Patient Safety in Expanded Therapeutic Procedures Workgroup

Meeting Minutes

Date: June 15, 2026
Time: 8:30 p.m. Eastern / 7:30 p.m. Central
Location: Videoconference

Call to Order

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

Approval of Minutes

A motion was made by Dr. Ian McWherter to approve the minutes from the previous meeting. The motion was seconded by Dr. Nate Lighthizer. The motion carried unanimously.

ETP Discussion

The workgroup continued discussion regarding Kentucky's credentialing process for expanded therapeutic procedures, including procedural minimums, proctor qualifications, licensure by endorsement, and future technologies.

The workgroup discussed requirements for approved proctors to directly observe procedures performed by candidates. Members discussed the importance of real-time observation and evaluation during laser procedures.

A motion was made by Dr. Inder Singal to require approved proctors to utilize a teaching scope, video system, or other method of simultaneous visualization when observing candidates. The motion was seconded by Dr. Nate Lighthizer. The motion carried unanimously.

The workgroup continued discussion regarding minimum qualifications for approved proctors.

Members discussed the importance of procedural experience, residency training, clinical experience, and patient safety considerations. Particular attention was given to ensuring proctors possess sufficient experience to evaluate competency while maintaining access to care throughout the Commonwealth.

A motion was made by Dr. Ian McWherter to recommend that approved proctors possess either a) three years of clinical practice experience or b) completion of an accredited one-year residency program; and have performed a minimum of fifty (50) YAG Capsulotomies,

fifty (50) Selective Laser Trabeculoplasties (SLT), and thirty (30) Laser Peripheral Iridotomies (LPI) before serving as a proctor for those respective procedures. The motion was seconded by Dr. Lawrence Tankman. The motion carried unanimously.

The workgroup discussed whether approved proctors should be required to maintain adjunct faculty appointments or equivalent teaching affiliations.

Members generally agreed that faculty status should not be required, provided the proctor otherwise meets Board-approved qualifications.

The workgroup discussed whether approved proctors should be periodically reviewed by the Kentucky Board of Optometric Examiners.

A motion was made by Dr. Nate Lighthizer to recommend periodic review and renewal of approved proctors every five years. The motion was seconded by Dr. Mohammed Naja. The motion carried unanimously.

The workgroup discussed minimum procedural requirements for candidates seeking laser privileges.

A motion was made by Dr. Ian McWherter to recommend that candidates complete, as the primary procedural provider, a minimum of five (5) YAG Capsulotomies, five (5) Selective Laser Trabeculoplasties (SLT), and four (4) Laser Peripheral Iridotomies (LPI) on live patients prior to receiving laser privileges. The motion was seconded by Dr. Mohammed Naja.

During discussion, some expressed support for a competency-based approach and voiced concern regarding fixed numerical minimums. Other members noted that the proposed minimums represented baseline standards and minimum competency thresholds.

The motion carried with one opposing vote from Dr. Aaron McNulty.

Dr. Nate Lighthizer left the meeting.

The workgroup discussed the importance of identifying high-risk Laser Peripheral Iridotomy cases, including patients with significant peripheral anterior synechiae and darkly pigmented irises.

A motion was made by Dr. Lawrence Tankman to incorporate language addressing these considerations into the procedural rubric and guidance documents. The motion was seconded by Dr. Inder Singal. The motion carried unanimously.

The workgroup discussed requirements for applicants seeking Kentucky licensure by endorsement who also seek laser privileges.

A motion was made by Dr. Ian McWherter to recommend that licensure by endorsement applicants demonstrate proof of completion of the same minimum procedural requirements required of Kentucky applicants, including five (5) YAG Capsulotomies, five (5) SLTs, and four (4) LPIs performed on live eyes. The motion was seconded by Dr. Inder Singal.

Members discussed the importance of ensuring consistent competency standards regardless of the state in which an applicant was originally licensed. The board can then decide how to verify the applicant has performed these procedures before coming to the state.

The motion carried unanimously.

The workgroup discussed whether currently credentialed providers should be required to satisfy any newly adopted credentialing standards.

A motion was made by Dr. Lawrence Tankman to recommend that currently credentialed laser providers be grandfathered under existing requirements and not be required to repeat the credentialing process. The motion was seconded by Dr. Ben Gaddie.

The motion carried unanimously.

Members discussed the importance of new procedures

Dr. Lawrence Tenkman made a motion to recommend that, when an emerging technology introduces a new procedure requiring a distinct proctoring or credentialing process—rather than merely a new application or technique involving existing laser technology for which manufacturer training would be sufficient—the Kentucky Board of Optometric Examiners retain the authority to reconvene the workgroup, or a similar group of subject-matter experts, to evaluate the technology and provide recommendations. Second by Dr. Ian McWherter.
Motion carried unanimously.

Dr. Singal left the meeting.

The workgroup discussed whether separate qualifications should be established for approved Direct Selective Laser Trabeculoplasty (DSLT) proctors.

Members discussed the relationship between traditional Selective Laser Trabeculoplasty (SLT) experience and DSLT experience, the emerging nature of DSLT technology, and the need to ensure qualified proctors while maintaining reasonable access for future applicants.

A motion was made by Dr. Ian McWherter to recommend that approved DSLT proctors possess either three years of clinical practice experience or completion of an accredited one year residency program and demonstrate either:

• Fifty (50) Selective Laser Trabeculoplasty (SLT) procedures and ten (10) Direct Selective Laser Trabeculoplasty (DSLT) procedures; or

• Fifty (50) Direct Selective Laser Trabeculoplasty (DSLT) procedures.

The motion was seconded by Dr. Lawrence Tankman.

The motion carried unanimously.

The workgroup discussed requirements for candidates seeking credentialing to perform Direct Selective Laser Trabeculoplasty (DSLT).

Members discussed whether applicants already credentialed for traditional Selective Laser Trabeculoplasty (SLT) should be permitted to obtain DSLT privileges through industry training, as well as requirements for applicants without existing SLT credentials.

A motion was made by Dr. Ian McWherter to recommend that candidates seeking DSLT credentialing be required to complete five (5) DSLT procedures under the supervision of an approved proctor. Candidates who already possess SLT credentials may obtain DSLT privileges through documented industry training.

The motion was seconded by Dr. Lawrence Tankman.

Discussion followed regarding the relationship between SLT and DSLT, manufacturer-based training, and the adoption of emerging laser technologies.

The motion carried with one dissenting vote from Dr. Aaron McNulty with a comment that he did not believe there should be a minimum number of procedures.

Following discussion, Dr. Morris thanked the members for their participation and contributions to the workgroup.

Adjournment

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

The meeting was adjourned.