

Changes to GOsC Osteopathic Practice Standards 2018

Please note that this table was written from a pre-publication version of the Standards so you may find that the printed version contains minor revisions of grammar for clarity.

In this table current standards are compared to the new so the new standards are listed in the right hand column.

Current Standard	Revision	New Standards
A1. You must have well-developed interpersonal communication skills and the ability to adapt communication strategies to suit the specific needs of a patient.	This has been incorporated within the revised A2.	A2. You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.
A2. Listen to patients and respect their concerns and preferences.	This has been incorporated within the revised A1.	A1. You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.
A3. Give patients the information they need in a way that they can understand.	This remains as A3 but with modified wording.	A3. You must give patients the information they want or need to know in a way they can understand.
A4. You must receive valid consent before examination and treatment.	This remains as A4 but with modified wording.	A4. You must receive valid consent for all aspects of examination and treatment and record this as appropriate.
A5. Work in partnership with patients to find the best treatment for them.	This has been incorporated within revised A2.	A2. You must work in partnership with patients, adapting your communication approach to take into account their particular needs, and supporting patients in expressing to you what is important to them.
A6. Support patients in caring for themselves to improve and maintain their own health.	This becomes A5, but with modified wording.	A5. You must support patients in caring for themselves to improve and maintain their own health and wellbeing.
B1. You must understand osteopathic concepts and principles, and apply them critically to patient care.	This has been incorporated within with the guidance to revised B1.	
B2. You must have sufficient knowledge and skills to support your work as an osteopath.	This becomes revised B1	B1. You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath
B3. Recognise and work within the limits of your training and competence.	This becomes revised B2.	B2. You must recognise and work within the limits of your training and competence.
B4. Keep your professional knowledge and skills up to date.	This becomes revised B3	B3. You must keep your professional knowledge and skills up to date.
C1. You must be able to conduct an osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.	This has been combined with the current C2 to form the revised C1.	C1. You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

C2. You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action.	This has been combined with the current C1 to form the revised C1.	C1. You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.
C3. Care for your patients and do your best to understand their condition and improve their health.	This has been incorporated within the guidance to A2.	
C4. Be polite and considerate with patients.	This has been incorporated within revised A1.	A1. You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients, and treat them with dignity and courtesy.
C5. Acknowledge your patients' individuality in how you treat them.	This has been incorporated within revised A1	A1. You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients, and treat them with dignity and courtesy.
C6. Respect your patients' dignity and modesty.	This becomes revised A6.	A6. You must respect your patients' dignity and modesty.
C7. Provide appropriate care and treatment.	This has been deleted as its intent is covered within the preceding revised standards.	
C8. Ensure that your patient records are full, accurate and completed promptly.	This becomes revised C2 with modified wording.	C2. You must ensure that your patient records are full, accurate, legible and completed promptly.
C9. Act quickly to help patients and keep them from harm.	This becomes revised C4 with modified wording.	C4. You must take action to keep patients from harm
D1. You must consider the contributions of other healthcare professionals to ensure best patient care.	This becomes revised D10 with modified wording.	D10. You must consider the contributions of other health and care professionals to optimise patient care.
D2. You must respond effectively to requirements for the production of high-quality written material and data.	This becomes revised C3 with modified wording.	C3. You must respond effectively and appropriately to requests for the production of written material and data.
D3. You must be capable of retrieving, processing and analysing information as necessary.	This standard is incorporated into revised B4 with modified wording.	B4. You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.
D4. Make sure your beliefs and values do not prejudice your patients' care.	This becomes revised A7.	A7. You must make sure your beliefs and values do not prejudice your patients' care.
D5. You must comply with equality and anti-discrimination laws.	This becomes revised D6 with modified wording.	D6. You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.

