



TWINNING PROJECT TR 11 IB TR 01  
STRENGTHENING INSTITUTIONAL AND ADMINISTRATIVE  
CAPACITY OF THE TURKISH DIRECTORATE GENERAL OF  
CIVIL AVIATION



This project is co-funded by the European  
Union and the Republic of Turkey.

# REGULATION 1178/2011 ORGANISATION IN FRANCE

ANK - 0306a





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# MINISTRY LEVEL

Minister of the Environment, Energy and the Sea,  
in charge of International Relations on Climate

**Ségolène ROYAL**

Secretaries of State

For Transport, the Sea and Fisheries  
**Alain VIDALIES**

For Biodiversity  
**Barbara POMPILI**

Central administration

General council for the environment and sustainable development  
**Anne-Marie LEVRAUT**

General Inspectorate for maritime affairs  
**Laurent COURDOL**

Delegation to the sea and offshore affairs  
**Catherine GRABAUD**

General secretariat for defence and climate  
**Régine ENGSTRÖM**

- Directorate for European and international affairs
- Directorate for legal affairs
- Directorate for communication
- Directorate for human resources
- Directorate for financial affairs
- Service for management and evolution
- Service for support policies and information systems
- Service for defence, security and business intelligence
- Ministerial delegation on accessibility

General commission for sustainable development  
**Laurence MONNOYER-SMITH**

- Directorate for research and innovation
- Service for observation and statistics
- Service for economy, evaluation and integration for sustainable development
- Commission for sustainable development

General directorate for energy and climate  
**Laurent MICHEL**

- Directorate for energy
- Service for climate and energy efficiency

General directorate for infrastructure, transport and the sea  
**Françoise POURAID**

- Directorate for transport infrastructures
- Directorate for transport
- Directorate for maritime affairs
- Service for general administration and strategy

General directorate for civil aviation  
**Patrick GANDIL**

- Directorate for air transport
- General secretariat
- Directorate for air navigation
- Directorate for civil aviation safety

Directorate for sea fisheries and aquaculture  
**Faïzaoui GUELDAR DEJAHAYE**

- Sub-directorate for fishery resources
- Sub-directorate for aquaculture and the economy of fisheries

General directorate for development, housing and nature  
**Paul DELDUC**

- Directorate for housing, town planning and landscape
- Directorate for water and biodiversity
- Department of General Affairs and Performance

General directorate for risk prevention  
**Marc MORTUREUX**

- Service for technological risk
- Service for the prevention of natural and environmental quality
- Service for natural and hydraulic risk

Interministerial delegate for forest and wood management  
**Sylvie ALEXANDRE**

Interministerial delegate for sustainable development  
**Laurence MONNOYER-SMITH**

Interministerial delegate for the closure of the Fessenheim nuclear power plant and its site rehabilitation  
**Jean-Michel MALERBA**

General secretary for the sea  
**Vincent BOUVIER**

Territorial services

Regional, Interregional ou "Interdépartemental" level

- Regional directorates for the environment, development and housing (DREAL) in the Île de France
- Regional and "interdépartemental" directorate for equipment and development (DREA)
- Regional and "interdépartemental" department for accommodation and housing (DRAH)
- Regional and "interdépartemental" directorate for the environment and energy (DREE)
- "interdépartemental" road directorates (DIR)
- Interregional directorates for the sea (DIRM) for mainland France

Interministerial "départemental" level

- Interministerial
  - Departmental territorial directorates (DIT)<sup>1</sup> or departmental territorial directorates for the sea (DITM)<sup>2</sup>
- For certain missions:
  - "Département" directorates for social cohesion (DOSC)<sup>3</sup>
  - "Département" directorates for population protection (DOPP)<sup>4</sup>
  - "Département" directorates for social cohesion and protection of populations (DOSP)<sup>5</sup>

