# European Helicopter Association (EHA)

## Position Paper – Medical Certification Requirements for TRIs and TREs

### Executive Summary

The European Helicopter Association (EHA) has identified a lack of harmonisation across EU Member States regarding the medical certification requirements for Type Rating Instructors (TRIs) and Type Rating Examiners (TREs). While some national authorities permit the use of Class 2 medical certificates, others require Class 1.

This divergence arises because FCL.915.TRI references holding a CPL, MPL, or ATPL — licences which inherently require a Class 1 medical — but does not explicitly restate this requirement for TRI or TRE privileges. As a result, Member States apply differing interpretations, restricting otherwise qualified and experienced instructors.

EHA considers that the absence of clarity in Part-FCL and associated AMC/GM undermines regulatory harmonisation and unnecessarily limits instructor availability in the rotorcraft sector. EHA therefore urges EASA to clarify that TRIs/TREs conducting non-commercial instruction may operate with a Class 2 medical certificate, aligning them with Flight Instructors (FIs) and promoting consistent application across Europe.

### 1. Background and Context

Type Rating Instructors (TRIs) and Type Rating Examiners (TREs) play a critical role in maintaining rotorcraft flight safety by providing standardised instruction and examination across type-specific training.

However, differences have emerged between EU Member States regarding the required class of medical certification for these instructors and examiners. Certain competent authorities accept a Class 2 medical certificate for non-commercial instruction, whereas others insist upon Class 1.

This inconsistency has created a regulatory imbalance and limits the pool of qualified instructors — particularly affecting experienced pilots who may have downgraded from Class 1 to Class 2 medical status for health or age-related reasons yet remain competent and active within non-commercial training environments.

## 2. Relevant Regulatory Framework

The applicable rules are established under Commission Regulation (EU) No 1178/2011 (as amended), specifically:

• **Part-FCL (Annex I) — Flight Crew Licensing**
- FCL.915.TRI – Prerequisites: "An applicant for an initial TRI certificate shall: (a) hold a CPL, MPL, or ATPL for the applicable aircraft category …"
- FCL.905.TRI – Privileges and conditions
- FCL.1000.TRE – Examiner certificates

• **Part-MED (Annex IV) — Medical Requirements**
- MED.A.030 – Requirement for medical certificates: "Applicants for and holders of a CPL, MPL, or ATPL shall hold a Class 1 medical certificate. Holders of a PPL shall hold a Class 2 medical certificate."
- AMC1 MED.A.030 – clarifies that a Class 1 medical includes the privileges of Class 2.

While FCL.915.TRI references a licence requiring a Class 1 medical, it does not explicitly prescribe which class of medical certificate must be held to exercise TRI privileges.

Conversely, FCL.915.FI (Flight Instructor) permits instruction with a Class 2 medical, provided no commercial air transport is conducted.

## 3. Analysis of Consistency

The lack of explicit reference in FCL.915.TRI creates an interpretative gap:

• Under a strict reading, holding a CPL/MPL/ATPL implies Class 1 medical validity; hence, TRIs and TREs would always need Class 1 certification.

• However, because TRI/TRE privileges can be exercised outside of commercial air transport (e.g., private or operator-internal training), some authorities accept Class 2 medicals for such non-commercial instruction.

This divergence results in unequal application across Member States, administrative inefficiency for training organisations, and the loss of experienced instructors who no longer meet Class 1 standards but remain fit under Class 2.

From a safety perspective, there is no evidence that allowing TRIs/TREs with Class 2 medicals for non-commercial instruction reduces safety margins.

## 4. Impact on the Rotorcraft Sector

Rotorcraft training organisations and operators depend heavily on a limited pool of type-qualified instructors and examiners. The current inconsistency exacerbates existing shortages, particularly in smaller Member States or specialised domains (e.g., HEMS, offshore, or mountain flying).

Allowing TRIs/TREs with Class 2 medicals for non-commercial instruction would help retain experienced instructors, support harmonised EASA rule application, reduce administrative burdens, and maintain safety.

## 5. EHA Position and Recommendations

EHA considers that the regulatory inconsistency concerning TRI/TRE medical certification undermines harmonisation and creates unnecessary barriers to instructor retention. The underlying safety rationale supports permitting Class 2 medicals for non-commercial instruction.

**Recommendations:**

1. Regulatory Clarification: EASA should amend AMC/GM or Part-FCL to explicitly state that TRIs and TREs conducting non-commercial instruction may operate with a Class 2 medical certificate.

2. Differentiated Requirements: Introduce distinct medical standards for commercial versus non-commercial instruction, mirroring the current FI model.

3. Guidance to Competent Authorities: EASA should issue uniform implementation guidance to ensure consistent interpretation.

4. Monitoring and Review: EASA should assess safety and training impacts post-implementation.

## 6. Conclusion

The current ambiguity in TRI/TRE medical certification represents a clear gap in regulatory harmonisation. Aligning requirements with those applicable to Flight Instructors, by allowing Class 2 certification for non-commercial instruction, would strengthen consistency, sustain instructor capacity, and maintain safety.

EHA urges EASA to address this issue through targeted regulatory clarification.