D6. Respect your patients' rights to privacy and confidentiality.	This becomes revised D5 with additional wording.	D5. You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.
D7. Be open and honest when dealing with patients and colleagues and respond quickly to complaints.	This has been separated into two revised standards which now form D3 and D4.	D3. You must be open and honest with patients, fulfilling your duty of candour. D4. You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.
D8. Support colleagues and cooperate with them to enhance patient care.	This becomes revised D9.	D9. You must support colleagues and cooperate with them to enhance patient care.
D9. Keep comments about colleagues or other healthcare professionals honest, accurate and valid.	This has been incorporated within the guidance to revised D10.	
D10. Ensure that any problems with your own health do not affect your patients.	This becomes revised D11 with additional wording.	D11. You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.
D11. Be aware of your role as a healthcare provider to promote public health.	This becomes revised C6 with modified wording.	C6. You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.
D12. Take all necessary steps to control the spread of communicable diseases.	This now features within the guidance to revised C5.	
D13 Comply with health and safety legislation.	This is now reflected in revised C5.	C5. You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.
D14. Act with integrity in your professional practice.	This becomes D1 with modified wording.	D1. You must act with honesty and integrity in your professional practice.
D15. Be honest and trustworthy in your financial dealings, whether personal or professional.	This becomes D8 with modified wording.	D8. You must be honest and trustworthy in your professional and personal financial dealings.
D16. Do not abuse your professional standing.	This becomes D2 with additional wording.	D2. You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.
D17. Uphold the reputation of the profession through your conduct.	This becomes D7 with additional wording.	D7. You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.
D18 You must provide to the GOsC any important information about your conduct and competence.	This becomes D12 with additional wording.	D12. You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation, and comply with all regulatory requirements.

Changes to Osteopathic Practice Standards Guidance

In this table new guidance is listed in the left hand column with changes noted in the middle. The right hand column maps the new guidance to the guidance in the older version of the OPS.

New Guidance	Change	Old guidance
A1.1 Listening with care	Addition	A2.1
A1.2 Experiencing discomfort or anxious and vulnerable	Addition (C4.1)	A2.2
A1.3.		C5.1
A1.4 Be aware that patients will also have particular needs or values in relation to gender, ethnicity, culture, religion, belief, sexual orientation, lifestyle, age, social status, language, physical and mental health and disability	Addition	A2.3
A2.1. Trust is an essential part of a clinical relationship, and requires effective communication between osteopath and patient. A2.2. You must care for your patients and do your best to understand their symptoms and support their health.	New Clauses	Revised old A5.1
A2.3. You should be sensitive to the specific needs of patients, and be able to select and utilise effective forms of communication, which take these into account.	No change in message, combined subpoints	A1.1
A2.4. You should share accurate and relevant information with patients , encourage them to ask questions, and to take an active part in decisions about their treatment and care.	A5.1 active part in the treatment plan and any decisions that need to be made	A5.1
A2 5. The most appropriate treatment for patients will sometimes involve: 5.1. referring them to another osteopath or other healthcare professional 5.2. providing advice on self-care 5.3. not treating them at all.		A5.2
A3.2 You should discuss care options, encourage patients to ask questions, and deal with these clearly, fully and honestly. You should inform your patients of anticipated benefits and any material or significant risks associated with the treatment you are proposing, and confirm their understanding of these. If proposing no treatment, you should explain any potential risks and benefits associated with this.	Additions No longer includes 'The information you provide should focus on the patient's individual situation and risk to them or A3.3 Using diagrams, models and non-technical language may help to explain particular treatments and risks.	A3.2
A3.3 For example, make use of an appropriate interpreter if the patient communicates in a different language to you. If you are unable to communicate sufficiently with the patient, you should not treat them.	Clarification and addition.	A3.4