<sup>1</sup> Apart from Paris and the "département" of the greater Paris area of Île-de-France where regional and "interdépartemental" directorates are competent  
<sup>2</sup> "Départemental" interministerial directorate under the responsibility of the "yellid" who implements mobility policy

Overseas

- Directorates for the environment, development and housing (DEAL) Guadeloupe - Guyane - Martinique - Mayotte - La Réunion
- Directorates for the sea (DM) Guadeloupe - Guyane - Martinique - Sud océan indien
- Directorates for territories, food and the sea (DTAM) Saint-Pierre et Miquelon



Ministry of the Environment, Energy and the Sea

This is a twinning partnership between the Directorate General of Civil Aviation, Republic of Turkey and the Directorate General Of Civil Aviation, Ministry of Ecology, Sustainable Development and Energy, Republic of France and ReCECA, Republic of Romania





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# ORGANISATION

**MEEM**  
Ministry of Environment,  
Energy and the Sea

French Minister for  
Transports,  
Sea and Fisheries

**FRENCH CIVIL  
AVIATION AUTHORITY**

**DSAC**  
DIRECTORATE  
FOR CIVIL AVIATION  
SAFETY

- 7 Metropolitan interregional directorates
- DSAC West Indies-French Guiana
- DSAC Indian ocean

**DSNA**  
DIRECTORATE  
FOR AIR NAVIGATION  
SERVICES

- Technical and Innovation directorate
- Operations directorate
- 5 CRNA - Area control centres
- 9 metropolitan airports regional structures (SNA)
- SNA West Indies-French Guiana
- SNA Indian ocean
- CESNAC central air navigation systems operations centre
- SNA aeronautical information services department
- SAC Saint-Pierre and Miquelon

**DTA**  
DIRECTORATE  
FOR AIR TRANSPORT

Civil aviation technical department

**SG**  
GENERAL SECRETARIAT

- Airport taxes management department
- National airport engineering department
- Modernisation and IT department
- National school of civil aviation

- General directorate
- Central administration
- National administration
- Regional administration
- Public entity

