

PERSPECTIVES

DEBATE: AN ASSOCIATE DEGREE SHOULD BE REQUIRED FOR ENTRY LEVEL PARAMEDICS

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EDITOR'S INTRODUCTION

This paper is the first for a new section of the Journal called Perspectives – a venue for the debate of topics of interest to the paramedicine community. A link to the video recording of the of the debate is shown elsewhere on this page. This paper is a transcript of that debate. More details on the format and the process used for conducting the debate, producing the video and generating the transcript are described in my opening remarks below.

-- M. Gunderson, Editor-In-Chief

DEBATE TRANSCRIPT

Mic Gunderson:

Welcome to Perspectives: Debates in Paramedicine. Perspectives is a section of IJOP, the International Journal of Paramedicine, which is published by the National EMS Management Association here in the United States in collaboration with the Portuguese Pre-Hospital Emergency Society. I'm Mic Gunderson, the Editor-In-Chief of the Journal, and I'll be serving as the host and moderator for this debate, which will explore the arguments for and against the proposition that an associate degree should be required for entry-level paramedics. But before we get into the debate, let me provide a bit of background on our debate process so you can better understand what you're about to hear.

Video:
<https://youtu.be/9I6XpppA6yw>



The format of our debates is different from what you may be accustomed to with the typical competitive debate format. Competitive debates are designed to determine which team won a debate. In contrast, we use a modified Socratic debate format. Socratic debates are designed to gain a deeper understanding on controversial topics by exploring them from different perspectives rather than just trying to prove the other side wrong.

Debates typically are done with live debate teams making their arguments and rebuttals in a back and forth through several debate rounds. That approach tends to place a lot of value on the participants' debate skills rather than the actual merits of the arguments and rebuttals. To place the emphasis back on the merits, we give the debate teams time to reflect on the other teams' arguments before their presentations, allowing them to adjust their arguments and craft their rebuttals accordingly.

So with that in mind, this debate was conducted asynchronously on 8 recording days across a two-week time frame. Before the presentations were recorded, a coin toss determined which team would be Team A and got to present first. The other team, Team B, got to have the last word with the final presentation and the final round. Each presentation and each debate round was recorded with just myself and one debate team member on a video interview platform.

So on day one, team A's first presenter was given up to 5 minutes to make their presentation for round one. Shortly after that recording was completed, it was shared online with all of the members of both debate teams. This allowed the other team to have time to huddle and consider making rebuttals or adjusting their arguments in the team's presentation to be given on the next recording day.

On the second recording day, the five-minute round one presentation was recorded from Team B. This cycle was repeated for the round two presentations on day three and four.

Now, Ted Lee was the perspective section editor leading the organization of this debate. And he and I got together after the round two recording was released to the teams so that we could craft a question for each team to respond to in their round three presentations, which were recorded on days five and six respectively.

For the fourth round, each team made their final presentations where they could summarize and include any other counter-arguments or rebuttals if they so chose. These were recorded on the 7th and 8th recording days.

So after all eight video recordings were made from the four rounds of debates, the clips were edited together along with the introduction, between presentation transitions, and closing sections, to create the final product that you are now reading, watching, or listening to. A transcript was created from the recording and edited for clarity, and that transcript was then used to produce the article that appears in the Perspectives section of IJOP.

So now that you can understand the process used for the debate, you can appreciate that scheduling was a significant challenge in producing this event. This

impacted who was available to participate based on having sufficient availability during the time that was scheduled for orienting the teams to the debate process, conducting the team huddles between rounds, and the presentation recording sessions.

So a list of people that had shown interest in this debate topic and things like publications, conference presentations, or other mechanisms was put together. We also asked for some other suggestions from members of the IJOP editorial team. And from that list, we reached out to several individuals, engaged them as we could in the planning and scheduling, to finally end up with four people on the team arguing for the proposition, and two people on the team arguing against the proposition.

I need to point out something that is very important to bear in mind as you read, hear, or watch this debate. These are Socratic debates that seek to educate, not to choose a winning or losing team or argument. The people participating could probably argue very well for either team. With that in mind, I want to emphasize that they participated as individuals. What they presented may or may not reflect their own personal opinions, the positions of their employers, or the positions of any organizations that they may be affiliated with. They were asked to do their best to make arguments and rebuttals from a specific perspective, as members of the team arguing for the proposition or on the team arguing against the proposition - all with the objective of informing the audience on the topic through the format of a Socratic debate.

It is now my pleasure to introduce the distinguished members of our two debate teams.

On the team arguing AGAINST the proposition that an associate's degree should be required for entry-level paramedics, we have Lewis Imperatrice and Ed Bauder.

Lewis Imperatrice is an experienced paramedic, educator, and leader with over 15 years of experience in pre-hospital, 911, and critical care transport. In his current role as National Manager of Clinical Excellence with DocGo, Lewis manages BLS, ALS, and critical care EMS education, and clinical quality for DocGo EMS agencies in eight U.S. states. Lewis is a dedicated EMS educator, a featured lecturer at various EMS conferences, a published author, as well as affiliate faculty with the NAEMT and AHA. Lewis is a course director for the difficult airway course, as well as several other EMS education programs. Lewis continues to work clinically as a per diem paramedic with Hackensack Meridian Health's JFK EMS in New Jersey. Lewis is also a 2024 graduate of the NAEMT Lighthouse Leadership Program and now serves as a mentor with that program.

