> <li>7. Advance Care Planning - concise guidance to good practice. A series of evidence-based guidelines for clinical management, no 12. The Royal College of Physicians 2009</li> <li>8. IMPaCCT: Standards for paediatric palliative care in Europe. A document prepared by the steering committee of the European Association of Palliative Care task force on palliative care for children and adolescents. European Journal of Palliative Care, 14(3) 2007.</li> <li>9. Palliative care services for children and young people in England: an independent review for the Secretary of State for Health. Professor Sir Alan Craft and Sue Killen. DOH 2007</li> <li>10. Palliative Care Planning Group Wales: Report to the Minister for Health and Social Services. 2008</li> <li>11. National Service Framework for Children, Young People and Maternity Services in Wales. Welsh Assembly Government, 2005</li> <li>12. A guide for practitioners. Cardiff's Children and Young People Partnership Information Sharing toolkit. WAG.</li> <li>13. Consent, Rights and Choices in health care for children and young people. British Medical Association 2001</li> <li>14. 0-18 years: guidance for all doctors. General Medical Council 2007</li> <li>15. Mental Capacity Act 2005</li> </ol>		√		√		√		√		
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<b>Welsh Language</b>	<b>Cardiff &amp; Vale uLHB Protocol to determine which publications (paper documents or electronic) should be bilingual (or in English and Welsh)</b>		√		√		√		√		
<b>People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.</b>											
<b>Human Rights</b>	<b>Yes, as stated in Section 4 ‘Aims of the Advance and Emergency Care policy.</b> Staff and patients will be treated with dignity and respect and their human rights respected, particularly in regard to privacy, family life, home and correspondence. We also acknowledge and accept the articles under the UN Convention on the Rights of the Child										

**\* This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

Form 3: Assessment of Relevance and Priority

<b>Equality Strand</b>	<b>Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)</b>	<b>Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)</b>	<b>Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)</b>
Race	3	+2	2 (P)
Disability	2	-1	-2 (L)
Gender	1	0	0 (N)
Sexual Orientation	2	-1	-2 (L)
Age	2	-1	-2 (L)
Religion or Belief	2	-1	-2 (L)
Welsh Language	1	0	0 (N)
Human Rights	2	+4	+4 (P)

**Scoring Chart A: Evidence Available**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive

**Scoring Chart C: Impact Decision**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

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<b>+3</b>	<b>High positive</b>
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# FORM 4: (Part A) Outcome Report

Policy Title:	Advance and Emergency Care Pathway for Children with Life threatening or life limiting illness (2010)
Organisation:	Cardiff & Vale UHB
Name:	Dr Sian Moynihan
Title:	Consultant Community Paediatrician
Department:	Community Child Health
Summary of Assessment:	Looking at the scores from the previous page Gender and Welsh Language had no impact Disability, Sexual orientation, age, religion or belief had low impact Race and Human Rights had a positive impact
Decision to Proceed to Part B Equality Impact Assessment:	Yes/No  Please record reason(s) for decision Based on the fact that 2 had no impact, 4 had low impact we do not felt the need to progress to a full equality and impact assessment

### Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this e for this action(s)?	Timescale
1. What changes have been made as a result of the EqIA?	Ensure training delivered to all clinical areas that deliver a service to children and young people Including those outside of child Health Directorate: A+E Orthopaedics Rheumatology Ophthalmology ENT Adult Intensive Care	Ensure there is no age discrimination for children between 16 and 18 years of age who are receiving services outside of the child health Directorate	Young people 16-18 years of age and their family's who have a life limiting illness or life threatening illness who wish to discuss their end of life and advance care plan wishes who may have a non child health clinical lead	Dr Moynihan Consultant Paediatrician / Dr Richard Hain Consultant Paediatric Palliative Care Dr Michelle Jardine Consultant Paediatric Intensivist	12 months



2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?	NA				
3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	NA				
4. Describe any mitigating actions taken?	NA				

