

PUBLIC HEARING
Professional Conduct Committee
Initial Hearing
11 – 13 August 2025

Name: BOULT, Nigel
Registration number: 111063
Case number: CAS-208479-V4Z4T9

General Dental Council: Natalie Bird, Counsel.
Instructed by Catlin Buckerfield, IHLPS

Registrant: Present
Represented by Scott Ivill, Counsel.
Instructed by Ewan Bright, Clyde & Co Solicitors

Fitness to practise: Impaired by reason of misconduct

Outcome: Fitness to Practise Impaired. Reprimand Issued

Committee members: Chris Weigh (Chair, lay member)
Victoria Hewson (Dental Care Professional member)
Rose Thomas (Dentist member)

Legal adviser: Rosemary Rollason

Committee Secretary: Jenny Hazell

1. This is a hearing before the Professional Conduct Committee ('the Committee') which is being conducted remotely. You are present at this hearing and are represented by Mr Ivill, Counsel. Ms Bird, Counsel, appears on behalf of the General Dental Council (GDC).

Preliminary Matter – application to amend the Notice of Hearing

2. At the outset of the hearing, Ms Bird made an application under Rule 18 of the 'General Dental Council (Fitness to Practise) Rules Order of Council 2006' ('the Rules') to amend the charge set out in the notification of hearing by withdrawing charges 5 and 6. Charges 5 and 6 are as follows:

"5. For a period of time up to and including at least 15 December 2022, you have offered the following treatments on your practice website without stating the requirement for a prescription from a dentist:

- a. Mouthguards; and*
- b. Anti-snoring devices.*

6. Your actions in respect of charge 5 were; a. Misleading"

3. Ms Bird referred to Rule 18 which provides that: *"(1) At any stage before making their findings of fact in accordance with rule 19, a Practice Committee may amend the charge set out in the notification of hearing unless, having regard to the merits of the case and the fairness of the proceedings, the required amendment cannot be made without injustice..."*

4. Ms Bird submitted that the GDC had reviewed its position in relation to charges 5 and 6 in light of the Joint Expert's meeting and considered that there would be no injustice in withdrawing these charges.

5. Mr Ivill, on your behalf, did not oppose the GDC's application.

6. The Committee considered the submissions made by both parties. It accepted the advice of the Legal Adviser.

7. The Committee was satisfied that the proposed withdrawal of charges of 5 and 6 could be made "without injustice" to you. It was further satisfied that the withdrawal of these two charges would not be contrary to the public interest. The Committee considered that the main thrust of the GDC case, as set out in charges 1 to 4 and which concerns Patient A's complaint, remain live issues.

The charges against you

8. These were as follows:

That, being registered as a dental care professional, your fitness to practise is impaired by reason of misconduct, in that:

- 1. You have provided an upper partial denture to Patient A without the prescription of a dentist.*
- 2. In respect of charge 1 you have worked beyond your scope of practice.*
- 3. You failed to ensure that Patient A had been examined by a Dentist before commencing treatment.*
- 4. You failed to obtain informed consent for the treatment provided to Patient A between 27 January 2021 to 03 August 2021.*

Admissions

9. Mr Ivill, on your behalf, admitted all of the charges (1 to 4). The Committee determined and announced that all the charges were found proved in light of your admissions, in accordance with Rule 17(4).

Summary of the GDC's case

10. Ms Bird provided a brief opening of the GDC's case. On 21 July 2021 Patient A contacted the Dental Complaints Service (DCS) regarding the provision of a partial denture made and fitted by you for the top of Patient A's mouth in February 2021. The record of the complaint shows that a dentist did not refer Patient A to a Clinical Dental Technician (CDT). In light of these concerns, DCS referred the details of Patient A's complaint to the GDC on 22 July 2021. On 2 August 2021 the GDC sent a letter to you requesting information in relation to your employment and indemnity.

11. On 13 August 2021 Dental Protection, acting on your behalf, emailed the GDC with a copy of your indemnity and employment details. That information stated that you were a director of a denture company. The indemnity certificates stated that you had indemnity for a CDT and Practice Principal work between 21 June 2020 to 20 June 2022.