Also on the AGAINST the proposition team is Ed Bauder. He is a paramedic, educator, and healthcare leader focused on improving EMS through innovation and evidence-based practice. He is the founder of Overrun Productions, where he develops digital education and hosts the Overrun Podcast. With over 20 years of EMS experience, Ed has worked as a clinician, trainer, and conference speaker. His recent work explores leadership, choice architecture, and the use of new media in pre-hospital care. He's currently completing his PhD in Health Sciences at

Seton Hall University, studying how leadership and behavioral economics shape EMS practice and education.

On the team arguing FOR the proposition that an associate's degree should be required for entry-level paramedics, we have Sean Caffrey, Gregg Margolis, Mike Thomas, and John Todaro.

Sean Caffrey is the Chief Executive Officer of the Crested Butte Fire Protection District and a past president of the National EMS Management Association and the EMS Association of Colorado. He has over 35 years of EMS leadership experience and has spent more than two decades working in mountain resort areas of Colorado. Sean graduated from the George Washington University EMS degree program in 1992 and also holds a Master of Business Administration degree from the University of Denver. He's worked as a paramedic, a frontline supervisor, program manager, and senior executive. His experience includes multiple EMS organizations, the Colorado State EMS office, and the University of Colorado School of Medicine.

Gregg Margolis is the Director of Health Policy Fellowships and Leadership Programs at the National Academy of Medicine here in the United States. Prior to joining the National Academy of Medicine, Gregg served as the Director of the Division of Health System Policy for the Office of the Assistant Secretary of Preparedness and Response at the U.S. Department of Health and Human Services. Prior to his federal service, he held leadership and faculty positions at the University of Pittsburgh, the George Washington University, and the National Registry of EMTs. In 2009-2010, he was the first paramedic to be a Robert Wood Johnson Foundation Health Policy Fellow, where he served as a health staffer in the U.S. Senate. Gregg holds a Ph.D. in Administrative Policy Studies from the University of Pittsburgh and has over 20 years of clinical experience as a field and flight paramedic.

Mike Thompson currently serves as the Chief of Government Affairs, Director of Safety, and Deputy Director of Human Resources for JanCare Ambulance, the largest ground EMS provider in the state of West Virginia, with additional operations in Durham / Raleigh, North Carolina - and with over 14 years of dedicated service at JanCare, Mike has played a pivotal role in advancing the organization's mission to deliver high-quality pre-hospital care across diverse communities. Mike holds a bachelor's degree in sports medicine, a master's degree in healthcare administration, and a doctorate in public health. His academic background and field experience uniquely positions him to lead in both operational oversight and strategic advocacy within the EMS sector. In addition to his leadership at JanCare, Mike is a board member of the American Ambulance Association, where he helps shape national policy and industry standards.

Rounding out the team is John Todaro. John is the director of Eagle Emergency Education Consultants and a senior advisor with Cambridge Consulting Group. His paramedic career spans 49 years, and he holds a baccalaureate degree in business administration and healthcare management - and associate's degrees in paramedicine and nursing. He is a nationally certified EMS educator, healthcare

simulation educator, and simulation operations specialist. In 2009, John was honored by the National Association of EMS Educators when he was awarded their prestigious Legends That Walk Among Us award. He is a charter member and past president of the National Association of EMS Educators and Florida Association of EMS Educators. John has presented at regional and national conferences now for over 41 years.

We are now ready to present the content of the debate. Again, a coin toss determined which team presented first, and that went to the team arguing against the proposition.

Presenting for the team arguing AGAINST the proposition that an associate's degree should be required for entry-level paramedics, we will now hear that team's round one presentation from Lewis Imperatrice.

Louis Imperatrice:

I don't believe that an associate's degree for an entry level paramedic should be required.

We know that there is a significant recruitment issue currently with paramedics throughout the country. And I think that by adding an associate's degree requirement for an entry level paramedic only creates an additional barrier to entry into the EMS profession, specifically on the paramedic level.

We know that associate's degree education is expensive. Times are tough when it comes to inflation, money, et cetera - and this is an additional financial barrier, as well as a time barrier.

We know that paramedic programs in general take anywhere from 12 to 18 months, sometimes two years. Adding the additional associate's degree is only going to bind us more timewise in getting these individuals into the entry-level paramedic field. So we're not in a position, in my opinion, to be adding additional barriers to entry into the paramedic field.

A recent article published in 2025 in the Biomed Central Health Research Consortium actually said that one of the biggest barriers to entry into the EMS field is cost and time. And by adding an associate's level degree to enter into the field of paramedicine only adds to that barrier of getting into the field of paramedicine.

