

were present, and a quorum was established.

Member Wang welcomed the newest Member, Joseph Pruitt, OD.

2. Public Comment for Items Not on the Agenda

Note: The committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code § 11125, and § 11125.7(a).)

Audio of Discussion: [0:24 / 59:00](#)

There were no requests for public comment.

3. Discussion and Possible Action on March 26, 2021 Practice and Education Committee Meeting Minutes

Audio of Discussion: [1:19 / 59:00](#)

There were no requests for public comment.

Jeffrey Garcia moved to accept the March 26, 2021 Practice and Education Committee meeting minutes as written. Madhu Chawla seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

4. Discussion and Possible Action on April 16, 2021 Practice and Education Committee Meeting Minutes.

Audio of Discussion: [3:10 / 59:00](#)

There were no requests for public comment.

Jeffrey Garcia moved to accept the April 16, 2021 Practice and Education Committee meeting minutes as written. Madhu Chawla seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

5. Discussion and Possible Action on Accepting Vaccination Injection Courses for Continuing Education Credit

Audio of Discussion: [4:45 / 59:00](#)

Member Wang reported that during a previous meeting, Dr. Debra McIntyre requested more information on the immunization courses which Marshall B. Ketchum University and Western Health University are currently offering. These courses are for optometrists and are 20 hours in length; with a breakdown of 12 hours of self-study and 8 hours of interactive study.

Member Wang explained that Assembly Bill (AB) 443 created the immunization certification course. She posed the question “are we going to accept the injection course as possible continuing education (CE)?

Licensing Analyst, Natalia Leeper interjected adding that although the two universities are offering this course, they are specifically partnering with the same group that provides the exam for the Pharmacy Board. The Pharmacy and Optometry Boards have the exact same exam in order to pass their injection courses. Member Wang noted that both schools have a pharmacology section.

Ms. Leeper noted that the injection course is considered a certification in the same way that glaucoma, therapeutic pharmaceutical agents, and lacrimal irrigation and dilation are certifications. The Board’s practice has been to not count the certification courses as part of licensees’ CE requirements. Should the Members wish to approve the injections courses, Ms. Leeper thought they should be aware of this practice.

Member Chawla commented that she was not aware of the certifications not applying to CE credit and added that she believes most people assume that they do. Ms. Leeper clarified for the Members that the glaucoma certification may apply specifically and only towards the 10 hours of glaucoma specific CE. Member Chawla asked if there is a regulation which states that it does not count? Dr. Chawla contended that she is certain this conversation has occurred previously, and that the glaucoma and possibly lacrimal certifications count towards required CE. She gave a brief recount of what she recalls and stated that it is necessary to obtain clarification about whether there exists a regulation on this issue.

Executive Officer, Shara Murphy clarified (for her own understanding) that Members are stating that when a licensee first applies for a lacrimal certificate, the Board has allowed the education needed for certification to double count within CE credits required for renewals. Members Chawla and Wang confirmed Ms. Murphy’s understanding.

Ms. Murphy noted that glaucoma does have a requirement for each biennial renewal; however, she is not certain that the Board has had a lacrimal irrigation and dilation submission of lacrimal continuing education from a provider who has already been certificated in it. Members Chawla and Wang agreed. Ms. Murphy explained that the injection courses are much like the lacrimal in that you get certified to perform it, but the Board would not allow licensees to double count. A licensee would not be able to use those hours of education to both gain certification and then use again to reduce the 50 hours required in their renewal cycle.

Member Chawla commented that although the injection courses are not directly related to eye care, if injection will be part of optometrists' scope of practice then this certainly is relevant as part of enhancing optometrists' scope of practice. Having taken the injection course herself, Member Chawla added that it is a very arduous course with much more cumbersome testing. She believes there is good cause for giving CE credit for this course.

Ms. Murphy asked (since the course is so arduous) if there is a need to consider whether there should be an additional requirement with renewal? Member Chawla replied that this is standard information amount vaccines and the course is only arduous because it encompasses more than optometrists have been accustomed to doing for CE; she does not believe an additional requirement is necessary and that the credit would fall under general optometry. She added that other health professionals are not having to redo their CE requirements for injections.