12. On 27 October 2022 the GDC emailed Dental Protection requesting patient records by 10 November 2022. On 8 November 2022 Dental Protection provided the GDC with copies of Patient A's records and photographs covering the period 27 January 2021 to 3 August 2021.

13. The GDC instructed an expert, Mr Mulcahy, to provide an expert report on the allegations against you. Mr Mulcahy provided a report dated 25 February 2025 in which he set out his opinion as to whether the care provided met the level of professional practice reasonably expected of a CDT.

14. In light of your full admissions at the outset of the hearing, no oral evidence, either in relation to expert evidence or otherwise, was called from either party at stage one. The Committee went on to stage two of the proceedings.

Proceedings at stage two

15. The Committee has considered all the evidence presented to it. This includes the Stage 1 bundle which contains a copy of the clinical expert report of Mr Mulcahy dated 25 February 2025, the Defence expert report of Professor Darby dated 22 May 2025, a copy of the First Joint report dated 11 July 2025 and a Second Joint report dated 24 July 2025. Further, the Committee had regard to your witness statement dated 20 May 2025.

16. The Committee also received further documentary information from both parties in relation to Stage 2. At the request of the Committee, the GDC provided the following documents: a timeline of UK government coronavirus lockdowns and measures; Covid-19: Regulators' joint statement and new supplementary advice (dated January 2021) and supplementary advice for GDC decision makers on factors specific to Covid-19 (dated January 2021). The Committee also had regard to the documents provided on your behalf which included a copy of your six page reflective statement, a bundle containing two character references and a bundle of Certificates of Continuing Professional Development (CPD).

17. In accordance with Rule 20, the Committee heard submissions from Ms Bird on behalf of the GDC and those made by Mr Ivill on your behalf.

18. In its deliberations the Committee has had regard to the GDC's "Guidance for the Practice Committees, including Indicative Sanctions Guidance" (October 2016, updated December 2020) (the GDC's Guidance). The Committee has accepted the advice of the Legal Adviser.

Summary of submissions by both parties

19. Ms Bird confirmed that you have no fitness to practise history. She submitted that the facts found proved engage a number of the GDC's "Standards For the Dental Team", which include matters relating to you acting outside the scope of your practise as a CDT, which had the potential of causing harm to Patient A, as well as your failure to obtain informed consent for the treatment provided to Patient A between 27 January 2021 to 3 August 2021. Ms Bird submitted that you breached some of the fundamental standards expected of a registered dental professional and are sufficiently serious to have brought the dental profession into disrepute.

20. Ms Bird referred to the Committee to the Addendum bundle which set out the Health Regulators' joint statement and new GDC supplementary advice relating to Covid 19 dated January 2021. This guidance acknowledged that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. However, Ms Bird referred to the GDC's guidance on factors specific to Covid 19 which highlights that in view of the challenges and pressures dental professionals were facing during the Covid-19 pandemic, they should be able to demonstrate a number of factors. This includes providing the best and safest care they could, in line with the best evidence available at the time as well as any other relevant guidance, as well as keep records of the decision they made and the actions they took. It was the GDC's position that the provision of Patient A's denture was for aesthetic purposes and was not for emergency reasons and therefore it could not be said that the guidance issued in relation to Covid 19 gave you permission to act outside your scope of practice as a CDT. In addition, Ms Bird submitted that by the time Patient A came to you on 21 April 2021 when you fitted the upper denture, this was a matter of days shortly before the Government announced that non-essential retail, public buildings and hairdressers would be reopening. In any event, by that stage, most of the work had already been completed, even though lockdown restrictions had been eased.

21. Ms Bird submitted that the findings against you are sufficiently serious to warrant a finding of current impairment on the grounds of the public interest. In developing her argument, Ms Bird referred the Committee to the issue of consent set out in the GDC's Guidance, where it indicates that a failure of informed consent could be sufficiently serious to reach a finding of impairment in the public interest. Ms Bird also referred to sections of the same GDC Guidance relating to a registrant acting outside their scope of practice. The GDC's position is that this case engages a failure to adhere to fundamental GDC standards and therefore a finding of impairment is required on the grounds of the public interest.

22. Ms Bird did not submit that you currently pose a risk to the public and therefore she did not invite the Committee to reach a finding of current impairment for the protection of the public. The GDC acknowledged the steps you have taken to address the shortcomings identified in this case, as well as the prevailing circumstances at the time when you provided treatment to Patient A.

