Patient Safety in Expanded Therapeutic Procedures Workgroup
Meeting Minutes
May 18, 2026
Via Microsoft Teams

The meeting was called to order and quorum was confirmed.

Members present: Dr. Mary Beth Morris, O.D., Dr. Ian McWherter, O.D., Dr. Aaron McNulty, O.D., Dr. Mohammed Naja, O.D., Dr. Inder Singal, M.D., Dr. Lawrence Tenkman, M.D., Dr. Nathan Lighthizer, O.D., Dr. Ben Gaddie, O.D.

A motion was made and seconded to approve the previous meeting minutes. Motion carried unanimously.

Discussion resumed regarding prior workgroup conversations and review of documents and research materials.

Discussion regarding development of a more standardized proctorship process for expanded therapeutic procedures. Discussion included consideration of:

- Appropriate number of proctors statewide
- Geographic distribution of proctors
- Population density considerations
- Development of standardized rubrics and competency criteria for proctorship
- Ensuring accessibility to expanded therapeutic procedures throughout the Commonwealth, particularly in rural areas
- Encouraging schools and residency programs to provide more live-patient procedural exposure prior to graduation

Research presented regarding credentialing and certification requirements in other states. Summarized that no national consensus currently exists regarding laser credentialing requirements for optometrists. States were discussed in several categories:

- States utilizing school-based competency verification
- States utilizing board-administered examinations
- States utilizing NBEO/LSPE examinations
- States offering multiple pathways to certification
- States with unique individualized requirements

The workgroup discussed Kentucky's current requirement for live eye procedural competency and whether live patient experience should remain a critical component of credentialing. Multiple members expressed agreement that live eye procedural experience remains essential for competency assessment.

Extensive discussion occurred regarding whether Kentucky should adopt:

- Fixed minimum procedure numbers
- Competency-based assessments
- Flexible ranges
- Rubric based evaluations at the discretion of approved proctors

Several members expressed concern that rigid minimum procedural requirements, particularly for peripheral iridotomies (PIs), could negatively impact access to care in rural areas due to limited case volume. Others noted that standardized minimums comparable to ophthalmology residency requirements could strengthen public confidence and standardization.

Discussion included comparison to ophthalmology residency procedural minimums and whether Kentucky should align with similar benchmarks while maintaining flexibility through proctor discretion.

The workgroup further discussed:

- Potential standardization of proctor qualifications
- Reducing variability among proctors
- Limiting and strategically selecting approved proctors geographically across Kentucky
- Development of standardized rubrics for competency evaluation
- Possibility of students obtaining live eye experience during optometry school training under approved faculty supervision
- Whether live eye procedures performed during school should count toward future credentialing requirements

Members discussed that current Kentucky regulations allow proctors broad discretion in determining competency and that future recommendations may include clearer standards while preserving clinical judgment.

Discussion also occurred regarding laser safety and technology safeguards. Members discussed potential opportunities to collaborate with laser manufacturers regarding:

- Improved visual and audio safety alerts

- Automatic reset functions between procedures
- Enhanced display warnings to minimize risk of incorrect laser settings
- Broader national collaboration on laser safety improvements

The workgroup discussed whether current standards have generally been successful since implementation of expanded therapeutic procedures in Kentucky approximately 15 years ago. Members agreed that isolated adverse events should not solely define the profession or determine policy changes, but that the workgroup should evaluate whether improvements can be made to strengthen patient safety and consistency.

Additional discussion occurred regarding:

- Differences in procedural exposure among optometry schools
- Rural versus urban procedural volume
- Accessibility challenges for providers in rural Kentucky
- Possibility of allowing procedures completed during school under approved supervision to count toward competency logs
- Potential future pathways for credentialing flexibility while maintaining patient safety standards

The workgroup generally agreed that the proctorship process represents the primary area where additional structure and standardization may be beneficial.

Summarized major discussion points and identified several issues requiring further consideration, including:

- Number and geographic distribution of approved proctors
- Whether minimum procedural numbers should exist
- Structure and use of competency rubrics
- Whether multiple proctors may contribute toward procedural logs
- Whether student procedures may count toward competency requirements
- Criteria and oversight for approved proctors

The workgroup discussed next steps and agreed that concise “votable” items should be developed prior to the next meeting. Suggested future voting topics include:

- Standardized rubrics
- Proctor qualifications and selection

- Minimum procedural requirements
- Recommendations regarding laser manufacturers and safety features
- Geographic distribution of proctors

The next meeting was confirmed for June 1, 2026, at 8:00 PM Eastern / 7:00 PM Central via Microsoft Teams.

A motion to adjourn was made and seconded. Motion carried unanimously.

Meeting adjourned at 8:24 PM.