

MARE/2020/08 - SI2.839444

DEVELOPMENT OF THE REGIONAL DATABASE FOR THE MEDITERRANEAN AND BLACK SEAS *This project has financed under the European Maritime and Fisheries Fund (EMFF)*



Med&BS RDB - Proposal for guidelines in the Med&BS RDB SC

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Introduction and objective

During the 4th meeting of the Med&BS RDB held online on July 12-13th 2021, WP3 of the present Grant has formulated proposals on the future Steering Committee (SC) of the Med&BS RDB (membership schema and sources for guidelines), which were discussed by participants; in fact, the RDB governance and data policy has to be approved by RCG Med&BS.

A specific document defines the membership in the future Steering Committee (SC) of the Med&BS RDB (see **ANNEX VIII (Med&BS RDB SC membership_v3)**), as agreed in the discussion during Med&BS RCG annual meeting (on 7-9 September, 2021).

As far as guidelines, Annex I of the Grant Agreement affirms that the SC will take into account the "ICES guidelines for Expert Groups" (<u>http://ices.dk/about-ICES/Documents/Guidelines for ICES Groups.pdf</u>) [for sake of brevity, this document will be called "ICES GL" in the following]. The decision to be a "Commission Expert Group" (<u>https://ec.europa.eu/transparency/regexpert/index.cfm?do=fag.fag&aide=2</u>) seems to represent a burden and therefore will be evaluated on the basis on added value estimation¹.

This present document focuses on guidelines for Med&BS RDB SC governance.

It is important to notethat the cited ICES document, i.e. ICES GL, is a general one and refers to generic Expert Groups that act under the umbrella of ICES. Such groups take advantage of ICES organization and infrastructure (forexample, they can rely on the support by ICES Secretariat and publish their reports in the ICES series). On the other hand, they are subject to ICES control: in fact, their activities must be reported to the Science Committee (SCICOM) (i.e. the main scientific body in ICES) and/or the Advisory Committee (ACOM) (responsible for providing scientific advice to competent authorities in support of the sustainable management of marine resources and ecosystems). All ICES member countries are represented in SCICOM and ACOM.

¹Examples are the Expert Group on Fisheries Data collection (E02750) and The Scientific, Technical and Economic Committee for Fisheries (STECF) (E00520)

Med&BS RCG does not have the same institutional role and facilities as ICES; ICES itself collaborates with RCGs and ICES GL affirms that *"These guidelines for ICES groups do not apply to the work of RCG"*. Then, ICES GL can be considered no more than a source of inspiration. For this reason, some valuable concepts are takenfrom ICES GL and reported in **APPENDIX 2**, as they can be fruitfully considered in guiding the SC of Med&BS RDB, too.

On this basis, WP3 has produced a preliminary document, titled "Med&BS RDB - Proposal for guidelines in the Med&BS RDB SC: collection phase", organized as follows: after a context and materials section, section 2 contains proposals of guidelines; each one is firstpresented as a statement (mainly taken by ICES GL) and then followed by questions on whethereachstatement can be adopted in the MED&BS RBD SC.

The objective of this collection document has been to stimulate and collect answers and contributions to the questions in the section 2 from National Correspondents (NCs) in the Med&BS RCG (invitation to Bulgaria, Croatia, Cyprus, France, Greece, Italy, Malta, Romania, Slovenia, Spain).

The same content of section 2 has been presented to NCs by means of an online spreadsheet, (<u>https://docs.google.com/spreadsheets/d/1CP9xql4SisOZG6xknINRLuh9eA1wEwOzzo 0pfTJcP8/edit?usp=sharing</u>) in order to facilitate and speed their contributions (deadline on 24.09.2021).

In a first step Greek, Spanish, French and Slovenian NCs contributed to revise and amend this document that was also revised by DG MARE. As some issues were still open, they were extracted from the text (see APPENDIX 1) and submitted to NCs (via MED&BS RCG Chairs) in order to ease their reading and to collect further contributions. In this second step also NCs from Cyprus and Italy participated, by commenting the open issues.

Statements and what has been collected by contributors so far in the above described process are presented in this document, defining the proposals of guidelines in the Med&BS RDB SC; the document is to be included in Deliverable 3.1 of WP3.

This document, in this present version (18.01.2023) is going to be sent to the current RCG Chairs, Beatriz Guijarro and Emmanuel Tessier, for them to communicate to the NCs.

Other Member States could contribute in the following, under the umbrella of theRCG Med&BS Steering Committee.

1. Context and materials

Materials used in this proposal are taken by:

- WP2 of the Grant Med&BS RDB
- WP3 of the Grant Med&BS RDB
- the document "ICES guidelines for Expert Groups" (http://ices.dk/about-ICES/Documents/Guidelines_for_ICES_Groups.pdf) [for sake of brevity, this document will be called "ICES GL" in the following]
- the document ICES. 2021. Working Group on Governance of the Regional Database & Estimation System (WGRDBESGOV; Outputs from 2020 meeting). ICES Business Reports. 1:4. 67 pp. <u>https://doi.org/10.17895/ices.pub.7976</u> edited by David Currie, Katja Ringdahl

The document

ICES, 2021. Working Group on Governance of the Regional Database & Estimation System(WGRDBESGOV; Outputs from 2020 meeting).ICES Business Reports². 1:4. 67 pp. *https://doi.org/10.17895/ices.pub.7976* edited by David Currie, Katja Ringdahl

regards the governance of the Steering in the ICES dependent RDBs; in particular it affirms that "The Working Group on Governance of the Regional Database & Estimation System (WGRDBESGOV) provides the governance function for both the existing Regional Database (RDB) and the new Regional Database & Estimation System (RDBES) that is currently in development. It is composed of representatives from ICES member countries and EU Regional Coordination Groups (RCGs)"

The WGRDBESGOV³ reviews the RDBES developments, plans for the work required, considers how RDB datahas been used and proposes changes required to the Data Policy.