23. In terms of sanction, Ms Bird invited the Committee to conclude this case with a reprimand. She referred the Committee to some of the factors which are present in this case, as set out in paragraph 6.9 of the GDC's Guidance.

24. Mr Ivill invited the Committee to have regard to the context in which these events took place, namely Covid 19, and the difficulties in obtaining dental appointments at that time, as set out in the joint experts' report dated 24 July 2025. Patient A had lost her upper front teeth. The experts agreed

that many patients are embarrassed in their professional and social life by the absence of front teeth. On that basis, both experts agreed that a member of the general public could reasonably consider that you had acted in the patient's best interests by providing her with a partial denture due to the exceptional circumstances in this case. It was Mr Ivill's submission that the Committee should conclude that exceptional circumstances applied at the time when you treated Patient A and that your actions were well intended.

25. Mr Ivill invited the Committee to have regard to Professor Darby's experience as Postgraduate Dental Dean, which would suggest that he is well placed to make an assessment as to whether the shortcomings amounted to falling 'below' or 'far below' acceptable standards. Professor Darby's opinion, which has not been challenged, was that "*This course of treatment appears to be a single transgression from the CDT SOP (scope of practice) and does not represent a wanton disregard for the regulations.*" He opined that whilst serious, this action falls "*below*" rather than "*far below*" the expected standard.

26. Mr Ivill invited the Committee to consider that the matters set out in charges 1, 2, 3 and 4 broadly overlap and concern the same conduct as that set out in charge 1 – namely the provision of an upper partial denture to Patient A without a prescription. He submitted that the matters found proved concern a single partial denture for a single patient on a single occasion in a career spanning over 40 years. In short, Mr Ivill submitted that the conduct is not so serious that fellow professionals would find it deplorable or that it could be characterised as falling short of acceptable standards. The Committee should therefore conclude that the facts found proved do not amount to misconduct.

27. In respect of whether your fitness to practise is impaired, Mr Ivill submitted that this would only be a relevant consideration were the Committee to find misconduct. In addressing the Committee on this matter, Mr Ivill invited the Committee to have regard to the evidence of your remediation, the fact that you have engaged with the GDC in these proceedings, as well as your expressions of regret for what was a single incident in an otherwise long and unblemished professional career. Mr Ivill also referred to the supportive testimonials.

28. Further, Mr Ivill submitted that you have demonstrated that you understand the seriousness of your actions and have reflected on how you would behave differently in the future. There was, in Mr Ivill's submission, no real prospect of the conduct being repeated. He also advised the Committee that you have remained in practise without restriction since 2021. In short, Mr Ivill submitted that a finding of current impairment on the grounds of the protection of public is not necessary given your full insight, your reflections, the remediation you have undertaken and the absence of any repetition of the events in question.

29. Mr Ivill submitted that a finding of impairment of fitness to practise on the grounds of the public interest is not necessary. In support of that contention Mr Ivill made the point that the public would be reassured that you have apologised and expressed regret for your actions and you have fully remediated. Further, your attendance at this hearing in of itself serves to uphold standards.

30. In terms of sanction, Mr Ivill invited the Committee to have regard to the mitigating factors in this case, including that this was isolated behaviour which took place in exceptional circumstances at that time.

31. During the course of their submissions, both parties drew the Committee's attention to relevant case law regarding the test for misconduct, including the cases of *Roylance v GMC (No 2)* [2000] 1 A.C. 311, *Meadow v GMC* [2006] EWCA Civ 1390, *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin) and *Hindmarch v Nursing and Midwifery Council* [2016] EWHC 2233 (Admin).

Misconduct

32. The Committee first considered whether the facts found proved amount to misconduct.

33. Patient A came to see you on 27 January 2021 wanting a denture to be provided for aesthetic purposes. At the time when Patient A first saw you England was in its third coronavirus national lockdown. You charted Patient A's remaining dentition in relation to her upper and lower teeth. You recorded in the treatment plan "*upper chrome with (crowns teeth) partial denture with dental D clasps*". Thereafter, Patient A saw you on 10 February 2021, 4 March 2021, 25 March 2021, 21 April 2021 and 14 July 2021. On 3 August 2021 you provided Patient A with a full refund as she was unhappy with the denture.