Member Garcia agreed with Member Chawla. He encourages Members to take the course and that CE credit should be provided.

Member Pruitt announced that he took the course and agrees with what the other Members have stated. He also explained that the completion of the injection course certificate comes with the standard expectation that you remain current on any of the changes and protocols with immunizations; consequently, he does not believe it would need to include a refresher course or become a cycle that needs to be repeated every one or two years. Member Pruitt asked if an optometrist took the lacrimal course but did not follow through with completing the certification would they then be able to use those courses for CE? Ms. Leeper responded that if the Board has in fact been double counting those credits, they would be able to apply for the certification later.

Ms. Murphy assured that regarding the double counting of CE, staff will make an effort to go through records to see how this has been approached in the past and provide Members with context as to what has been done previously. Her other thought is that the Board currently does not have the authority to allow optometrist with an injection certificate to allow that course to be used as CE credit. She believes the Board needs to consider whether courses moving forward from the certification can be used for general optometry credit or whether they would go into a different CE category that may be used as part of the 50-hour requirement. Members agree that the only reason for a new category and/or to keep the education current would be if some new vaccine comes out that was never administered before; or if optometrists become authorized to administer other vaccines; or something more specific to pediatrics. These would be the only reasons for needing a change.

Member Wang asked if the Board needs to add a regulation to allow these courses to be used as CE for general optometry or would they automatically roll into general optometry? Ms. Murphy responded that since continuing medical education (CME) credits are accepted the Board would want to look at whether that would provide the

authority to accept those credits; or whether a separate regulation would need to be adopted. Some background research needs to be done to determine how these courses fit into CME and then how they may be acceptable within the Board’s current regulations. Member Chawla added a request for staff to research the “double-dipping” of CE credit for any regulation which states this cannot be done. She believes that this issue was discussed and researched approximately 10 years ago, and nothing restricting “double-dipping” was found. Member Pruitt added that if staff needs examples, the CDC module would be a perfect example since physicians, nurses, and medical assistants must take it in order to be authorized to administer the COVID vaccine; but additionally, in obtaining that certification they were given the half hour of CE credit. Ms. Murphy assured that research and communication with CME providers will be performed and this discussion will be brought back to the Members at the next PEC meeting.

There were no requests for public comment.

6. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1536 (RESUBMITTED APPLICATIONS)

Audio of Discussion: [31:59 / 59:00](#)

There were no requests for public comment.

Liang Vision – Dr. Keith Liang

A. Treatments for Macular Degeneration – ONLINE & IN-PERSON

Jeffrey Garcia moved to approve the course Item 6.A. Madhu Chawla seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

7. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1536 (KAISER APPLICATIONS)

Audio of Discussion: [35:42 / 59:00](#)

Kaiser Permanente – Dr. Alisha Truong

A. 1. Ocular Surface Tumors - ONLINE

2. New Developments in Hydroxychloroquine Retinopathy - ONLINE

There were no requests for public comment.

Jeffrey Garcia moved to approve courses items 7.A.1. and 7.A.2. Madhu Chawla

seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

8. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1536 (ONLINE WEBINAR APPLICATIONS)

Audio of Discussion: [37:24 / 59:00](#)

Bay Area Retina – Ms. Michele Tavaras

- A. 1. Complications Following Intravitreal Injections
- 2. Ocular Toxoplasmosis
- 3. Vitreomacular Tractions and Macular Holes

Dougherty Laser Vision – Ms. Carolina Guardado

- B. RLE Surgery: 43 & Free of Glasses

Dougherty Laser Vision – Ms. Carolina Guardado

- C. Pre-Op Management of Lasik

Dougherty Laser Vision – Ms. Carolina Guardado

- D. Lasik Post-Op Care

Dougherty Laser Vision – Ms. Carolina Guardado

- E. Rapid Fire in Case Studies

Harvard Eye Associates – Ms. Erica Arrington

- F. Diseases of the Vitreoretinal Interface

MBKU – Dr. John Lee

- G. 1. Improving ocular disease management – innovative diagnostic testing
- 2. Management of Dry AMD Beyond AREDS