5. Provide details of any actions planned or taken to promote equality.	<p>Actions taken</p> <p>Trust Safeguarding children's Board</p> <p>Involvement with WAG ( Welsh assesmbly Government commissioned PRUDIC ( Procedural response to Unexpected death in infancy and childhood) pilot study and policy development</p>	<p>To ensure universal safeguard procedures are applied to all children</p>	<p>All children / young children/ young people who have a life limiting illness or life threatening illness who have a AECP in place. Ensure any child ( whether they have a AECP or not) who dies of unexpected / unnatural cause has their death appropriately investigated</p>	<p>AECP forum group</p>	<p>Presented to Trust Safeguarding children's Board</p> <p>Discussion with Dr Aideen Naughton Consultant Community Paediatrician and lead for PRUDIC</p>
	<p>Parent – service user consultation</p>	<p>Ensure child/ young person/ family service user views on</p>	<p>Child/ young person/family with life limiting/ life threatening</p>	<p>AECP forum group</p>	<p>Already consulted . Ongoing involvement in</p>

		service development are considered	illness		future developments
	•Data Protection Officer- WASPI documentation	Ensure appropriate information is shared with professionals sharing care of child / young person and family	Child/ young person/family with life limiting/ life threatening illness	AECP Forum group	
	Development of Child Health AECP Forum	Ensure new developmental knowledge with regards to policy is shared and relevance discussed with timely update of policy	Child/ young person/family with life limiting/ life threatening illness	AECP Forum group	Already meet regularly or discussions via email
	Parent information	Ensure availability	Child/ young	Forum group	Already

	documents translated and available so far in English and Welsh.	of health information regarding this service to children/ young people and families	person/family with life limiting/ life threatening illness	members	completed
	Wide consultation- within health and across all agencies( Ambulance, Police, Education , SS, Coroner, Ty Hafan)	Ensure engagement of relevant agencies and that we are working together from the start to support families with children young people who have a life limiting illness	Quality assurance for families who are bereaved to ensure the response of police are measured and appropriate. Initial feedback already demonstrating that this is now happening.	All forum group members	Wide consultation already occurred and will continue
	2 Ethics committees	Ensure policy appropriately guides Health	Child/ young person/family with life limiting/ life	All forum group members	Meetings attended

		professionals to treat child/ young person family with life limiting / life threatening illness in a way that is mindful of the four ethical principles of Beneficence, non maleficence autonomy and justice	threatening illness		
	Legal Consultation via Ethics committee and Health professionals with legal knowledge around child death and advance care	Ethical need for advance care planning in a child with a life threatening or life limiting illness is as great as in adults but children are excluded from	Child/ young person/family with life limiting/ life threatening illness	All forum group members	2 year process of consultation between forum group members and ethics committee presentation already occurred. Ongoing

	<p>planning.</p>	<p>the law for Adult advance decision making.</p> <p>The relationship between Law and Ethics overlap but are not the same</p> <p>AECP policy mindful of Mental Capacity Act 2005( this is relevant for 16 to 18 year old children)</p> <p>Human Rights Act 1998</p> <p>United Nations Convention on the Rights of the Child (United Nations,1989) Articles 12 – 14</p>			<p>consultation of relevant developmental knowledge.</p>
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		0-18 years: guidance for all doctors. General Medical Council 2007 And all other guidance documents above in Form 2			
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Date:	23 <sup>rd</sup> November 2010
Monitoring Arrangements:	This policy will be audited 1 year after implementation and will subject to review and re-audit based on any change in the Joint statement.
Review Date:	23 <sup>rd</sup> November 2012
Signature of all Parties:	<p>Dr Sian Moynihan Sian Moynihan Rose Whittle Rose Whittle</p> <p>Dr Cath Norton Dr Cath Norton</p> <p>Dr Michelle Jardine Dr Michelle Jardine</p>