Patient Safety in Expanded Therapeutic Procedures Workgroup

Meeting Minutes

Date: June 1, 2026
Time: 8:00 p.m. Eastern / 7:00 p.m. Central
Location: Videoconference

Call to Order

Dr. Mary Beth Morris, O.D., called the meeting to order. A quorum was confirmed.

Approval of Minutes

A motion was made by Dr. Ian McWherter to approve the minutes. The motion was seconded by Dr. Mohammed Naja. The motion carried unanimously.

ETP Discussion

The workgroup continued discussion regarding Kentucky's current credentialing process for expanded therapeutic procedures, including education, proctorship, competency evaluation, and oversight.

The workgroup reviewed current educational requirements for expanded therapeutic procedures. Current requirements include either training received during optometry school or completion of a 32 hour expanded therapeutic procedures course.

The group discussed whether the NBEO Laser and Surgical Procedures Examination should be accepted as an additional pathway. Members discussed the value of didactic training, whether an examination alone is sufficient, and whether adding an exam only pathway was adequate.

After discussion, a motion was made by Dr. Mohammed Naja to recommend maintaining the current educational pathways of either qualifying school based training or completion of the 32 hour course, without adding the LSPE as a standalone alternative pathway. The motion was seconded by Dr. Nate Lighthizer. The motion carried unanimously.

The workgroup discussed standardizing the proctorship process for laser procedures.

Discussion included whether the Board should develop a standardized rubric for evaluating candidates, whether the number of approved proctors should be limited, and how proctors should be selected and reviewed.

The workgroup generally supported development of a standardized rubric for proctors to use when evaluating competency.

The workgroup discussed possible minimum qualifications for approved proctors, including:

- Minimum procedural experience
- Residency training or minimum years in clinical practice
- Procedure specific experience
- Ability to directly observe procedures using a teaching tube, video system, or similar visualization method
- Ongoing review by the Board

The group generally agreed that a proctor should be required to have a way to simultaneously visualize the procedure being performed.

Members also discussed whether faculty or adjunct faculty status should be required for out of state proctors. The group generally agreed that faculty status should not be required, provided the proctor otherwise meets Board approved criteria.

The group discussed possible procedural volume thresholds for proctors, including procedure specific minimums. No final number was adopted, but members discussed the possibility of using procedure specific thresholds and continuing to review appropriate numbers.

The workgroup discussed whether approved proctors should be periodically reviewed by the Board. Members generally agreed that approved proctors should not remain on the list indefinitely without review.

A five year review period was discussed as a reasonable timeframe for consideration.

The workgroup discussed whether live eye procedures performed during optometry school, externship, or residency should count toward future credentialing requirements.

Members discussed that procedures performed by students should only count if performed under an approved proctor and properly documented. The group also discussed allowing qualified out of state proctors to apply for approval through the Kentucky Board if they meet the same criteria as in state proctors.

The workgroup discussed whether Direct Selective Laser Trabeculoplasty should require separate credentialing from traditional SLT.

The group generally agreed that providers already credentialed for SLT should be permitted to perform DSLT without additional proctorship. The group also discussed whether there

should be a separate DSLT only pathway and generally felt that, at this time, DSLT should remain under the SLT credentialing pathway rather than creating a separate category.

The workgroup continued discussion regarding whether candidates should be required to complete a specific number of procedures before credentialing or whether competency should be based primarily on the judgment of the approved proctor using a standardized rubric. The group discussed proposed procedure numbers, including YAG capsulotomy, SLT, and LPI requirements.

The topic was tabled for further discussion.

Members agreed that the next meeting should focus on specific items requiring votes so that the workgroup can move toward final recommendations.

Dr. Morris will also circulate possible dates for the next meeting due to scheduling conflicts with the previously discussed date.

Adjournment

A motion was made by Dr. Ian McWherter to adjourn the meeting. The motion was seconded by Dr. Mohammed Naja. The motion carried unanimously.

The meeting was adjourned.