MBKU – Dr. John Lee

- H. Return of the MAC – Macula OCT Basic Concepts and Applications

Bay Area Retina – Ms. Michelle Tavares

- I. 1. Spots and Dots
- 2. How Urgent is Neovascular AMD?
- 3. Cataracts, and Retina & Surgery

Dr. Alice Tien

- J. Updates on MIGS, Glaucoma Delivery Drugs, and Intraocular Lenses

Harvard Eye Associates – Ms. Erica Arrington

- K. The New Horizon

Harvard Eye Associates – Ms. Erica Arrington

- L. Who's Got the Nerve

MBKU – Dr. John Lee

- M. 1. Glaucoma Medication or Systemic Health Situation
- 2. Unpacking Uveitis

Dougherty Laser Vision – Ms. Carolina Guardado

N. Cataract and Lasik Post-Operative Care

Dougherty Laser Vision – Ms. Carolina Guardado

O. OCT Type Case Studies and Dr. Vasoghi’s Tips

Dougherty Laser Vision – Ms. Carolina Guardado

P. Unanswered Questions Around Pre and Post-Operative Care

Coastal Vision Medical Group – Ms. Gina Valdermar

Q. 1. Cataract Surgery Beyond Basics: Which Technology to Use

2. The Basics of Using and OCT for Glaucoma Management

Coastal Vision Medical Group – Ms. Gina Valdermar

R. Update on Diabetic Retinopathy

Loma Linda University – Ms. Angela Saavedra

S. Upper and Lower Blepharoplasty

F.L.O.E. Optometry - Dr. Hannah Cho, OD

T. Let’s Take a Break and Work on Your Practice

There were no requests for public comment.

Madhu Chawla moved to approve courses items 8.A through 8.T. Jeffrey Garcia proposed a friendly amendment. Madhu Chawla accepted the friendly amendment as follows.

Jeffrey Garcia moved to approve courses items 8.A. through 8.T. as is; with item 8.C. changed and approved as general optometry category; not ocular disease. Madhu Chawla seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

9. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1536 (COMPLETE APPLICATIONS)

Audio of Discussion: [41:50 / 59:00](#)

Dougherty Laser Vision – Ms. Carolina Guardado

A. Case Studies in Co-Management

Dougherty Laser Vision – Ms. Carolina Guardado

B. Cataract Co-Management Case Discussion with Updates on IOL Technology

Advanced Eye Specialists – Abner Pineda

C. Refractive Cataract Ocular Fest Surgery Symphony Talk

SoCalEye – Ms. Angelina McClain

D. Keratoconus

Dougherty Laser Vision – Ms. Carolina Guardado

E. ICL and RLE Co-Management

SoCalEye – Ms. Angelina McClain

- F. 1. Artificial Intelligence in Eye Care
- 2. Glaucoma and Comprehensive Ophthalmology
- 3. Global Eye Care, Dry Eye and Corneal Care
- 4. Wonderful World of Autofluorescence

Acuity Eye Group – Ms. Susan Saldivar

G. OCT Interpretation

Acuity Eye Group – Ms. Susan Saldivar

H. Macular Degeneration

Acuity Eye Group – Ms. Susan Saldivar

I. Retinal Vascular Disease

MBKU – Dr. John Lee

- J. 1. Leveraging Prism to Help Your Patients
- 2. Retina Vein Occlusion: Beyond the Usual Suspects
- 3. Primary Angle Closure Disease
- 4. Managing the Unhappy Premium Patients
- 5. Refractive Co-Management Secrets

VMR Institute for Vitreous Macula Retina – Ms. Mimi Nankervis

K. Age Related Macular Degeneration

VMR Institute for Vitreous Macula Retina – Ms. Mimi Nankervis

L. Retinal Detachment

VMR Institute for Vitreous Macula Retina – Ms. Mimi Nankervis

M. Diabetic Retinopathy

There were no requests for public comment.