34. You accepted that you provided an upper partial denture to Patient A without the prescription of the dentist. You also accepted that you worked beyond your scope of practice as a CDT. The GDC's Scope of Practice provides that as a CDT you may prescribe and provide complete dentures direct to patients and may only provide and fit other dental devices on prescription from a dentist. You therefore accept that before providing and fitting a partial denture you must obtain a prescription from a dentist. You did not do so in respect of Patient A.

35. You agreed that you failed to ensure that Patient A had been examined by a Dentist before commencing treatment. You accepted the opinion of Mr Mulcahy that "*the requirement for a prescription was established because only a dentist can carry out the whole spectrum of assessments/evaluations required to establish the health and prognosis for the remaining teeth and hence whether they are suitable candidates to support, retain and/or stabilize a denture.*" You therefore accept that by providing an upper partial denture to Patient A without the prescription of a dentist you did not ensure that Patient A had been examined by a Dentist before commencing treatment. Although you obtained Patient A's consent to provide her with a partial denture you accepted that because you had not obtained the prescription of a dentist and you were working outside of scope of your practise as a CDT you did not obtain valid informed consent.

36. The Committee has considered carefully the context in which your treatment of Patient A took place and has deliberated as to whether 'exceptional circumstances applied' given that these events took place during the Covid 19 pandemic. It has borne in mind that when Patient A first saw you on 27 January 2021 England was in its third coronavirus national lockdown. Both experts' agree, as set out in their joint statement dated 24 July 2025, that: "*Dental appointments were extremely difficult to access at this time and many patients experienced long waits to access care. Patient [A] had lost upper front teeth and it is the experts' experience that many patients are extremely embarrassed/handicapped in their professional and social life by the absence of front teeth. On this basis, the experts agree that a member of the general public could reasonably consider that the Registrant had acted in the patient's best interests by providing her with a denture despite the regulations due to the exceptional circumstances which existed at the time.*"

37. In addition, the Committee has had regard to the Health Care Regulators' Joint statement on Covid-19 dated 14 January 2021 which states: "*We recognise that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations.*"

38. The Committee recognises that you were trying to help Patient A with the provision of an upper partial denture. However, you knew that in offering to provide her with an upper partial denture you failed to ensure that she had been examined by a dentist before commencing treatment. You could have delayed providing treatment to Patient A until after lockdown restrictions had been lifted and she had been seen by a dentist. However, you chose not to do so and instead you carried on

with the treatment, seeing her on multiple occasions between January 2021 and July 2021. While noting that the Health Care Regulators' Joint statement on Covid-19 dated 14 January 2021 recognises that professionals may need to depart from established procedures in order to care for patients it does not, in the Committee's interpretation of the statement, suggest that any deviation from the GDC's guidance should compromise patient care. The statement also makes it clear that dental professionals should *"recognise and work within the limits of their competence..."*. Your decision to treat Patient A, acting outside the scope of your practise as a CDT, and therefore not obtaining valid consent from her compromised Patient A's safety.

39. Taking all these factors into account, and acknowledging the challenging circumstances faced by dental professionals around the time of Covid 19, the Committee concluded that the situation was not so exceptional as to allow you to practise outside the scope of your practice. Further, the Committee noted that your patient records did not demonstrate that you had considered your scope of practice or kept a record of the decisions you made and the actions you took. This would have been expected according to the Supplementary advice for GDC decision makers on factors specific to Covid-19 (dated January 2021).

40. The Committee has had regard to the expert evidence of Mr Mulcahy and Professor Darby, including their two joint reports. Mr Mulcahy opined that in providing a partial denture in the absence of a prior comprehensive examination from a dentist you *"could not have been certain of the status of the patient's remaining natural teeth and important diagnoses which might have had a bearing on the direction of care may have been missed as a result."* He further considered that your ability to treatment plan would have been compromised. Mr Mulcahy's opinion was that your professionalism was *"far below that expected as treatment may have been provided inappropriately."*

41. Mr Mulcahy's overall opinion is that your standard of professionalism was *"far below"* that expected of a registered CDT. He explained that a CDT *"is not qualified to fully assess a patient's dentition and, as such, cannot establish whether they are dentally fit or not. In this case, the patient's remaining dentition had not been assessed radiologically nor had a periodontal examination been carried out. The absence of a comprehensive examination has implications for treatment planning and the consent process"*.