Its composition and guidelines are reported in square 1:

The group consists of the following categories of members:

a) Up to two representatives from each RCG that uploads data to the RDBES. RCGs that do

not currently upload data but are intending to may also send one representative after approval from the Chair(s).

b) One representative from each ICES member country that wishes to attend.

c) Representatives from the ICES secretariat.

d) Representatives from the European Commission.

e) Chair invited guests.

f) Observers.

The guidelines for the group follow the "ICES guidelines for Expert Groups" but noting that:

• Chair(s) will be appointed from the members in categories (a) and (b) above

• If voting is necessary then the members from categories (a) and (b) have a single vote per person, members from categories (c), (d), (e), and (f) cannot vote

• The group will meet once per year. It can also create subgroups to work intersessionally.

• The group report will also be sent to the RCGs.

Since this group structure allows effective input from both ICES member countries and the EU Regional Coordination Groups there is no need for it to be revised.

Square 1: composition and guidelines of ICES WGRDBESGOV

Guidelines of WGRDBESGOV can be extremely short, thanks to their reference to the body of rules contained in the ICES GL that acts in background; this is a general document that describes the rules of the Expert Groups falling under the umbrella of ICES. Such groups take advantage of ICES organization and infrastructure (for example, they can rely on the support by ICES Secretariat and publish their reports in the ICES series). On the other hand, they are subject to ICES control: in fact, their activities must be reported to the Science Committee (SCICOM) (i.e. the main scientific body in ICES) and/or the Advisory Committee (ACOM) (responsible for providing scientific advice to competent authorities in

²An "ICES Business Reports" template rather than an "ICES Scientific Reports" template is used for reporting by groups addressing ICES internal processes, co-ordinating the work of groups in the ICES system or proposing changes and developments for ICES working procedures and structures.

³ICES Steering body for RDB was formerly called the SCRDB and now called the WGRDBESGOV.

support of the sustainable management of marine resources and ecosystems). All ICES member countries are represented in SCICOM and ACOM.

To the best of our knowledge, there is not a similar body as ICES, able to support Med&BS RDB with similar facilities. ICES itself collaborates with RCGs and ICES GL affirms that *"These guidelines for ICES groups do not apply to the work of RCG"*. Then, ICES GL can be considered no more than a source of inspiration. For this reason, some useful concepts are collected and reported in **APPENDIX 2**, as they can be fruitfully considered in guiding the SC of Med&BS RDB, too.

APPENDIX 2 reports citations from ICES GL, being a background of ICES WGRDBESGOV guidelines that are shown in the square 1.

These citations formed the basis for the statements that are proposed in "Med&BS RDB - Proposal for guidelines in the Med&BS RDB SC: collection phase" to collect advice and comments from NCs. The statements, with related questions and comments that have been collected so far by NCs (i.e. NC Greece, Spain, France, Slovenia, Cyprus and Italy), are presented in the following section, shaping the proposals of guidelines in the Med&BS RDB SC.

2. <u>Proposals of guidelines</u>

It is worth noting that membership and voting mechanism are dealt with in another document (see **ANNEX VIII (Med&BS RDB SC membership_v3)**), as agreed in the discussion during Med&BS RCG annual meeting (on 7-9 September, 2021)⁴.

Statement A: role of the Med&BS RDB SC

To supervise the development, maintenance, operation, efficiency and utilization of the Med&BS RDB. All issues concerning data quality, future plans for expansion/improvements or requests for data access are to be dealt within the SC.

<u>French NC amendment</u>:[*this is the second part; the first part of this amendment has been accepted by all and then already included in the statement*]. All issues concerning data integration, data quality, future plans for expansion/improvements or requests for data access are to be dealt within the SC.

<u>Italian NC reply:</u> I am not sure that SC should also decide on future developments. SC could eventually make suggestions to the RCG that is the only body where NC are represented and can take a decision.

The SC reviews the Med&BS RDB developments, plans for the work required, considers how RDB data has been used and proposes changes required to the Data Policy.

Overall, the SC is to be consensus oriented, accountable, transparent, responsive, efficient, equitable and follow the EU rules of law.

Question A: do you agree with the previous statement A? Have you comments, improvements, disagreements?

NC Greece, Slovenia, Spain: they agree

⁴ From now on notes and highlight from the document curators are included in square brackets and in italics

<u>NC France</u>: It should be clarified on which matter the SC has a decision right through vote, and how this coordinates with decision to be taken during RCG decision meeting by NC. It is not clear here if SC will vote on technical decision only, and what should be decided at RCG Decision Meeting only (in my view cost-sharing and hosting at least). SC could also decide to submit a decision to NC's vote during RCG Decision Meeting.

<u>NC Cyprus</u>: We agree with the French suggestion.