**OCV**  
IN-FLIGHT  
CHECKING UNIT

**GTA**  
AIR TRANSPORT  
GENOARMEMENT

**MALGH**  
LIGHT, GENERAL  
AND HELICOPTER  
AVIATION SERVICE

**SEAC**  
STATE CIVIL  
AVIATION  
AUTHORITY

French Polynesia  
Wallis-and-Futuna

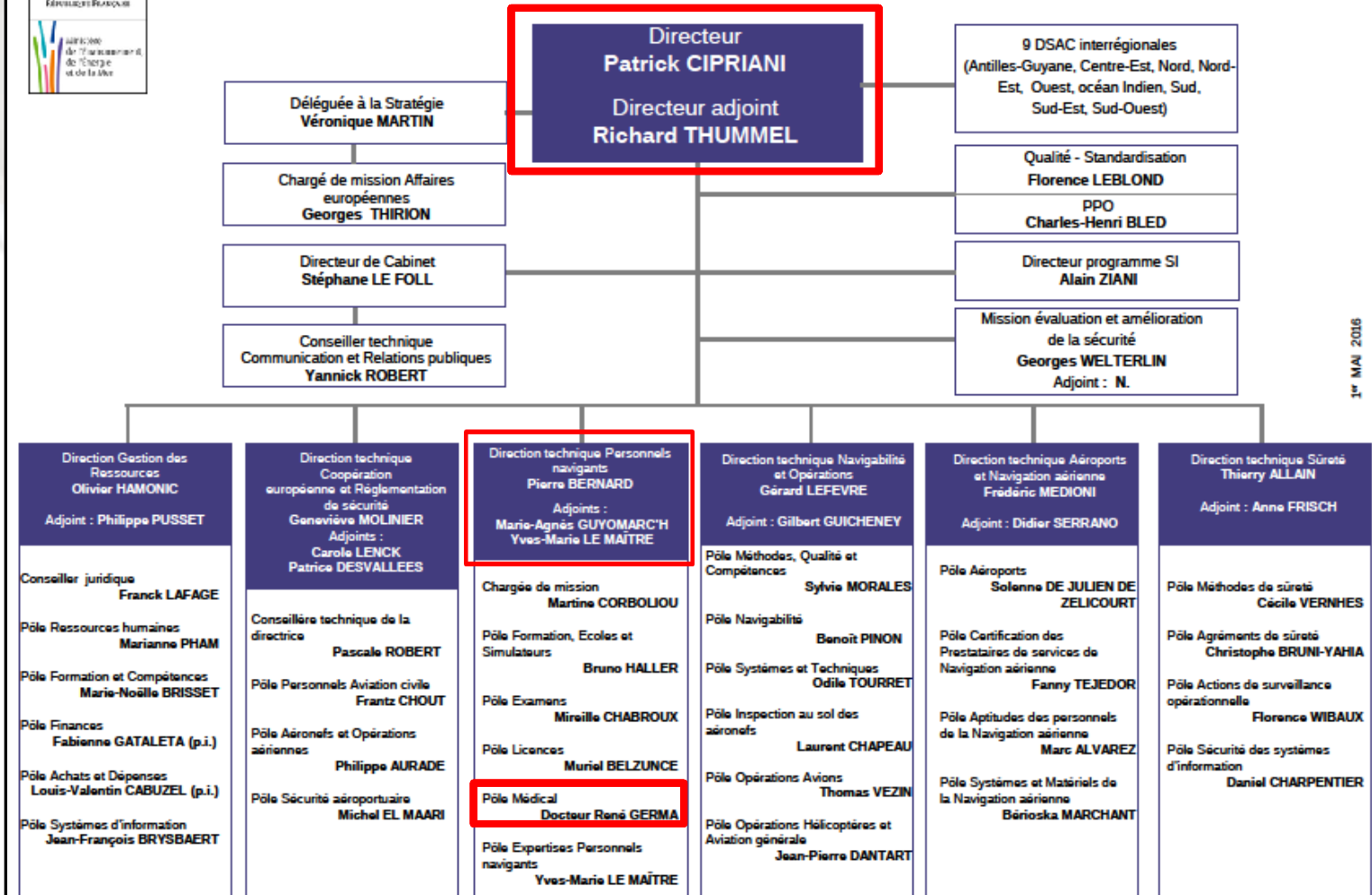
**DAC**  
DIRECTORATE FOR  
CIVIL AVIATION  
New Caledonia

142 | BUILDING THE SKY OF THE FUTURE

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## Direction générale de l'Aviation civile (DGAC) Direction de la sécurité de l'Aviation civile (DSAC)



1<sup>er</sup> MAI 2016

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## CLASS 1

- Five metropolitan AeMC's
- 4 overseas
- Two AME's





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# CLASS 2/ LAPL

- 700 AME's
- No GMP's

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# CABIN CREW

AeMC's

AME's class 2

No OHMP

Periodicity of examinations : 2 years

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# MED. A O50 REFERRAL

- AeMC's and AME's must apply medical regulation
- From MED.B.010 cardiology to MED.B.090 oncology
- If the paragraph tells to refer all the data's are sent to the medical assessors of the licensing authority