42. In respect of the matter of consent, Mr Mulcahy agreed that the consent issue was not 'clear cut' in this case. However, he opined that any treatment planning carried out by you was *"inherently compromised"* and therefore you were not in a position to obtain informed consent as you were not in possession of all of the available information required to establish the status of the patient's remaining teeth prior to denture provision. He also highlighted that acting out of the scope of practice must raise the question as to whether valid consent for treatment can be obtained in these circumstances. Mr Mulcahy acknowledged the context in which these events took place, as well as your admission to the charges and your expressions of regret, but has not attached any weight to them when providing his opinion.

43. In the joint report dated 24 July 2025 Mr Mulcahy maintained his position that your actions would amount to a falling far below the standards acceptable, unless the Committee accept that exceptional circumstances applied. The Committee has concluded that exceptional circumstances did not apply and therefore accepts Mr Mulcahy's opinion, as set out in his original report, that you acted outside the scope of practice as a CDT, either out of ignorance of the regulations or a disregard for them, and this amounted to a falling *"far below"* the standard expected.

44. The Committee has considered you have breached the following GDC Standards For the Dental Team:

- 1.9 You must find out about laws and regulations that affect your work and follow them.

- 2.3 You must give patients the information they need, in a way they can understand, so that they can make informed decisions
- 3.1 You must obtain valid consent before starting treatment, explaining all the relevant options and the possible costs.
- 3.3 Make sure that the patient's consent remains valid at each stage of investigation or treatment
- 6.3 You must delegate and refer appropriately and effectively
- 6.3.3 You should refer patients on if the treatment required is outside your scope of practice or competence. You should be clear about the procedure for doing this.

45. The Committee considered that you have failed to adhere to a significant number of GDC Standards for the Dental Team, including acting outside the scope of practice and a failure to obtain informed consent. Notwithstanding that the findings against you, which you accepted at the outset, concern one patient and involving one course of treatment, it has borne in mind that the conduct was sustained over a period of several consultations. You were aware that Patient A should have been seen first by a dentist before treating her. The Committee considers that your acts and omissions fell far short of the standards reasonably expected of a CDT. It further considers that your conduct can properly be described as conduct which brings the profession into disrepute and that such conduct is serious.

46. Accordingly, the Committee has concluded that the findings against you amount to misconduct which was serious.

Committee's decision and reasons on impairment

47. The Committee next considered whether your fitness to practise is impaired by reason of misconduct on the grounds of the protection of patients and/or is in the wider public interest. It noted that the GDC's submission of impairment was made solely on the grounds of the wider public interest. Nevertheless, the Committee first considered whether you remain a risk to the public.

48. The Committee has borne in mind the steps you took at an early stage of the GDC's investigation to address the failings that resulted in Patient A's complaint. This includes you having undertaken a number of hours of relevant and focused Continuing Professional Development (CPD) as well as the changes you have implemented to your practice. You have evidenced that your company website now informs patients that they will require a prescription from their dentist for the provision of partial dentures as well as setting the process and requirements for obtaining a dentist's prescription within the step-by-step guide for your company. You also evidenced that you have implemented a clear process for obtaining informed consent.

49. The Committee considers that you have worked hard on your remediation and that the information before it indicates that the changes you have made are embedded into your practice. It further considers that you have demonstrated insight into the matters that brought you before this PCC and you have reflected on how you would act differently in the future. The Committee has also borne in mind the supportive testimonials. It is aware that you continued to practise without restriction and with no reported concerns since the events in question, over four years ago. The Committee has given weight to these factors. Accordingly, the Committee has concluded that the risk of the concerns being repeated is low and therefore you do not currently pose a risk to the public. It has determined that a finding of impairment is not necessary on the ground of public protection.