<u>NC Italy</u>: Agree [*probably with the statement A*]; the comment from France is misleading because it refers to a "decision right through vote", but I don't think that SC should vote, it is a technical group. Also the Rules of Procedures for the RCG should be considered (there is a specific section on RCG groups)

Statement B: establishing the SC and planning its work

A resolution is required to establish the SC and plan its activity. It describes the proposed work as a series of terms of reference (ToR). It defines dates and venues of SC meetings and the chair(s) of the SC.

The resolution thus provides the information needed by National Correspondents (NCs) to nominate suitable members for the SC and for scientists more widely to assess whether they would seek to join the group. For joint activities with other organizations, that take the form of joint working groups or workshops, details of a relevant contact person in the other organization are added to the resolution.

Further resolutions can be developed and adopted throughout the year to address emerging needs, but most resolutions are reviewed and approved shortly after the RCG Annual Meeting.

<u>French NC amendment</u>: Resolutions are developed by expert group or SC, and reviewed and approved by SC shortly after the RCG Annual Meeting. In case emerging needs should be addressed shortly, further resolutions can be developed and adopted by SC throughout the year.

<u>NC Cyprus response</u>: We believe the resolution should be proposed by SC to RCG Med&BS in order to be approved. Concerning emerging needs that should be addressed shortly, perhaps they could be adopted by RCG Med&BS through written procedure.

<u>NC Italy response</u>: Agree [*maybe with the French amendment*]; Again, SC should not adopt resolution, but make them available to RCG (see RoP for the RCG).

Question B1: do you agree with the previous statement B? Have you comments, improvements, disagreements?

NC Greece, Slovenia, Spain: they agree

Question B2: section 3.1 of ICES GL affirms that:

... Expert group resolutions are reviewed and adopted (approved) by the Science Committee, Advisory Committee, or both committees, on a resolutions review and approval forum hosted by ICES. The committee or committees responsible for reviewing and adopting a given resolution will depend on whether the resolution includes terms of reference that relate to science, the underpinnings of requested advice, or both.

A revision body and mechanism is also required for the Med&BS RDB SC resolutions? By whom?

<u>NC France</u>: Cf comment for question A: clarification is needed on the kind of decision that can be taken by SC, and where is the line btw what is decided by SC and what has to be decided by NC only.

SC establishment and planning should be agreed by a RCG Med decision (or at least submitted for comment)

<u>NC Greece</u>: We believe that a revision body and mechanism is not required because this will cause an increase to the administrative effort and the human resources are quite limited.

<u>NC Spain</u>: As the SC is composed of Member States participating in the RCG, the revision of these documents can be raised at the annual RCG meeting itself and if necessary additional meetings can be held in addition to the annual meeting.

<u>NC Cyprus:</u> Concerning question B2, we believe that a revision body and mechanism is not required; we consider as adequate mechanism the revision during the RCG Annual Meeting.

NC Italy: Agree with French comments

Question B3: section 3.1 of ICES GL affirms that:

Review and adoption of resolutions takes place on the (SharePoint-based) ICES Resolutions Forum. Draft resolutions are made available via SharePoint (see Section 3.6.5) in a timely manner to facilitate review, discussion and ultimately approval.

Do you think that a SharePoint should be used for the same purposes? Managed by whom?

All contributors agree with the need to keep documents and most of them agree with using a SharePoint.

NC France asks if document archive can be hosted through RCG Secretariat/SecWeb project and NC Italy agrees with France. NCs Greece and Slovenia propose that the management of the SharePoint is done by the Chair(s) of the SC. NC Cyprus considers that also the SC SharePoint could be hosted by ICES since the RCG Med&BS SharePoint is hosted by ICES.

Statement C: managing the SC

The SC is established for many years, reflecting the enduring needs for the advisory work they support. The Terms of Reference are reviewed and updated every year.

After the annual resolution is approved, the SC delivers specific activities and products specified in their Terms of Reference, as well a report.

The Terms of Reference (ToR) of SC provides an essential year-on-year description of work. For these reasons, ToR should have stand-alone meaning, with the scientific or advisory topic or subject clearly stated and action and outcome expressed with a verb.

It is recommended that all ToR:

- Can be understood when read in isolation;
- Are focused on a stated topic or subject;
- Include an action expressed with a verb;
- Indicate the purpose and expected outcome of the action.

French NC amendment:

Identifies a person in charge of reporting for the actions conducted under this ToR, and expert group(s) or institutions involved during actions.

<u>NC Cyprus response</u>: We consider that the SC chair/chairs are in general responsible for reporting for the actions conducted under the ToRs.

<u>NC Italy</u> agree with the amendment.

SC is also asked to provide supporting information for their ToR within a SC resolution. The supporting information is an important element of the resolution as it provides the information needed to help Commission and NCs to reach an informed decision on the merits of a SC resolution⁵.

<u>French NC comment on the previous sentence:</u> "This is unclear to me: SC should provide supporting information for recommendation that could not be voted/decided by SC, but could be decided by NC's and Commission only."

<u>NC Italy</u> agrees with the French comment.

<u>NC Cyprus</u>: We consider that the provision of supporting information is useful.

The supporting information should be written as a stand-alone text, to the extent possible, and should emphasize, as a minimum, the driver and rationale for the ToR, the purpose of the ToR, and the expected benefits and recipient once the science described in the ToR is complete.