We need paramedics on the street. We need paramedics staffing the truck. We can get them onto the truck through a certificate program in 12 to 18 months. Why do we need to add an additional time constraint and barrier to get them into the field, practicing their medicine and taking care of patients? So I believe strongly that an associate's level degree as an entry level paramedic is just an additional barrier that we have among many other barriers - financial, time constraint.

Some individuals - excellent, excellent clinicians - not good students - and are not gonna be successful in passing, and it's gonna be discouraging for them to get into the field.

Additionally, I think that a very strong point is that most of the learning we do when it comes to clinical learning is in the field. We learn this from experience. We learn this from continuing education classes, whether it be up-to-date alphabet courses, attendance at conferences, various CME or CEU educational programs that we attend. This is where the basis of our learning is. Medicine changes every day. You finish your associate's degree program. The medicine you learned over the course of that two years is probably outdated by the time you hit the field. Getting that baseline knowledge through this certificate program - enough to learn how to assess a patient, evaluate your assessment, and perform the basic clinical care that's under practice. And then, let the additional learning take place hands-on in the field in real time through up-to-date continuing education. That initial associate's degree, really, by the time you hit the field as a clinician in an entry-level position, is going to be null and void almost or outdated or just a baseline of learning - where the continuing education and the growth in our career happens in real time.

You know, I think that the barriers - that an associate's degree holds and constrains an entry level paramedic - as well as the fact that most of the learning, at least from my experience and clinicians that I work with, is done in real time in the field through continuing education. So I don't believe that a associate's degree is going to set an entry level paramedic up to be a better clinician or a smarter clinician or better prepared to work work in the field on that entry-level basis.

So those two points are really where I want to focus initially is - we don't need additional barriers, and continuing education occurs in real time as medicine changes, as the field changes, and as we as providers grow and become more experienced.

Mic Gunderson:

We will now hear the round one presentation from the team arguing FOR the proposition that an associate's degree should be required for entry-level paramedics. That presentation comes from Mike Thomas.

Mike Thomas:

Today we stand in strong support of the motion that paramedics should be required to obtain an associate degree. Let's begin with the fundamental truth - paramedics save lives. They're the first line of medical intervention in emergencies - administering medications, performing life-saving procedures, interpreting complex symptoms, and making rapid decisions under extreme pressure. The question before us isn't whether paramedics are essential. We feel that's undeniable. The question is, are we adequately preparing them for the increasing demands of this profession? And we believe that answer is no, not unless we raise the education standard to an associate degree. Now let's discuss raising those clinical and critical thinking standards.

Modern paramedicine is no longer about bandages and backboards. It requires advanced clinical knowledge, critical thinking, and diagnostic reasoning. An associate degree offers structured coursework in anatomy, physiology, pharma-

cology, and pathophysiology - all crucial for safe, effective patient care. In fact, research published in the Journal of Emergency Medical Services has shown that paramedics with a higher level of education perform better in clinical decision-making and patient assessment, especially in complex or high-stress scenarios.

We're not talking about adding unnecessary hurdles here. We're talking about giving paramedics the tools they deserve to do their job safely and competently. This debate is not about education, it's about outcomes. Paramedics with broader medical education are more likely to correctly identify strokes, sepsis, and other time sensitive conditions in the field. Conditions where every minute matters.

In some regions, expanded training has led to lower rates of hospital readmissions and better handoffs in emergency departments. When a person dials 911, they don't just want someone fast, they want someone skilled - and requiring an associate degree ensures a baseline of quality and consistency across this profession.

Now let's shift to paramedicine as a career and not a stepping stone. Requiring an associate degree sends a clear message. Paramedicine is a respected, skilled healthcare profession, not just a stepping stone or temporary job. Currently, many paramedics face burnout, low wages, and limited advancement. A degree requirement not only raises the bar for training, but also opens doors for better pay, professional development, and long-term career goals - including pathways to advanced roles such as community paramedics or critical care transport specialists. By investing in education, we invest in the workforce and help paramedics stay in the field longer with better support.

Furthermore, this team feels that alignment with current healthcare trends is of utmost salience. Nearly every other healthcare profession, from nurses to respiratory therapists, require at least an associate degree. Why should paramedics be the exception when their responsibilities are just as critical?

Healthcare is evolving. Paramedics are now being asked to do more, manage chronic conditions in the field, reduce ER overcrowding, and participate in mobile integrated healthcare programs. These new expectations demand a higher level of training - and a degree ensures paramedics can adapt to these expanded roles.

Now, let's talk about the elephant in the room-- access and equity. Now, some of you may have argued that a degree requirement could limit access to the profession. And that's a valid concern. But here's something that is often overlooked. When we raise the education standard, colleges are forced to respond. And that's a good thing for all of us. So this challenge we can and should address through scholarships, partnerships with community colleges, tuition reimbursement, and flexible learning options. With a degree requirement in place, colleges and technical programs begin to allocate more resources toward paramedic education. That means updated equipment, better simulation labs, access to more experienced instructors, and stronger clinical partnerships with hospitals and EMS agencies. It means programs that prepare paramedics not just to pass the NREMT, but to thrive in the real world, high-stakes environments.