Jeffrey Garcia moved to approve courses items 9.A. through 9.M. with the modification of item 9.J.4. changed from the ocular disease category to general optometry. Madhu Chawla seconded. The Committee voted (3-Aye; 0-No; 1-Abstention) and the motion passed.

Member	Aye	No	Abstain	Absent	Recusal
Wang	X				
Chawla	X				
Garcia	X				
Pruitt			X		

10. Discussion and Possible Action on Continuing Education Course Approval Requests Pursuant to Title 16, California Code of Regulations Section 1536 (INCOMPLETE APPLICATIONS)

Audio of Discussion: [44:38 / 59:00](#)

Retinal Consultants Medical Group – Dr. Lindsay Swearingen

A. Retina Update 2021

There were no requests for public comment.

11. Future Agenda Items

Audio of Discussion: [47:00 / 59:00](#)

Member Garcia suggested looking into the regulatory changes with respect to the Optometry Practice Act; specifically, items BPC 3078 and 3098. He explained that these relate to how practices are marketed by name. Times have changed significantly especially with regards to social media marketing. Member Garcia believes that some of the rules are archaic and limiting. On Facebook, if you are not able to use your practice name you must change it somewhat. Using himself as an example, "Family Eye Care Optometry" is his practice name. This practice name was not available on Facebook or as a website so on Facebook, he used "Lamor Family Care Optometry" which is a violation because it is not his fictitious name. Member Garcia disclosed that he was cited for using "Lamor Family Care Optometry". He is requesting that Members look at this more closely since our environment as changes; specially with respect to social media. He had conversations with Ms. Murphy regarding this issue; she suggested possibly making a regulatory change.

Member Wang asked if this should be placed on the next PEC agenda; move it to the Legislation and Regulation Committee; or place it on the August Board meeting agenda? Member Chawla suggested placing it on one of the committees first.

Ms. Murphy commented that the PEC is a great place to begin this discussion around 3078 and 3098 and how it interacts with current practice; how doctors can expand their practices; and how the current statutes might hamper the ability for practitioners to open additional practices. Additionally, discussion may include how optometrists can increase vision care services in their area; and look at how the Board may clarify and modernize with a regulation or statutory change, and what may not be clarified and modernized given current statute authority.

Member Wang commented that at the most recent Association of Regulatory Boards in Optometry (ARBO) meeting which she and Member Kawaguchi attended virtually, a presentation about the OE Tracker database was provided. The presentation provided information about how the OE Tracker can track CE; how several states are currently using the system; and how they are able to verify CE compliance for licensure renewal at 100%. Member Wang noted how the Board has been called out a few times because staff can only audit CE currently at around 3% of California optometrists. She noted that Board and Committee has had previous discussions regarding using the OE Tracker and/or BreEZe. She suggested having someone from ARBO provide a presentation to the Board about their process. She asked if Members want ARBO to come to the PEC or to the full Board to have this discussion? Member Chawla replied that it would be a good idea to have the presentation come to the PEC and then go to the full Board during a following meeting. Ms. Murphy explained that with the current course load and

the other substantive discussions, she is not certain that staff would be able to schedule this in any meetings prior to October. She assured that staff will research prior minutes and work to schedule this discussion for one of the first meetings in 2022; and bring the discussion to the PEC first. Member Wang recalls that one of the concerns in previous discussion was cost. If the Board wish to use the OE Tracker for CE compliance, she believes there is an additional cost. Ms. Murphy assured that the people from ARBO will inform the Board/Committee about any cost associated with using their system.

Member Wang welcomed again Member Pruitt as the Board's newest Member. Additionally, she thanked Member Garcia as he has agreed to become the new Chair of the Practice and Education Committee. Member Garcia encouraged Member Pruitt to reach out to the senior Members. He recalled how much it helped him with onboarding and learning about the Board's mission, history, and how to best participate.

12. Adjournment

The Practice and Education Committee meeting adjourned at 2:00 p.m.