The number of ToR listed in a SC resolution should be realistic and practical given the number of meetings, capacity for intersessional work and the impacts of any other planned activities. Typically, the work should be described with four to six ToR.

Question C: do you agree with the previous statement C? Have you comments, improvements, disagreements?

NC Greece, Slovenia, Spain: they agree

<u>NC France</u>: A graph explaining relationships btw SC/expert group/ would be useful to visualize who is in charge of what. It is also needed to distinguish clearly btw ToR (which define objectives and work to be done by expert group or SC) and recommendations which can be addressed by SC to NC's for decision. It is not clear if ToR proposed by SC (meaning problems to be addressed during the year) should be approved and at which level.

<u>NC Cyprus response</u>: We don't consider that a graph explaining relationships is needed, however we do not oppose on this suggestion if it is considered important for most MS. It is our understanding that the Resolutions that will include the ToRs should be approved by the RCG Med&BS.

⁵For a recent example of Resolution, ToRs, and Supporting information see Annexes 2 and 6 of the document "ICES. 2021. Working Group on Governance of the Regional Database & Estimation System (WGRDBESGOV; Outputs from 2020 meeting)."

<u>NC ITA response</u>: Agree [*probably with the French suggestion*]; the SC should have general TOR identifying the general goals (as reported in Statement A) and specific TOR to be identified for each year. ALL THIS SECTION SHOULD BE REVISED TO BE CONSISTENT WITH POINT 4 OF THE ROP OF RCG MED&BS.

Statement D: number and role of SC chair(s)

SC can have one or two chairs. The number of chairs should never exceed three.

If SC has more than one chair, then the chairs should clearly establish the sharing of responsibilities to ensure that all the tasks required for the efficient operation of the SC are completed.

The main roles of chairs are to:

• Engage to formulate, prioritize and prepare ToR and resolutions and to ensure that SC ToR, and intended participants outputs, support and meet the objectives and advisory needs of Med&BS RCG.

• Plan and manage the work of the SC in accordance with the agreed ToR. This involves planning, announcing and chairing of meeting(s) and the preparation of an agenda and work schedule in consultation with members.

• Identify shortfalls in skills and knowledge needed to meet the ToR of the SC and to work including NCs to rectify these shortfalls.

• Encourage working practices in the SC which ensure science and analyses generated by the SC are receiving adequate quality control consistent with scientific norms.

• Identify gaps and overlaps in the work of SC, and work with members to propose consolidation or rationalization and increase efficiency of working.

• Oversee and contribute to the preparation of the SC report and ensure that it is submitted on time and according to the schedule outlined in the resolution.

• Define the lists of editors and authors to be included on the report

• Ensure peer reviewed and other publications facilitated by the SC include an acknowledgement of SC role

• Review deliverables from the SC and provide feedback to members on ways to develop and improve their work.

• Provide feedback to RCG on emerging research priorities and implementation strategy.

- Represent the SC at relevant meetings, i.e. all meetings where it is relevant that SC participates
- Identify and provide any important recommendations that influence work in other parts of the RCG
- Promptly share any concerns about the work or functioning of the Med&BS RDB SC with the RCG SC

The tenure of SC chairs should be reviewed by the SC every three years. In no circumstances may the tenure of a chair exceed six years. The chair must be a member of the SC.

SC chairs should be appointed based on merit, leadership ability, and scientific excellence. The turnover of chairs should be planned and managed to ensure smooth transitions and continuity of work.

<u>French NC amendment</u>: SC chairs should be appointed by SC through a vote based on merit, leadership ability, and scientific or technical excellence. The turnover of chairs should be planned and managed to ensure smooth transitions and continuity of work.

<u>NC Cyprus response</u>: We consider that SC chairs could be proposed by SC through a vote and approved by RCG Med&BS.

<u>NC Italy</u>: ok [probably with respect to the French amendment].

Agreement by individuals to accept the role of SC chair implies an investment of time on the part of the individual to carry out the duties of the chair, and that the individual can access funds to cover travel and subsistence to attend meetings.

If a chair becomes unresponsive, this must be addressed promptly to ensure continued functioning of the SC.

Question D1: do you agree with the previous statement D? Have you comments, improvements, disagreements?

NC Greece, Slovenia, Spain: they agree

Question D2: do you think that an explicit rule must limit the appointment of Chair(s) in some category of SC members (by example representatives of the MSs)?

<u>NC Greece and Cyprus</u> believe that the chairs should be appointed from the representatives of the MSs, who are members in the SC. <u>NC Spain</u> proposes that "the election of the chairs should be carried out by and among its members, who will ultimately be the best informed about the objectives to be achieved."<u>NC Italy</u> agrees with NC Spain but remember that "This is not in line with the RoP: *The RCG may provide terms of references for these groups and appoint the chairperson(s), coordinator(s), rapporteur(s), secretary, or any other role(s) or working practices necessary for these groups. The RCG may mandate these group(s) to appoint the chairperson(s), coordinator(s), secretary, or any other necessary role(s) and the terms of reference for such group(s).".*

NB: section 3.4 of ICES GL includes the following role of chair(s):

• Ensure that Code of Conduct (Section 4) and the requirements for membership of expert groups (Section 3.5) are understood and followed by the chair and expert group members. This includes highlighting and implementing the Code of Conduct at meetings (Section 4) (Slides and links to ICES Code of Conduct are lodged on the SharePoint site for every expert group to support this process).