And remember, we aren't talking about current paramedics retroactively enrolling in associate programs. We are talking about the paramedics of the future. We shouldn't lower the bar because of barriers. We should break down the barriers so that everyone can reach the bar.

To conclude, requiring an associate degree for paramedics is not about gatekeeping. It's about respecting the complexity of the job, protecting patients, and supporting professionals in their development. When we elevate the standard of care, everyone benefits, paramedics, patients, and the healthcare system as a whole. Thank you.

Mic Gunderson:

So that completes our first round of the debate. We will now go into the second round and hear again from the team arguing against the proposition that an associate's degree should be required for entry-level paramedics. Presenting again for the Against Team, here is Luis Imperatrice.

Louis Imperatrice

So I appreciate the arguments made in regards to a degree for paramedics, and I actually agree that degrees do offer many of the benefits discussed. However, I believe the initial point of an associate's degree requirement for entry level paramedics was missed for two main reasons.

The first being, if a prospective paramedic attends an associate's degree program in paramedicine, the actual clinical content, the medicine, the skills, the assessment, are identical to that of a certificate paramedic - all in accordance with the national EMS education standards. You don't learn any additional clinical skills, whether you have an associate's degree, bachelor's degree, master's degree, et cetera. The additional education you receive from a degree program is entry-level college courses such as English, math, et cetera. Do these courses required to obtain your associate's degree make someone a better prepared entry-level paramedic? The answer is a resounding no.

As paramedics progress in their careers and want to grow into supervisory, managerial, or leadership roles, I agree - degrees specific to the career path, such as business degrees, public health degrees, emergency management degrees - they have an absolute place and an absolute benefit. But again, we have to remember, we're talking about entry-level paramedics here.

My second point is what type of degree are we actually talking about for entry-level paramedics? The question posed does not specify, and I'll use this example. Hypothetically, I have an associate's degree in English. I became a writer and decided this isn't for me. I want to be a paramedic. I attend an 18-month certificate program in paramedicine, pass my NREMT, and become a licensed paramedic. Is my English degree going to have any benefit for me as a clinician? Again, the answer is a resounding no.

So I can truly appreciate, and I do support degrees for paramedics as they advance in their career - and the benefit of these degrees is tenfold. However, the

folks on the opposite side of this argument need to remember we're talking about entry-level paramedics. So I believe my original point still stands. An associate's degree - whether in paramedicine, English, education, basket weaving, who cares - has no bearing on an individual entering the field as a day one entry level paramedic.

Many of the clinically skilled paramedics I know, many of my mentors in this field, are simply certificate paramedics. I think back to a quote from a former preceptor of mine. She said, "There's nothing wrong with being just a paramedic. Keep learning every day, keep an open mind, and love what you do."

I think the argument of paramedicine as a career stepping stone fails completely on its merits. Pay was mentioned, but this is a whole different argument because in many areas of the country, and I can speak specifically to where I work, entry-level certificate paramedics are entering the field at the same pay scale as nurses, with many of them few years into their career making close to, if not over, six figures as certificate paramedics.

So we have to remember that we're talking about these entry-level paramedics, and what we want entry-level paramedics to have is clinical competence to take care of a patient - and a degree does not teach you that. A degree teaches you the soft skills, the leadership skills, the finance, the budget, the management level skills of business. And if you think back for decades, there was never any type of nursing degree. There were certificate nurses who got their RN, went into the hospital, learned while they worked, and then advanced in their career through a clinical ladder. Only in the relative recent future or so have we seen nursing degrees and these requirements for nursing degrees. In fact, most of the nurses working in the hospital right now are probably certificate nurses, especially your senior nurses.

The research on this topic was already done. Jeffrey Ignatovich talked about this and wrote about this in his dissertation where he said that clinical skills are not taught through degrees in the field of paramedicine. They are taught through the National EMS Education Standards, which can be obtained by an entry-level paramedic through a certificate program. College degrees, according to Jeffrey's research, teach you the soft skills, the leadership skills, the managerial skills, and entry-level paramedics simply do not need this level of education to begin working as a paramedic. I'm not saying they don't need it. They don't need it to enter the field.

So I'll end this with a question. When you entered the field as an entry-level paramedic, did you have an associate's degree? And can you directly correlate with proof - your clinical success as an entry-level paramedic to your associate's degree? Or did you obtain your clinical excellence and experience through real life clinical practice and continuing education? And remember, we're talking about entry-level paramedics, not experienced paramedics who are growing through their careers in EMS.

Mic Gunderson:

We will now hear the round two presentation from the team arguing for the proposition that an associate's degree should be required for entry-level paramedics. Here's Sean Caffrey.

Sean Caffrey:

I'd like to thank the International Journal of Paramedicine and my colleagues on both sides of this discussion for participating in this important debate. As the lead author of the 2018 joint position statement on this topic, I've been asked to respond to a few of the arguments that have been made.

