

# CREREDENTIALING OF PHYSICIANS AS ELECTRODIAGNOSTIC MEDICINE CONSULTANTS

## POSITION STATEMENT

The American Board of Electrodiagnostic Medicine (ABEM) is an independent credentialing body in electrodiagnostic medicine. Although it is organized and operated as a committee of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM [formerly AAEM]) for administrative purposes, it is a self-perpetuating Board and is completely autonomous for purposes of credentialing criteria and procedures. Certification by the ABEM is not related to certification provided by the American Board of Psychiatry and Neurology With Added Qualifications in Clinical Neurophysiology.

When considering credentialing physicians as electrodiagnostic medicine (EDX) consultants and granting them clinical privileges, the AANEM emphasizes that the EDX consultation is an extension of the neurologic portion of the physical examination. The necessary depth of understanding clinical medicine requires the EDX consultant to be a physician with specialized training in electrodiagnostic medicine. AANEM guidelines state that EDX consultants should personally perform the needle electromyographic examination and not delegate these examinations to technologists or others who are not EDX consultants. If a technologist performs the nerve conduction examination, the supervising EDX consultant should directly participate in the pretest evaluation and plan the subsequent study. Therefore, the consultant should be immediately available and promptly review test results.

It is the sole prerogative of each hospital or institution to define the criteria used to determine whether an individual physician is qualified for specific clinical privileges. Such criteria may include any combination of a wide range of requirements including, but not limited to, completion of a residency training program, additional specialized course work, or medical subspecialty certification. There is no requirement for a diplomate in a recognized specialty to hold certification in a subspecialty of that field in order to include aspects of the subspecialty within the range of privileges. Furthermore, requirements for hospital privileges and board certification may be different.

In 1984, the House of Delegates of the American Medical Association adopted a policy regarding criteria for delineating clinical privileges which stated that "delineation of privileges shall be determined on an individual basis, commensurate with an applicant's education, training, experience, and demonstrated current competence." The Joint Commission on Accreditation of Healthcare Organizations requires that, regardless of the method of granting privileges, it be "based on the individual's demonstrated current competence." These guidelines are in conformity with the standards of the Accreditation Association of Ambulatory Health Care.

In summary, EDX consultants seeking credentials in an inpatient or outpatient facility should be evaluated on the basis of training, experience, and competence. Physicians from varying backgrounds may perform an EDX consultation and therefore basic formal background, including Board certification in a given specialty, should not be the sole criterion for granting privileges. It is the position of the AANEM that adherence to its guidelines will best serve patients. To determine what official legal, governmental, or private criteria govern specific circumstances in a given state, look to the appropriate authorities in that state.

**Approved by the American Association of Neuromuscular & Electrodiagnostic Medicine (formerly AAEM): May 1999.**

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