On this point see the following Statement G.

Statement E: SC meetings and privacy

The main work by the SC is usually conducted at the meetings planned and approved in the resolution. Effective planning of each meeting helps to ensure the work described in the ToR is completed and increases the engagement of SC members.

Question E: section 3.6 of ICES GL affirms that:

... When scientists register for an expert group, ICES will collect personal data from these people, and also from nominating delegates in the case of appointed members. These data generally include the participant's name, contact information and employer.

Personal information collected is used for administrative purposes and retrospective analyses of group attendance by ICES.

Handling of these personal data is covered by ICES Privacy Statement, which states that by participating in an ICES meeting a scientists agrees that ICES may use the provided personal information

Who can be in charge of collecting, handling and maintaining personal data of participants at Med&BS RDB SC meetings? Have you comments, improvements, disagreements?

<u>NC France</u>: Chairs of RCG – or RCG Secretariat should help to follow registration to expert groups and SC.

<u>NC Greece</u>: We think that this task should be appointed to the Chair(s) of the SC or else it should be decided within the SC.

<u>NC Spain</u>: Maybe the chair of the SC or the chairs of the RCG attending the meetings, who can act as secretaries as they would not have a vote in the SC.

<u>NC Cyprus</u>: We consider that the RCG Secretariat should be responsible for personal data of meeting participants. Alternatively, could be the chair of the SC.

NC Italy: RCG Chair(s).

Statement F: SC reporting

Question F1: section 3.7 of ICES GL affirms that:

The main publication series used by expert groups to share details of their work with the international marine science community is "ICES Scientific Reports".

Is this relevant for Med&BS RDB SC, too? Have you comments, improvements, disagreements?

All contributors agree that this item is not relevant for these Guidelines; NCs Greece and Italy highlight that these reports as internal documents for the RBD SC and the RCG members and NC Spain adds that in case of an express request or justified motivation, they should be made known to ICES and its publication platform.

Question F2: dissemination of SC reports: Who should receive Med&BS RDB SC reports?Have you comments, suggestions?

<u>NC France</u>: Should be made available to NC's from Med&BS and other RCG chairs (Med&BS, LP, NANSEA) in order to facilitate coordination and harmonization btw all RDBs.

NC Greece: RCG and RBS SC members, NCs.

NC Slovenia: Med&BS RDB SC members and NCs

<u>NC Spain</u>: In the first instance, their reports should be limited to inform RCG participants.

<u>NC Cyprus</u>: we consider that Med&BS RDB SC reports should be made available (apart from Med&BS RDB SC members) to the RCG Med&BS members and NCs. It could be also useful to send the reports to the SC of the regional database (RDBES) of the other RCGs, for facilitating coordination on overlapping topics.

<u>NC Italy</u>: Report need to be prepared for internal use only.

Statement G: Code of Conduct

Question G1: section 4.4 of ICES GL affirms that:

... The ICES Code of Conduct provides guidance on identifying and handling actual, potential or perceived Conflicts of Interest, defines the standard for behaviours of ICES experts contributing to ICES science and advice and sets the responsibilities of those contributing to ICES work. Is this relevant for Med&BS RDB SC, too? Have you comments, improvements, disagreements?

NC France: No, it is not relevant.

NC Greece and NC Italy: We consider this as relevant.

NC Spain: no comment.

<u>NC Cyprus</u>: we believe a Code of Conduct is not relevant, especially considering that a Code of Conduct is not in place for RCG Med&BS or any group under the RCG Med&BS.

Question G2: in case a Code of Conduct is adopted by Med&BS RDB SC, which should be the actions to be performed in case of a perceived or actual breach of the Code of Conduct? By whom? Notice that section 4.2 of ICES GL affirms that:

The national Delegates and chairs (in the case of "chair-invited experts") are the gatekeepers of the system when nominating experts. It is their responsibility to ensure active adherence to ICES Code of Conduct. This implies that they are responsible for ensuring:

• All experts contributing to ICES work are aware of ICES Code of Conduct.

• Actual, potential, or perceived Conflicts of Interest are identified and assessed prior to nominating experts.

• Experts are only nominated or invited if the nominating delegate or inviting chair is confident that the experts have provided adequate evidence that they can and will abide by this Code of Conduct

Maybe in Med&BS RDB SC the above responsibilities can be in charge of NCs. Have you comments, improvements, disagreements?

<u>NC Greece</u>: According to the membership schema, only the Chair(s) of the RDB SC can invite quests. As such the Chair(s) of the SC should be in charge, as the NCs are not involved. This is, unless there is another provision concerning the invite of Experts, which we don't have in mind.

<u>NC Spain</u>: In the event of a breach of the code of conduct (if any is necessary), we consider that it makes more sense for the SC or RCG chairs themselves to be in charge, rather than NCs who do not necessarily have to participate or be members of the SC and therefore do not have first-hand knowledge of the facts or the issues involved. Beyond the reports that may be produced in the context of the SC and made available to the MS that participate in the RCG.

<u>NC Cyprus:</u>in case a Code of Conduct is adopted, we believe the SC Chair(s) should be in charge.

NC Italy agrees with both NC Greece and NC Spain.