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# AEROMEDICAL SECTION

3 medical assessors

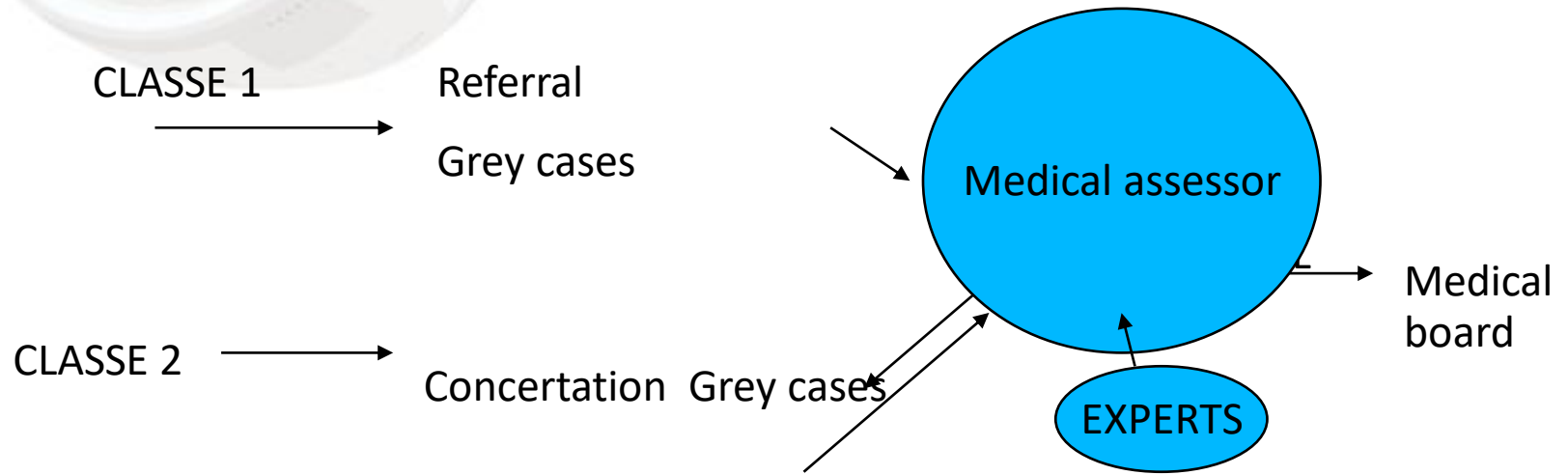
6 administrative clerks

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# MEDICAL BOARD COMPOSITION

- 9 members competent in aerospace medicine and specialists in various fields of medicine. (President and vice president included)
- 1 member désigné on proposition of defense ministry
- 1 member désigné on proposition of general aviation
- 2 members désigné on proposition of airlines
- 2 members désigné on proposition of unions

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# MEDICAL BOARD

- One session per month

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## IR MED B.010 d) Coronary Heart Disease

### d) *Coronary Artery Disease*

(1) Applicants for a Class 1 medical certificate with:

(i) suspected myocardial ischaemia;

(ii) asymptomatic minor coronary artery disease requiring no anti-anginal treatment;

shall be referred to the licensing authority and undergo cardiological evaluation to exclude myocardial ischaemia before a fit assessment can be considered.

(2) Applicants for a Class 2 medical certificate with any of the conditions detailed in (1) shall undergo cardiological evaluation before a fit assessment can be considered.





## IR MED B.010 d) Coronary Heart Disease

- 3) Applicants with any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) symptomatic coronary artery disease;
  - (iii) symptoms of coronary artery disease controlled by medication.
- (4) Applicants for the initial issue of a Class 1 medical certificate with a history or diagnosis of any of the following conditions shall be assessed as unfit:
  - (i) myocardial ischaemia;
  - (ii) myocardial infarction;
  - (iii) revascularisation for coronary artery disease.
- (5) Applicants for a Class 2 medical certificate who are asymptomatic following myocardial infarction or surgery for coronary artery disease shall undergo satisfactory cardiological evaluation before a fit assessment can be considered in consultation with the licensing authority. Applicants for the revalidation of a Class 1 medical certificate shall be referred to the licensing authority.