A4.2. Gaining consent is an ongoing process. You must ensure that patients are able to make decisions at all stages of their treatment and care, and continue to give consent.	Additional clause	
A4. Voluntarily 4. For consent to be voluntary, the patient must not be under any form of pressure or undue influence to consent to osteopathic care. You must ensure that patients are given the information they need to reach their own decision and give consent. 5. Situations where you might question whether consent is voluntary might include patients being put under pressure by employers or relatives to accept osteopathic care, or where a patient might otherwise be vulnerable.	Additional clauses – headings now added to this section.	
A4.6. The patient needs to understand the nature, purpose, benefits and material or significant risks to them of the examination or treatment proposed	Additions	A4.2
A4.8. Before deciding that consent has been given , you should consider whether patients have been given the information they want or need, and how well they understand the details and implications of what is proposed.	Previously ‘relying on a patient’s consent’ No longer says ‘This is more important than how consent is recorded’	A4.5
A4.9 Some patients may not have come prepared for such a procedure and you should offer to conduct this at a subsequent appointment, and offer a chaperone.	Addition	A4.8 Old A2.6
A4.10. Capacity, in this context, relates to the ability of an individual to understand, retain and evaluate information and to make and communicate a decision regarding their health needs and treatment options. 11. You must not assume that a patient lacks capacity solely because of their age, disability, appearance, behaviour, medical condition, beliefs, or because they make a decision with which you disagree. The starting point should always be a presumption of capacity.	Additions	
A4.15 A child may have the capacity to consent.	Removed depending on their maturity and ability to understand what is involved	
A4.18. You must record key elements of your discussion with the patient. This should include information discussed, any particular concerns, expectations or requests for information raised by the patient, how you addressed these, and any decisions made. It is important that such issues are evidenced in the patient records.	Additional clause	
A4.21 You must obtain specific consent from patients regarding the sharing of any information about them with others.	Addition	
	Removal of A4.15 and 16, 18,19,20 – clarification about parental consent	
	Removal of A4.6. Patients can give consent orally or in	

	writing or they may imply consent by complying with the proposed examination or treatment for example by getting ready for the assessment or care	
<p>A5.1. Supporting patients in caring for themselves may include:</p> <p>1.1 providing information on the effects of their life choices and lifestyle on their health and well-being</p> <p>1.2 supporting decision making about lifestyle changes where appropriate</p> <p>1.3 encouraging and supporting patients to seek help from others, including other health professionals, or those coordinating their care, if necessary</p> <p>1.4 respecting patients' decisions about their care, even if you disagree with those decisions.</p>	<p>Clarifications and amendments</p> <p>1.1 Encouraging patients to inform their GP and other healthcare practitioners that they are receiving osteopathic treatment and asking them whether you may communicate with their GP.</p> <p>1.2 Allowing them to make their own decisions about care, even if you disagree with those decisions. However, you should explain their options for care and why you consider one option to be better than another if that is the case.</p>	A6
<p>A6 2.3 Only observing a patient undressing, if you consider this necessary for the purposes of diagnosis or treatment. This must be explained to the patient, and consent obtained. If the patient does not wish to be observed, you must respect their wishes and find another way of establishing the clinical information you need.</p> <p>2.4 Giving patients the option of covering areas of their body that do not need to be exposed for examination or treatment. This can be achieved by providing a suitable gown or cover, asking that they only remove such items of clothing that are necessary for the proposed examination or treatment, or providing the opportunity to get dressed again in full or part as appropriate. If you feel it is necessary for the examination or treatment that the patient is undressed to their underwear, you should explain this to the patient, and seek their consent.</p>	Explaining why (if you consider it necessary or helpful for the purposes of diagnosis or treatment) you wish to observe then undressing.	C6.2.3,2.4
A6.3. If it becomes necessary during examination or treatment to adjust or remove items of the patient's clothing or underwear, they should be asked to do this themselves. If it is necessary for you to assist them, then you must have their consent to do so.	Wherever possible removed	C6.4
A7.1 on the grounds of their age, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation	Clarification	D4.1
A7.3.	Removed D4.2. If carrying out a particular procedure or giving advice about it conflicts with your personal,	