APPENDIX 1: List of the pending issues in the document on Guidelines for the RDBFIS SC

This list is a summary of the pending issues in the document on **Guidelines for the RDBFIS SC** at the date of Med&BS RCG Steering Committee (02.12.2022). NCs were invited to focus and reply to the following points. The list has been sent to NCs via MED&BS RCG Chairs on 12.12.2022, together with the whole Guidelines text. By the established deadline of 23.12.2022, it received comments from Cyprus and Italy NCs, which are also reported here following.

These comments have been included in this present version of the Guidelines.

Statement A: role of the Med&BS RDB SC

• <u>adoption of the French amendment, i.e.</u>"To supervise the development, maintenance, operation, efficiency and utilization of the Med&BS RDB. All issues concerning data integration, data quality, future plans for expansion/improvements or requests for data access are to be dealt within the SC."

<u>Cyprus response:</u> We agree with the adoption of the French amendment.

<u>ITA response</u>: The first part is ok (To supervise the development, maintenance, operation, efficiency and utilization of the Med&BSRDB). But for the second part, I am not sure that SC should also decide on future developments. SC could eventually make suggestions to the RCG that is the only body where NC are represented and can take a decision.

 <u>adoption of the French suggestion, i.e.</u> "It should be clarified on which matter the SC has a decision right through vote, and how this coordinates with decision to be taken during RCG decision meeting by NC. It is not clear here if SC will vote on technical decision only, and what should be decided at RCG Decision Meeting only (in my view cost-sharing and hosting at least). SC could also decide to submit a decision to NC's vote during RCG Decision Meeting."

<u>Cyprus response</u>: We agree with the French suggestion.

<u>ITA response</u>: Agree; the comment from France is misleading because it refers to a "decision right through vote", but I don't think that SC should vote, it is a technical group. Also the Rules of Procedures for the RCG should be considered (there is a specific section on RCG groups)

Statement B: establishing the SC and planning its work

• <u>adoption of the French amendment, i.e.</u> "Resolutions are developed by expert group or SC, and reviewed and approved by SC shortly after the RCG Annual Meeting. In case emerging needs should be addressed shortly, further resolutions can be developed and adopted by SC throughout the year."

<u>Cyprus response</u>: We believe the resolution should be proposed by SC to RCG Med&BS in order to be approved. Concerning emerging needs that should be addressed shortly, perhaps they could be adopted by RCG Med&BS through written procedure.

<u>ITA response</u>: Agree; Again, SC should not adopt resolution, but make them available to RCG (see RoP for the RCG)

 <u>Contributions to reviewers' comments to questions B2 (revision body) and B3</u> (<u>SharePoint</u>)⁶

<u>Cyprus response</u>: Concerning question B2, we believe that a revision body and mechanism is not required; we consider as adequate mechanism the revision during the RCG Annual Meeting. Concerning question B3, we consider it would be useful to use a Sharepoint. Considering that the RCG Med&BS SharePoint is hosted by ICES, we consider that also the SC SharePoint could be hosted by ICES.

ITA response: France comments are shareable? Agree with French comments

Statement C: managing the SC

• <u>adoption of the French amendment, i.e.</u> It is recommended that all ToR: ... "Identify a person in charge of reporting for the actions conducted under this ToR, and expert group(s) or institutions involved during actions."

<u>Cyprus response</u>: We consider that the SC chair/chairs are in general responsible for reporting for the actions conducted under the ToRs.

ITA response: Agree

• <u>Comment (if any) on the French contribution:</u> "SC is also asked to provide supporting information for their ToR within a SC resolution."

<u>Cyprus response</u>: We consider that the provision of supporting information is useful.

ITA response: FRA comments is shareable. It is not clear what does it mean the request

 (Dis-)agreement on the French suggestion: "A graph explaining relationships btw SC/expert group/ would be useful to visualize who is in charge of what. It is also needed to distinguish clearly btw ToR (which define objectives and work to be done by expert group or SC) and recommendations which can be addressed by SC to NC's for decision. It is not clear if ToR proposed by SC (meaning problems to be addressed during the year) should be approved and at which level."

⁶In these case, the document does not report a specific position to adopt or reject but heterogeneous comments which need to be harmonized or debated; each NC is invited to further contribute and/or comment previous contributions

<u>Cyprus response</u>: We don't consider that a graph explaining relationships is needed, however we do not oppose on this suggestion if it is considered important for most MS. It is our understanding that the Resolutions that will include the ToRs should be approved by the RCG Med&BS.

<u>ITA response</u>: Agree; the SC should have general TOR identifying the general goals (as reported in Statement A) and specific TOR to be identified for each year.

ALL THIS SECTION SHOULD BE REVISED TO BE CONSISTENT WITH POINT 4 OF THE RoP OF RCG MED&BS

Statement D: number and role of SC chair(s)

• <u>adoption of the French amendment, i.e</u>. "SC chairs should be appointed by SC through a vote based on merit, leadership ability, and scientific or technical excellence. The turnover of chairs should be planned and managed to ensure smooth transitions and continuity of work."

<u>Cyprus response</u>: We consider that SC chairs could be proposed by SC through a vote and approved by RCG Med&BS.

ITA response: OK

<u>Contributions to reviewers' comments to questions D2 (limiting the appointment of Chair(s))</u>⁷

<u>Cyprus response</u>: We consider that only MS representatives who are members in the SC should be appointed Chairs.