Let's start with what it means to be a profession. A profession isn't just a job. It's a field defined by specialized knowledge, rigorous training, experiential learning, standards of practice, and a commitment to the public trust. Professions like nursing, respiratory therapy, radiation technology, and others have long been recognized for meeting these obligations. Paramedicine is no different. To live up to the idea of professionalism, we must get past the notion that the goal is simply to find the cheapest, fastest way to put a patch in a seat. That might fill a roster, but it does not build a profession - and it does not improve care. The public deserves better, and so do the men and women who choose paramedicine as their career.

Paramedics, by and large, deliver advanced medical care in unpredictable, high-stakes environments. We make rapid, complex decisions, perform critical interventions, and integrate into the larger healthcare system. Increasingly, our role extends into critical care transport, interdisciplinary care teams, and helping patients navigate the healthcare system itself. These evolving trends show that paramedics are not only emergency responders, they are essential healthcare professionals whose scope continues to broaden. That combination of knowledge, adaptability, and accountability is what defines a profession. Because paramedicine is a profession, we have a responsibility to prepare our next generation to succeed. not just today, but in a rapidly evolving healthcare system. We owe it to our patients, our communities, and our field to ensure new paramedics have the education and critical thinking skills needed to carry them through an entire career.

An associate's degree is a realistic and appropriate baseline, but let's be clear about what kind of degree we mean. The most common path will be an associate of science in paramedicine, not unrelated fields of study. About 2/3rds of accredited programs already offer this pathway - and for many, the gap between a certificate and a degree is only a semester, or even less, of additional coursework. For those who suggest this somehow means we're requiring a degree in basket weaving or some other irrelevant discipline, that's simply a distractor put forth by the unserious. This is a serious discussion, and it deserves serious arguments, not distractions. As it turns out, there are no degrees in basket weaving. What we're talking about is a degree directly tied to paramedicine, which includes all of the content and prerequisites we already expect, simply organized and delivered as a degree program.

Furthermore, additional coursework matters. Classes in writing, psychology, and the sciences sharpen communication, broaden perspective, and strengthen the

decision-making. These aren't extras. They're essential tools for healthcare professionals who must lead and adapt over time. It is also important to understand that degree programs receive more institutional support than certificate programs. Colleges and universities provide better access to simulation labs, faculty development, financial aid, and student resources. This infrastructure, particularly in community colleges, is optimized to provide the education our workforce needs. This access to resources means students graduate more prepared and the programs themselves are ready to evolve with medical science.

Employers will benefit directly as well. Paramedics with degrees enter the workforce with stronger communication skills, a broader understanding of the healthcare system, and the confidence to take on complex roles. They are better equipped to meet today's challenges, from complex responses to integrated care models and public health crises.

In summary, this step is overdue. An associate's degree is an appropriate and realistic standard to advance our profession. It is a step from which other degrees and specializations can be built. That was the position of multiple national organizations in 2018, and it has become even more apparent today. It is time to make this standard a reality for the future of our profession and the patients we serve. Thank you.

Mic Gunderson:

That completes round two of the debate. For round three, each team was asked to respond to a question, which was, what does the future of paramedicine look like with your team's stated approach? Specifically, what does it look like for the individual clinician, the paramedic profession, the healthcare system, and for patients? As with other rounds, each team has 5 minutes for their presentation here in round three. We will first hear the response to the question from the team arguing against the proposition, which will be presented by Ed Bauter.

Ed Bauter:

Hey everybody, my name is Ed Bauter, and I'm really excited to be part of this debate here. So the first part, where we're talking about this degree program, we have to talk about how it affects the individual clinician. Right now, making an associate's degree program gives one on-ramp for providers to enter EMS. Where really what we're looking for is multiple on-ramps with paid up skilling so that we're not gatekeeping EMS as an industry. Now, this isn't to say that someone who gains a certificate can't later go on to an associate's program or to a bachelor's program or a master's program. But what we want to do, given the recruitment issues and retention issues, is to open up the availability for people to come in and become EMS providers. So going along with NASEMSO, we want to do multiple on ramps and then have different licensure accreditations and employer paid bachelor's or master's pathways.

We also want to have targeted curriculums that can lead to measurable outcomes. NREMT already leads the accreditation part here with pass rates, retention rates, and placement. We can codify simulation hours, have structured precepting. And

all of this is kind of a way to focus more on the EMS centric skills and not necessarily the broad scope of an associate's degree.

For the clinicians, we want to have better wellness and retention levers. So again, we want to be able to kind of focus this training on EMS and how it provides to the patients in the field and how it pertains to the actual providers. And then we also want to make sure that we have a stable job with growing demand. Again, we know that we have between 5% and 7% attrition, depending on where you look. So we want to make sure that we improve retention and we also improve recruitment so that we can kind of backfill the people that will be leaving.

As far as the profession is concerned, we want to professionalize by outcomes, not by abstract credentials. Which is to say that we wanna change the question from, do you have a degree? - to - Can your system prove safer, faster, and more accurate care as it pertains to NEMESIS and the national standards? Ambulance patient offloading time is something that fits into this and additional metrics here.