	religious or moral beliefs and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see or be referred to another osteopath	
B1.1 an understanding of osteopathic philosophy, principles and concepts of health, illness and disease, and the ability to apply this knowledge critically, in the care of patients	Additional clause from old B1 standard..	
<p>B1 1.2 a knowledge of human structure and function sufficient to inform appropriate care</p> <p>1.3 a knowledge of pathophysiological processes sufficient to inform clinical judgement and to identify where patients may require additional or alternative investigation or treatment from another healthcare professional</p> <p>1.4 an understanding of the psychological and social influences on health, sufficient to inform clinical decision-making and patient care</p> <p>1.5 an awareness of the principles and applications of scientific enquiry and the ability to critically evaluate scientific information and data to inform osteopathic care</p> <p>1.6 an understanding of the principles of biomechanics sufficient to apply osteopathic treatment safely and effectively</p> <p>1.8 an understanding of the characteristics of the normal and abnormal functioning of different body tissues and systems to inform the interpretation of clinical findings</p> <p>1.9 the ability to determine changes in health and function by the appropriate use of observation, palpation, motion and clinical evaluation</p>	<p>1.2 to recognise and interpret clinical signs of dysfunction and develop appropriate treatment and rehabilitation strategies Excluded 1.2 The ability to recognise where a presenting problem may mask underlying pathologies</p> <p>1.3 human disease</p> <p>1.4 Sufficient knowledge of Addition 1.5</p> <p>1.7 Osteopathic techniques</p> <p>1.8 Sufficient knowledge of the palpatory characteristics</p> <p>1.9 Ability to determine changes in tissues and joint movement</p>	B2
<p>B3 1. To achieve this, you should:</p> <p>1.1 Be professionally engaged, undertaking professional development activities, and complying with GOsC requirements regarding continuing professional development.</p> <p>1.2 Keep up-to-date with factors relevant to your practice, including:</p> <p>1.2.1 GOsC guidance</p> <p>1.2.2 legal requirements or changes to the law in relation to your practice, for example, in relation to data storage (see standard C3), health and safety in the workplace (see standard C5) and equality issues (see standard D6)</p> <p>1.2.3 research and other relevant developments in healthcare.</p>	<p>Removed B4.3. If you are a sole practitioner or part of a small practice you may find it helpful to link up with other osteopaths (for example through regional groups) to share good practice.</p> <p>B4.4. It may also be helpful for sole practitioners to talk through critical incidents and complaints with other colleagues or through a professional organisation to aid learning.</p>	
B4.1. To achieve this you will need to have sufficient knowledge and ability to collect and analyse information and evidence about your practice to support both patient care and your own professional development.	Additional statement	D4

<p>C1.1. This should include the ability to:</p> <p>1.1 take and record the patient’s case history, adapting your communication style to take account of the patient’s individual needs and sensitivities</p> <p>1.2 select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history</p> <p>1.3 formulate an appropriate working diagnosis or rationale for care, and explain this clearly to the patient</p> <p>1.4 develop and apply an appropriate plan of treatment and care. This should be based on:</p> <p>1.4.1 the working diagnosis</p> <p>1.4.2 the best available evidence</p> <p>1.4.3 the patient’s values and preferences</p> <p>1.4.4 your own skills, experience and competence.</p> <p>1.5 adapt an osteopathic technique or treatment approach in response to findings from the examination of your patient</p> <p>1.6 evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate</p> <p>1.7 recognise adverse reactions to treatment, and take appropriate action</p> <p>1.8 monitor the effects of your care, and keep this under review. You should cease care if requested by the patient or if you judge that care is likely to be ineffective or not in the patient’s best interests</p> <p>1.9 recognise when errors have been made, and take appropriate action to remedy these, taking account of the patient’s best interests under your duty of candour (see D3)</p> <p>1.10 where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.</p> <p>2. If providing care outside of your usual practice environment, you should note in your records where this took place, and apply the same standards, as you would apply in your usual practice, or be able to justify why this was not appropriate.</p>	<p>1.1 Removed and make an analysis of their presenting complaint(s)</p> <p>1.2 Removed – Recognise the relative importance of physiological, psychological and social factors in the patient’s presenting complaint(s)</p> <p>1.3 (1.5) diagnostic hypothesis to explain the patient’s complaint and use your osteopathic skills to develop a working diagnosis</p> <p>1.3-5 removed Formulate a treatment plan taking account of the wishes of the patient, identify the indications and contraindication of using specific osteopathic techniques or modified form of such technique, Monitor the effects of treatment during and after its application</p>	<p>C1,2</p>
<p>C2.1.4. any problems, symptoms, concerns and priorities discussed with your patient</p> <p>1.5 the information and advice you provide, including a record of how this is communicated to your patient</p> <p>1.14 whether any other person was present and their status</p> <p>1.15 where an observer is present (for example, a chaperone, peer observer, osteopathic student, or potential student) as well as their status and identity, you should record the patient’s consent to their presence.</p>	<p>1.4 removed including negative findings</p> <p>1.8 removed including consent forms</p>	<p>C8</p>