<u>ITA response</u>: ESP comment is shareable. "Once the SC is constituted, the election of the chairs should be carried out by and among its members, who will ultimately be the best informed about the objectives to be achieved."

This is not in line with the RoP: *The RCG may provide terms of references for these* groups and appoint the chairperson(s), coordinator(s), rapporteur(s), secretary, or any other role(s) or working practices necessary for these groups. The RCG may mandate these group(s) to appoint the chairperson(s), coordinator(s), rapporteur(s), secretary, or any other necessary role(s) and the terms of reference for such group(s).

Statement E: SC meetings and privacy

<u>Contributions to reviewers' comments to questions E (personal data of meeting participants)</u>⁸

⁷ See note 1

<u>Cyprus response</u>: We consider that the RCG Secretariat should be responsible for personal data of meeting participants. Alternatively, could be the chair of the SC.

ITA response: RCG Chair(s)

Statement F: SC reporting

 <u>Contributions to reviewers' comments to questions F1 (report publications) and F2</u> (report availability)⁹

<u>Cyprus response:</u> Concerning question F1, we believe this is not relevant. Regarding F2, we consider that Med&BS RDB SC reports should be made available (apart from Med&BS RDB SC members) to the RCG Med&BS members and NCs. It could be also useful to send the reports to the SC of the regional database (RDBES) of the other RCGs, for facilitating coordination on overlapping topics.

ITA response: Report need to be prepared for internal use only.

Statement G: Code of Conduct

• <u>Contributions to reviewers' comments to questions G1 (Conflicts of Interest, standard for behaviours, responsibilities) and G2 (breach of the Code of Conduct)</u>¹⁰

<u>Cyprus response:</u> Concerning question G1, we believe a Code of Conduct is not relevant, especially considering that a Code of Conduct is not in place for RCG Med&BS or any group under the RCG Med&BS. For question G2, in case a Code of Conduct is adopted, we believe the SC Chair(s) should be in charge.

ITA response: For point g1 we agreed with GRC comment.

For point 2 both ESP and GRC comments are shareable

⁸ See note 1

⁹ See note 1

¹⁰ See note 1

APPENDIX 2: Useful terms from ICES GL

This subsection reports citations from ICES GL that can be fruitfully discussed and, maybe, adopted also in the SC of Med&BS RDB and are a background of guidelines in the square 1. They are summarized and reported with explicit citation of the ICES GL sections from which they are taken.

On Establishing expert groups and planning their work (resolutions) (section 3.1)

... A resolution, is required to establish an expert group and plan expert group activity.

... The resolution describes the proposed work of the expert group as a series of terms of reference (ToR).

... Expert group resolutions are reviewed and adopted (approved) by the Science Committee, Advisory Committee, or both committees, on a resolutions review and approval forum hosted by ICES. The committee or committees responsible for reviewing and adopting a given resolution will depend on whether the resolution includes terms of reference that relate to science, the underpinnings of requested advice, or both.

... As well as describing the terms of reference (ToR) for the expert group, expert group resolutions define dates and venues of expert group meetings and the chairs of the expert group.

... The resolution thus provides the information needed by Delegates to nominate suitable members for the expert group and for scientists more widely to assess whether they would seek to join the group. For joint activities with other organizations, that take the form of joint working groups or workshops, details of a relevant contact person in the other organization are added to the resolution.

... Resolutions can be developed and adopted throughout the year to address emerging

needs, but most resolutions are reviewed and approved shortly after the ICES Annual

Science Conference. Review and adoption of resolutions takes place on the

(SharePoint-based) ICES Resolutions Forum. Draft resolutions are made available via

SharePoint (see Section 3.6.5) in a timely manner to facilitate review, discussion and ultimately approval.

On the Management of expert groups (section 3.2)

Working groups focusing on science topics are usually established for a three-year term, but groups focusing on advisory-related topics and the provision of data and other analyses to support the development of advice may meet for many years, reflecting the enduring needs for the advisory work they support.

... For working groups focusing primarily on advisory-related topics, and that continue to meet over many years, the terms of reference are reviewed and updated every year.

After the annual resolution is approved, the working groups deliver specific activities and products specified in their terms of reference, as well as an ICES Scientific Report.

Workshops are established for a one-year period and the terms of reference apply to a

single year. At the end of the workshop, ICES Scientific Report is due.

... The Terms of Reference (ToR) of expert groups (as well as steering groups and strategic initiatives) provide an essential year-on-year description ... of work.

... For these reasons, ToR should have stand-alone meaning, with the scientific or advisory topic or subject clearly stated and action and outcome expressed with a verb.

It is recommended that all ToR:

- Can be understood when read in isolation;
- Are focused on a stated topic or subject;
- Include an action expressed with a verb;
- Indicate the purpose and expected outcome of the action.

... Expert groups are also asked to provide supporting information for their ToR within an Expert Group Resolution. The supporting information is an important element of the resolution as it provides the information needed to help ACOM members, SCICOM members, and/or Delegates to reach an informed decision on the merits of an Expert Group Resolution.

The "Supporting information" should be written as a stand-alone text, to the extent possible, and should emphasize, as a minimum, the driver and rationale for the ToR, the purpose of the ToR, and the expected benefits and recipient once the science described in the ToR is complete. As a guide, the "Supporting information" for each ToR would be 50–100 words.