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## AMC1 MED.B.010 k)

- K) Coronary artery disease
- (1) Chest pain of uncertain cause should require full investigation.
- (2) In suspected asymptomatic coronary artery disease, exercise electrocardiography should be required. Further tests may be required, which should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
- (3) Evidence of exercise-induced myocardial ischaemia should be disqualifying.
- (4) After an ischaemic cardiac event, including revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control cardiac symptoms, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
- (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the licensing authority:
  - (A) there should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable;
  - (B) the whole coronary vascular tree should be assessed as satisfactory by a cardiologist, and particular attention should be paid to multiple stenoses and/or multiple revascularisations;







## AMC1 MED.B.010 k)

- C) an untreated stenosis greater than 30 % in the left main or proximal left anterior descending coronary artery should not be acceptable.
- (ii) At least 6 months from the ischaemic myocardial event, including revascularisation, the following investigations should be completed (equivalent tests may be substituted):
  - (A) an exercise ECG showing neither evidence of myocardial ischaemia nor rhythm or conduction disturbance;
  - (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion (such as dyskinesia or akinesia) and a left ventricular ejection fraction of 50 % or more;
  - (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram, which should show no evidence of reversible myocardial ischaemia. If there is any doubt about myocardial perfusion in other cases (infarction or bypass grafting) a perfusion scan should also be required;
  - (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
- (iii) Follow-up should be annually (or more frequently, if necessary) to ensure that there is no deterioration of the cardiovascular status. It should include a review by a cardiologist, exercise ECG and cardiovascular risk assessment. Additional investigations may be required by the licensing authority.
  - (A) After coronary artery vein bypass grafting, a myocardial perfusion scan or equivalent test should be performed if there is any indication, and in all cases within 5 years from the procedure.
  - (B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.
- (iv) Successful completion of the 6-month or subsequent review will allow a fit assessment with a multi-pilot limitation.

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## AMC2 MED.B.010 k)

- Coronary artery disease
- (1) Chest pain of uncertain cause requires full investigation.
- (2) In suspected asymptomatic coronary artery disease cardiological evaluation should show no evidence of myocardial ischaemia or significant coronary artery stenosis.
- (3) After an ischaemic cardiac event, or revascularisation, applicants without symptoms should have reduced any vascular risk factors to an appropriate level. Medication, when used to control angina pectoris, is not acceptable. All applicants should be on acceptable secondary prevention treatment.
- (i) A coronary angiogram obtained around the time of, or during, the ischaemic myocardial event and a complete, detailed clinical report of the ischaemic event and of any operative procedures should be available to the AME.
- (A) There should be no stenosis more than 50 % in any major untreated vessel, in any vein or artery graft or at the site of an angioplasty/stent, except in a vessel subtending a myocardial infarction. More than two stenoses between 30 % and 50 % within the vascular tree should not be acceptable.
- (B) The whole coronary vascular tree should be assessed as satisfactory and particular attention should be paid to multiple stenoses and/or multiple revascularisations.
- (

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- (B) an echocardiogram showing satisfactory left ventricular function with no important abnormality of wall motion and a satisfactory left ventricular ejection fraction of 50 % or more;
- (C) in cases of angioplasty/stenting, a myocardial perfusion scan or stress echocardiogram which should show no evidence of reversible myocardial ischaemia. If there is doubt about revascularisation in myocardial infarction or bypass grafting, a perfusion scan should also be required;
- (D) further investigations, such as a 24-hour ECG, may be necessary to assess the risk of any significant rhythm disturbance.
- (iii) Periodic follow-up should include cardiological review.
- (A) After coronary artery bypass grafting, a myocardial perfusion scan (or satisfactory equivalent test) should be performed if there is any indication, and in all cases within five years from the procedure for a fit assessment without a safety pilot limitation.
- (B) In all cases, coronary angiography should be considered at any time if symptoms, signs or non-invasive tests indicate myocardial ischaemia.
- (iv) Successful completion of the six month or subsequent review will allow a fit assessment. Applicants may be assessed as fit with a safety pilot limitation having successfully completed only an exercise ECG.
- (4) Angina pectoris is disqualifying, whether or not it is abolished by medication.

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*THANK YOU FOR YOUR ATTENTION*

İlginiz için teşekkür ederiz

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