C3.1	Just clarified wording, no significant changes	D2
C4.2 You should have an awareness of, and keep up to date with, current safeguarding procedures, including those relevant to your local area, and follow these if you suspect a child or vulnerable adult is at risk.	Addition	C9
C4.6 You must comply with any mandatory reporting requirements, for example, those related to female genital mutilation (FGM) in England and Wales.	Addition	
C6.1 You should be aware of public health issues and concerns, and be able to discuss these in a balanced way with patients, or guide them to resources or to other healthcare professionals to support their decision making regarding these.	New clause	
D1.3 You must have a professional indemnity insurance arrangement which provides appropriate cover in accordance with the requirements of the Osteopaths Act (1993) and the current Professional Indemnity Insurance Rules.	Addition D14 1.5 Accepting referral fees 1.8 Borrowing money from patients	D14
D2 .2 Appropriate professional boundaries are essential for trust and an effective therapeutic relationship between osteopath and patient. Professional boundaries may include physical boundaries, emotional boundaries and sexual boundaries. Failure to establish and maintain sexual boundaries may, in particular, have a profoundly damaging effect on the patient, is likely to bring the profession into disrepute and could lead to your removal from the GOsC Register. 3. Not all crossing of professional boundaries will necessarily be an abuse of your professional standing. For example, sometimes it may support empathy and trust with a patient to disclose personal information or to treat a patient as an emergency outside your usual hours. However, there is a spectrum and osteopaths must ensure that patients who may be vulnerable are protected at the time and also throughout the duration of the professional relationship. 4. You should be aware of the risks to patients and to yourself of engaging in or developing social or commercial relationships with patients, and the challenges which this might present for the therapeutic relationship and to the expectations of both patient and professional. You should also be aware of the risk of patients developing an inappropriate dependency upon you, and be able to manage these situations appropriately – seeking advice from a colleague or professional body as necessary. 5.1 Words and behaviour, as well as more overt acts, may be sexualised, or regarded as such by the patient. Examples might include: 5.1.1 sharing inappropriate intimate details about yourself 5.1.2 visiting a patient’s home without an appointment 5.1.3 making inappropriate sexual remarks to or about patients	Additions	D16