... The number of ToR listed in an Expert Group Resolution should be realistic and practical given the number of meetings, capacity for intersessional work and the impacts of any other planned activities of the expert group. Typically, the work of an expert group should be described with four to six ToR.

On the Role of expert group chairs (section 3.4)

... ICES expert groups ideally have one or two chairs. The number of chairs should never exceed three. ... If an expert group has more than one chair, then the chairs should clearly establish the sharing of responsibilities to ensure that all the tasks required for the efficient operation of the expert group are completed.

The main roles of expert group chairs are to:

...

• Engage with the steering group chair, SCICOM chair and/ or ACOM leadership and ICES Secretariat to formulate, prioritize and prepare ToR and resolutions and to ensure that expert group ToR, and intended expert group outputs, support and meet the science objectives (as articulated in the Science Plan) and advisory needs (as articulated in the Advisory Plan) of ICES.

• Plan and manage the work of the expert group in accordance with the agreed ToR. This involves planning, announcing and chairing of expert group meeting(s) and the preparation of an agenda and work schedule in consultation with members.

• Ensure that ICES Code of Conduct (Section 4) and the requirements for membership of expert groups (Section 3.5) are understood and followed by the chair and expert group members. This includes highlighting and implementing the Code of Conduct at meetings (Section 4) (Slides and links to ICES Code of Conduct are lodged on the SharePoint site for every expert group to support this process).

• Identify shortfalls in skills and knowledge needed to meet the ToR of the expert group and to work with the network including Delegates to rectify these shortfalls.

• Encourage working practices in the expert group which ensure science and analyses generated by the expert group are receiving adequate quality control consistent with scientific norms.

• Identify gaps and overlaps in the work of expert group, and work with members to propose consolidation or rationalization and increase efficiency of working.

• Oversee and contribute to the preparation of the expert group report and ensure that it is submitted to the secretariat on time and according to the schedule outlined in the resolution.

• Define the lists of editors and authors to be included on the report (Section 3.7.2.)

• Work with the Secretariat to finalize formatting of expert group reports and respond promptly to secretariat requests for input.

• Report details of peer-review publications produced by the expert group to the ICES Editor and report science highlights to the Communications Officer and relevant steering group chair (Guidance: see Annex 7).

• Ensure peer reviewed and other publications facilitated by the expert group include an acknowledgement of ICES role (Guidance: see Annex 8)

• *Review deliverables from the expert group and provide feedback to members on ways to develop and improve their work.*

• Provide feedback to steering group chairs and/or ACOM and/or SCICOM leadership on emerging research priorities and implementation of ICES strategy.

• *Represent the expert group at meetings of the relevant steering group and at other meetings for expert group chairs (e.g. WGCHAIRS).*

• Identify and provide any important recommendations that influence work in other parts of the network (Section 3.8).

• Promptly share any concerns about the work or functioning of the expert group with the relevant steering group chair and ACOM and/or SCICOM leadership to facilitate quick resolution).

... The tenure of expert group chairs should be reviewed by the expert group every three years. In no circumstances may the tenure of a chair exceed six years. The chair must be a member of the expert group.

... Expert group chairs should be appointed based on merit, leadership ability, and scientific excellence. The turnover of chairs should be planned and managed to ensure smooth transitions and continuity of work. For expert groups with more than one chair it is helpful to stagger the terms of the chairs if possible.

Agreement by individuals to accept the role of expert group chair implies an investment of time on the part of the individual to carry out the duties of the chair, and that the individual can access funds to cover travel and subsistence to attend expert group meeting.

... If a chair becomes unresponsive, this must be addressed promptly to ensure continued functioning of the expert group.

On Expert group meetings (section 3.6)

The main work by an expert group is usually conducted at the meetings planned and approved in the resolution. Effective planning of each meeting helps to ensure the work described in the ToR is completed and increases the engagement of expert group members.

... When scientists register for an expert group, ICES will collect personal data from these people, and also from nominating delegates in the case of appointed members. These data generally include the participant's name, contact information and employer.

Personal information collected is used for administrative purposes and retrospective analyses of group attendance by ICES.

Handling of these personal data is covered by ICES Privacy Statement, which states that by participating in an ICES meeting a scientists agrees that ICES may use the provided personal information

On Expert group reporting and evaluation (section 3.7)

The main publication series used by expert groups to share details of their work with the international marine science community is "ICES Scientific Reports".

3.7.3 Dissemination of expert group reports

On ICES Code of Conduct (section 4.4)

... The ICES Code of Conduct provides guidance on identifying and handling actual, potential or perceived Conflicts of Interest, defines the standard for behaviours of ICES experts contributing to ICES science and advice and sets the responsibilities of those contributing to ICES work.

4.5 Action in case of a perceived or actual breach of the Code of Conduct

•••

On the Roles of Delegates and chairs (section 4.2)

The national Delegates and chairs (in the case of "chair-invited experts") are the gatekeepers of the system when nominating experts. It is their responsibility to ensure active adherence to ICES Code of Conduct. This implies that they are responsible for ensuring:

• All experts contributing to ICES work are aware of ICES Code of Conduct.

• Actual, potential, or perceived Conflicts of Interest are identified and assessed prior to nominating experts.

• Experts are only nominated or invited if the nominating delegate or inviting chair are confident that the experts have provided adequate evidence that they can and will abide by this Code of Conduct.