We also want to create ladders that can actually move people up in their career. So this is where the degree program really gets involved, where we can have someone who is certified and then they get an associate's, a bachelor's and master's and kind of move up that ladder into management.

And we also want data literate paramedics. So this is building a system that's built on QI, data use, and research literacy. There are elements into an associate's degree program that can build to this, but we want to really focus on how it affects EMS.

Then we lead into the healthcare system, where we know that there are shortages and churn, so we need to design the system around them. In an ideal world, we would have a perfect environment where we can build and fix everything at our whim - that is not necessarily the world that we're living in. So we need to address the current attrition and loss rates, and we need to build toward the future. So we need to work around the systems that currently exist.

One easy metric is to standardize and change the patient offloading times within the hospitals. This is something that's being worked on in California, and also publishing the offload performance as they do in Georgia. We can track these times and we can improve ambulance availability, which will improve patients receiving EMS care.

We also have to plan for demand growth and also we have to align our funding to real costs. So this is something that the system needs to deal with. It's not something that we can necessarily deal with.

But as far as the patients are concerned, which this is the priority here, shorter waits through this APOT standard where we're offloading people faster and getting EMS to the patients will change outcomes better than diplomas will have. We already see increased response times in different places like New York City, so we need to have more units on the road and more providers.

And then we also haven't even addressed rural access, where there might be people who are trying to become EMTs, become paramedics, who don't have the same availability that we might have in a suburban or an urban area. So we have to worry and look at what that is going to do to rural environments as well.

And then the big picture we need to look at is quality improvement for the patients and quality improvements for our systems.

So all of these things that I've talked about can work to improve EMS. From the provider side, we want to have these career ladders. We want to have good QI. We want to have a good EMS-specific training.

And then from a societal standpoint, we want to have organizations that have built trust within the community that may be attained through degree programs, but that's not necessarily the most important thing.

So the most important things here is we know that the supply of EMS workers is dwindling, so we have to work to build that up. We also have to work on ambulance deployment and offloading times. We have to build transparency for our outcomes and for credentialing, and we also have to work on career ladders for the providers that are entering EMS.

Whether or not we have a degree program, we have to work on a longer career opportunity for EMS providers, and that can start with a certificate, and it can build up to a degree program.

Thank you so much for listening, and I appreciate all your time, and I look forward to hearing your responses.

Mic Gunderson:

We will now hear from the team arguing for the proposition with reply to the question, what does the future of paramedicine look like with your team's stated approach? Specifically, what does it look like for the individual clinician, the paramedic profession, and the healthcare system, and for patients? Presenting on behalf of the team arguing for the proposition, here is John Todaro.

John Todaro:

Hi, I'm John Tonaro, and I'm here to talk about the future of paramedicine and what the vision is from our group.

So first off, establishing paramedicine as a profession through higher education, self-regulation, and professional representation is that goal for what we want to see with paramedicine in the future.

Now, there's a couple of things that are specific, and what I'd like to do is turn the question around and start with how the profession will affect patients.

So one of the things that we're going to see is paramedicine clinicians providing more patient-centered primary healthcare - doing things like health promotions, disease management, clinical assessments, even palliative care - based on needs-

based interventions for patients without transporting them to hospitals. This is gonna be, you know, pre-hospital.

We're also gonna see clinicians conducting medical, social, and even environmental assessments for patients to help with their preventative care. Paramedic clinicians providing primary care in public health deserts and in primary care deserts is something that we'd like to see in the very near future. And of course, the integration of advanced practice paramedics into the profession will help with patient care and expanding the role of paramedicine professionals in patient care.

Now, when we talk about the health care system, we want to talk about how important it will be to implement a more public health model for the provision of paramedicine care, because we want to be able to include all the continuums of health care, from clinical to academic to administrative.

The establishment of professional opportunities for paramedics in federal government, such as the US Public Health Service, is also a goal we'd like to see with a designated ranking within the Public Health Service. Advanced practice paramedicine professionals working as independent clinicians in primary care and public health agencies, especially in those areas, those desert areas where primary care and public health are hard to come by, we feel like advanced practice paramedicine practitioners would be able to help with that.

The profession itself - what do we see in the future for the profession? Well, we know that associate degrees are something we're very interested in for initial training, but bachelor's degrees as a required pathway for paramedicine supervisors, education and administrative specialty certifications is something we're looking for. We'd like to see paramedicine professionals have bachelor's degrees as a minimum requirement for those paramedicine supervisory and administrative and clinical opportunities. So we'd like to see those certificates, and we'd like to see the degrees flow into those certificates. Master's and doctorate degrees should be added as pathways for advanced practice paramedicine professionals in the areas of clinical medicine, education, and, of course, leadership and management.

One of the really important things we'd like to see is the expansion of the capacity of paramedicine research being done by paramedicine professionals and adding that to the academic community of health care.

We'd like to see a national standardized lifelong learning and continuing education requirement program that has maintenance on a national scale for national paramedic certification, as well as state licensure across all 50 states, the US territories, and the US military.