<p>5.1.4 unnecessary physical contact.</p> <p>5.5 If you are sexually attracted to a patient, or if a patient displays sexualised behaviour towards you, you should seek advice from, for example, a colleague or professional body on the most appropriate course of action. If you believe that you cannot remain objective and professional, or that it is not possible to re-establish a professional relationship, you should refer your patient to another healthcare practitioner. If referring a patient because of your own sexual feelings towards them, you should endeavour to do so in a way that does not make the patient feel that they have done anything wrong.</p> <p>5.6 This applies even when the patient is no longer in your care, as any personal relationship may be influenced by the previous professional relationship, and an imbalance of power between the parties.</p> <p>5.7 You must not end a professional relationship with a patient solely to pursue a personal relationship with them.</p> <p>5.8 If you think that a personal relationship with a former patient might develop, you must consider whether this is appropriate. Factors that might impact on this include:</p> <p>5.8.1 the nature of the previous professional relationship</p> <p>5.8.2 the length of time the professional relationship lasted, and when it ended</p> <p>5.8.3 whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be vulnerable.</p> <p>5.9 The same level of care should be given to all patients, whether they are known to you in a social or other capacity, or not.</p>		
<p>D3.1. If something goes wrong with a patient's care which causes, or has the potential to cause harm or distress, you must tell the patient, offer an explanation as to what has happened and the effects of this, together with an apology, if appropriate, and a suitable remedy or support.</p> <p>2. You must also be open and honest with your colleagues and/or employers, where applicable, and take part in reviews and investigations when requested.</p>	New clauses	D7
<p>D4.2 In the event of a concern being raised, if you act constructively, allow patients the opportunity to express their dissatisfaction, and provide sensitive explanations of what has happened and why, you may resolve this at an early stage.</p> <p>3. You should provide information to patients about how they can make comments, complaints and compliments, about the service they have received.</p>	Addition D7.1. Removed – If you meet the standards in this document you should be able to practice osteopathy safely competently and ethically. From time to time however patients may be dissatisfied with the care they receive	D7

	D4.3 D7.2 may wish	
D5.1.2 ensuring that your staff or anyone else attending your clinic in a professional capacity (students of osteopathy, potential students or peers, for example) keep such information confidential	Addition	D6.1.2.
D5.2. Patients are entitled to obtain copies of their notes and you must comply with this if such a request is made in accordance with relevant legislation and good practice.	D6.2. see	
D5.4. You should have a written policy regarding retention, transfer and disposal of patient information and records which should include whether it is your practice to retain them beyond eight years, or, in the case of a child, beyond their 25th birthday. Your patients should be made aware of this.	New clause	
D5.9. In any such circumstances, you are strongly advised to seek appropriate legal advice.	New clause	
D5.12. If a patient is not informed before disclosure of confidential information takes place, you should record the reasons why it was not possible to do so, and maintain this with the patient's records.	New clause	
D6.2. It is illegal to refuse a service to someone on the grounds of their age, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.	Additional clarifying clause	D5
D8.2. It will help you avoid disputes about fees if you have clear and visible information available on patient fees and charging policies.	Change of text Removed any supplements should be proportionate or transparent	D15.2
D9 2.2 secure storage and retention of medical records 2.4 complaints and associated procedures for handling them 2.5 maintaining a safe work environment 2.7 equality duties and good practice.		D8.2.
D10.1. To achieve this, you should: 1.1. Treat other health and care professionals with respect, acknowledging the role that they may have in the care of your patients. Any comments that you make about other healthcare professionals should be honest, valid and accurate. 1.2. Understand the contribution of osteopathy within the context of healthcare as a whole. 1.3. Follow appropriate referral procedures when referring a patient, or one has been referred to you.	D10.1.1 removed D9.1. instead with standard D9 D1.1.3 Critically evaluate the professional opinion of other healthcare professions (both conventional and non-conventional) and consider how these relate to your own practice of osteopathy,	D9/D1

<p>1.4. Work collaboratively with other healthcare providers to optimise patient care, where such approaches are appropriate and available.</p>	<p>whether this is relevant to your patients care 1.4. understand the range and limitations of working with other healthcare professionals and have a knowledge of referral procedures 1.5. Effectively participate in the planning, implementation and evaluation of inter-professional approaches to healthcare, where such approaches are appropriate and available</p>	
<p>D11.1 you must 1.3 inform the GOsC</p>	<p>D10.1 consider whether you should 1.3 so that your registration can be amended removed.</p>	<p>D10</p>
<p>D12 1.1 and 1.2. anywhere in the world</p>	<p>List of types of charges removed, receive a conditional discharge for an offence removed</p>	<p>D18</p>