50. Turning to the public interest, the Committee has had regard to paragraphs 22 - 23 (consent) and 42-45 (scope of practice) of the GDC's Guidance. It has kept in mind the serious nature of the findings against you as well as your breaches of the GDC Standards for the Dental Team. You knowingly acted outside the scope of your practise as a CDT and in doing so you failed to obtain valid consent from Patient A. Working with a dental professional's scope of practice and obtaining valid consent are cornerstones of the public interest and must be paramount in a registrant's mind prior to carrying out any treatment. Notwithstanding the remediation undertaken as well as the insight you have shown in these matters, given the findings against you, the Committee has concluded that a finding of current impairment in relation to your misconduct is necessary on the grounds of the public interest. It considers that public confidence in the dental profession would be undermined if a finding of impairment were not made in this case.

51. Accordingly, the Committee has determined that your practice is currently impaired on the ground of public interest.

Committee's decision and reasons on sanction

52. The Committee then determined what sanction, if any, would be appropriate in light of the findings of facts, misconduct and impairment that it has made. The Committee recognises that the purpose of a sanction is not punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard the wider public interests. It has borne in mind that its finding of current impairment was made solely on the grounds of public interest and that there are no concerns relating to patient safety.

53. In reaching its decision the Committee has again taken into account the GDC's Guidance. It has applied the principle of proportionality, balancing the public interest with your own interests.

54. The Committee has considered the mitigating and aggravating factors present in this case.

55. In terms of mitigating factors, the Committee has noted the steps you have taken since the events in question to address the conduct in this case; that you have no fitness to practise history, and indeed that you have practised for a period in excess of 40 years without any regulatory findings; you made full admissions to each of the facts and you have also expressed your regret for your conduct and the Committee accepted that your actions were not for financial gain. The Committee noted that you subsequently provided a full refund to Patient A for the treatment. The Committee also noted that this case related to a single patient and a single course of treatment, although it took place over several consultations during 2021. The Committee has further taken into account that the events in question took place over four years ago. The Committee has also had regard to the positive and supportive testimonials submitted on your behalf from professional colleagues.

56. In relation to aggravating factors, the Committee is mindful that there was a risk of harm to Patient A, noting that she experienced continuing problems arising from your care and treatment of her as well as a breach of trust in carrying out treatment which was beyond the scope of your practise.

57. The Committee has considered the range of sanctions available to it, starting with the least restrictive. In the light of the findings made against you, the Committee has determined that it would not be appropriate or proportionate to conclude this case with no action. The Committee considers that taking no action would be insufficient to maintain public confidence and trust in the profession and in the regulatory process, and would not declare and uphold proper standards of conduct and behaviour to the extent required in this particular case.

58. The Committee next considered whether it would be appropriate to conclude the case with a reprimand. Having given the matter careful consideration, and having regard to the mitigating and aggravating factors referred to above, the Committee has determined that a reprimand is the appropriate and proportionate sanction to impose in the particular circumstances of this case.

59. There is no evidence to suggest that you now pose a risk to patients, and the Committee accepts that a repetition of your misconduct is highly unlikely. You have demonstrated your remorse for, your insight into, and your remediation of, your misconduct. The matters giving rise to these proceedings relate to a single patient and a single course of treatment. You have no fitness to practise history, and you have taken considerable steps to remediate your misconduct.

60. In the circumstances, the Committee considers that the issuing of a reprimand is sufficient and proportionate to mark the seriousness of the matters identified. It is satisfied that a number of the factors set out in paragraph 6.9 of the GDC's Guidance (on a reprimand) are met in this case. A reprimand would, in the Committee's judgement, meet the public interest considerations of trust and confidence in the profession and the declaring and upholding of proper professional standards engaged by this case. The Committee is satisfied that a reasonable and informed observer would, having regard to the Committee's findings of facts, misconduct and impairment, would be satisfied that the sanction of a reprimand represents a suitable disposal of this case.

61. The Committee considers that a higher sanction such as conditions or suspension would be disproportionate and unsuited to the public interest purposes that the Committee has identified. Furthermore, the Committee is satisfied that there is no evidence to suggest that you pose any risk to the public such that it is necessary to impose any requirements on your practice.

62. The Committee has therefore decided, and now directs, that a reprimand be recorded against your name in the register. The fact of this reprimand, and a copy of this determination, will appear alongside your name in the GDC register for a period of 12 months. The reprimand forms part of your fitness to practise history, and is disclosable to prospective employers and prospective registrars in other jurisdictions.

63. That concludes this case.