Now, paramedicine as a clinician is another issue. We already said we'd like to see associate degrees as the entry level requirement for paramedics with a minimum requirement of an associate's degree to sit for the National Registry. And we'd like to see that as a requirement.

We'd like to see bachelor's degrees as a pathway to paramedicine clinical specialties, community paramedicine, mobile and integrated healthcare, primary care,

critical care, flight medics, tactical medics, wilderness medics - all of those specialty areas. We'd like to see those embedded in the bachelor's degree program.

Of course, we'd like to see federal recognition and financial support of paramedicine as a component of healthcare - and representation in HHS, DHS, the United States Public Health Service, FEMA, DOD, et cetera, are all valuable components of this desire for paramedic clinicians to be recognized as paramedicine professionals.

One of the final things that I'd like to say is - it's kind of important to understand that we need to take action. Remember, Norman Vincent Peale said, "Action is a great restorer and builder of confidence. Inaction is not only the result, but the cause of fear." Perhaps the action you take will be successful, perhaps different actions or adjustments will need to follow, but any action is better than no action at all. We've had a very long time in the paramedicine profession here to discuss degrees, to discuss the advancement of the profession. It's time to act. And that is how we feel, that is what we see for the future of paramedicine. Thank you.

Mic Gunderson:

Thank you. Well, that completes round three, the question round. Now for the final round, round four. With the closing round four presentation on behalf of the team arguing against the proposition, here again is Ed Bauder.

Ed Bauder:

Hey everybody, welcome to the closing round of this debate. So just to clarify and to kind of round out this argument, our position is not anti-education. Rather, we're contending that entry-level paramedics should not be required to have an associate's degree, which is not the same thing as opposing higher education. Instead, we strongly support focused EMS-specific educational improvement, and there's evidence that shows that is supported in healthcare. So not so much that you just need an associate's, that this can be an associate's, and if we want to expand this program. But right now there's no EMS-specific evidence that suggests that generic degrees improve outcomes.

The National EMS research agendas explicitly identify this as an unmet need - and right now there's just no evidence to justify this policy. We do already see significant workforce bottlenecks and shortages. EMS is already facing really significant shortages and high turnover. This is per the Bureau of Labor Statistics. We have about 19,000 annual openings in EMS roles, and that's looking at, that's not even counting the 5% to 6% attrition rates that we see.

Also NAEMT and ASEMSO, they talk about high burnout pay and scheduling as problems and drivers of turnover, not lack of degrees. So we have these national organizations that are trying to build EMS that also don't necessarily support a degree as an entry level barrier.

Another concern where we already have problems with people not making enough money and pays pay scales not being sufficient is we have to worry about the barrier of payment into these programs. Do we have providers that are al-

ready working as EMTs that have the dispensable \$4,000 to \$12,000 on average that we see to get into a paramedic program? This can create financial and time barriers. And also if a program is two years long, what is that EMT going to do during that time to maintain their employment? So that this is another program that needs to be addressed.

I mentioned in the last video, there's also issue with rural EMS, where rural EMS has enormous staffing and financing problems, and degree mandates can risk closing that pipeline and shutting down entire departments. There's a difference between the system we would like to have and the system we do have. Adding this additional barrier poses the risk of agencies having to slow down their services or shut down their services because they can't provide enough providers that have associate's degrees.

What we've learned from nursing is, and nursing is probably our closest and best parallel, is that higher percentages of BSN prepared nurses correlates with lower patient mortality and better outcomes, which is great, but these are degrees in nursing itself, not in unrelated fields. So applying this to paramedicine, we would have to invest in paramedic-specific curricula, which has more simulation, more clinical preceptorship, and outcome-linked QA, not simply requiring just an associate's degree. So when we bring this point up, we know that there's already better alternatives that exist. We already have accreditation through NREMT and COAMPS. That they already are showing pass rates, job placement, and student satisfaction - we can strengthen those standards and immediately that would improve our quality.

We have to look at our patient offloading times as well and our operational concerns and use our system levers to actually activate these systems and improve how the system works. So I talked last time about APOD handoffs, better reimbursement through CMS is something that we have to have and we have to get more involved in lobbying and with the government, and we also have to have better wellness initiatives to have our employees stay longer and find out what these actual performance gaps are. And these are these specific training opportunities that we actually see.

In closing, our specific argument would be that our professionalization can be realized through outcomes, not necessarily through credentialing. The public and healthcare partners that trust EMS, trust EMS because EMS works. We can show safer, faster, more accurate care through transparent decisions and through dashboards, through NEMESIS or APOT reports. We can have professional status reports showing demonstrable results and not necessarily credentials disconnecting us from our practice.

So in general, requiring an associate's degree for entry-level paramedics is a blunt tool that risks worsening staffing shortages. It raises barriers, and it fails to improve care. The future in paramedicine lies in targeted, discipline-aligned education, similar to nursing's BSN model, combined with workforce investment, outcome transparency, and continued professional development.

Thank you so much, and we look forward to your responses.

Mic Gunderson:

Now we will hear the closing round four presentation. On behalf of the team arguing for the proposition, here is Gregg Margolis.

Gregg Margolis:

It is my honor to wrap up our team's strong support of an associate's degree as the educational standard for paramedics of the future. Thank you to the International Journal of Paramedicine and both teams for joining this lively debate. It's been really fun and I've learned a lot. But despite the many great points made by the other team, we remain convinced that an associate's degree in paramedicine is the appropriate educational preparation for an entry-level paramedic of tomorrow.

Let me start by clarifying a few things. First, this will not affect current paramedics in any way. This change will impact future generations of paramedics, not anyone in the field.

Second, we too are concerned about the current paramedic workforce short crisis, but we reject the notion that requiring an associate's degree will make it worse. In fact, we think that it may increase access and reduce cost of EMS education for many people.

Third, we are not denigrating anyone without an associate's degree. We have the utmost respect for many spectacular clinicians, problem solvers, and critical thinkers that we have in our profession today. Unfortunately, we believe that they've achieved excellence despite our educational system, not because of it.

Now, our colleagues on the other side have raised legitimate concerns that requiring an associate's degree might decrease access and increase the cost of paramedic education. We disagree. The U.S. community college system is the envy of the world, having educated millions and improved the lives and careers of countless Americans. According to the United States Department of Education, there are over a thousand community colleges in the U.S. with thousands more satellite campuses in virtually every county in the country. Community colleges have enormous resources and robust online educational offerings that make education much more accessible than certificate programs. Community colleges are designed to make education affordable. They offer reasonable tuition with many options for needs-based grants, scholarships, tuition assistance, student loans, and in fact, many students are able to earn their associate's degree at very low or no cost. And with all due respect to the much referenced and maligned basket weaving profession, we are deeply concerned about the implication that you need more math and education to make baskets than you do to be a paramedic. We believe that general education requirements like math, English, psychology, anatomy, and physiology are directly applicable to the job of a paramedic.

Finally, the other team acknowledges that the current paramedic training takes about 12 to 18 months. But most two-year degrees take about 16 to 20 months from start to finish. So the modest increase over what they're doing now, the paramedic of the future will have a recognized degree. And perhaps we should be more con-

cerned about how the current system cheats students out of valuable, transferable college credits should they desire to continue their formal education. So we think the workforce arguments are moot, and we didn't find anything offered by the other side to change our minds on this point.

So once we take the associate's degree as a barrier off the table, our argument boils down to two things, credibility and adaptability. Credibility, let's be honest. Our profession has long suffered from a lack of respect and recognition by our healthcare colleagues and many of our employers. We have been plagued by low pay, poor morale, high turnover, limited opportunities for advancement, difficulty recruiting, and dangerous working conditions. And while formal education won't solve all of these issues, we do believe it will help.

And adaptability. Yes, you can train the paramedic of yesterday using our current model. There are hundreds of thousands of examples of that. This proposal is about making our profession more adaptable and future ready. We believe that a broader educational foundation will enable our profession to take advantage of opportunities to improve the health of communities we serve. We're at the beginning of this trend with things like community paramedicine, mobile integrated health care, flight paramedicine, and others. And we see a bright future where well-educated paramedics will have multiple options for growth, upward mobility, increased career satisfaction, and greater earning potential.

We know this is a big change and it'll take time. We encourage you to take the long view. We propose a phased implementation over the next five to 10 years, but let's start now to forge a new future.

So in conclusion, despite the great points of our friends on the other side of this debate, we continue to believe that moving paramedic education into community colleges will increase access to education and that making an associate's degree the entry-level educational standard will improve our profession's credibility and the paramedics of the future will be more adaptable and be able to take advantage of opportunities to grow and succeed.

Thank you for listening and for keeping an open mind.

Mic Gunderson:

You have now heard from both teams arguing for and against the proposition that an associate's degree should be required for entry-level paramedics. In the pages of the Journal with the transcript of this debate, we have included references provided by members of both teams to help you further explore this topic. But this conversation is not over. We want to hear from you. What do you think about this?

For that, you're invited to join the discussion on this topic that has been started on the NEMSMA e-mail discussion groups, where hundreds of EMS professionals go to talk about issues confronting our discipline. Go to <https://groups.google.com/g/NEMSMA>.

All EMS professionals and other interested individuals can join this discussion group. There are no charges to join or participate. Once you're in the group, look for a message thread starting with 3543 in brackets and entitled, Perspectives Debate: An Associate Degree Should be Required for Entry-Level Paramedics.

Please keep your comments professional and courteous in line with the decorum of a professional and scholarly discussion forum, but please do make your voice heard. This discussion will be seen by people who make EMS policy decisions at the local, regional, state, and national levels. While presentations in this debate came from participants in the United States, this has implications for other countries as well. So please join the discussion and help shape policy by expressing your views in a venue that can truly make a difference.

On behalf of the International Journal of Paramedicine, I'm Mic Gunderson.
Thank you for listening.

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