

CHAPTER 5

**THE GOVERNMENT OF THE
HONG KONG SPECIAL ADMINISTRATIVE REGION**

GENERAL REVENUE ACCOUNT

GOVERNMENT SECRETARIAT

Security Bureau

GOVERNMENT DEPARTMENT

Auxiliary Medical Service

**Operation and training
of the Auxiliary Medical Service**

**Audit Commission
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OPERATION AND TRAINING OF THE AUXILIARY MEDICAL SERVICE

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OPERATION AND TRAINING OF THE AUXILIARY MEDICAL SERVICE

Summary and key findings

Introduction

A. The Auxiliary Medical Service (AMS) was established in December 1950 to augment the regular medical and health services of Hong Kong. The AMS provides both emergency and regular services to the community. As at 30 June 2000, the AMS had 102 civil servants and 4,398 volunteer members. AMS volunteer members are eligible for pay and allowances only when they have been called out for emergency or regular services or when they have attended training courses conducted by the AMS. Of the AMS's estimated total expenditure of \$62.9 million for 2000-2001, the financial provision for the pay and allowances of volunteer members was \$27.8 million (paras. 1.1 and 1.3 to 1.6).

Audit review

B. Audit has conducted a review to examine the economy, efficiency and effectiveness of the operation of the AMS volunteer force and the training of its volunteer members. The audit has found that the AMS has achieved its performance pledge for emergency services (paras. 1.7 and 2.3). However, Audit has found that there is room for improvement in a number of areas. Audit's findings are summarised in paragraphs C to J below.

Operation of the AMS volunteer force

C. **Manning the methadone clinics.** The AMS assists the Department of Health by providing trained volunteer members to man the methadone clinics. Audit's analysis revealed that, notwithstanding the issue of the guideline on duty attendance requirement and disciplinary action for non-compliance in October 1999, the average percentage of volunteer members in the methadone evening clinics who failed to comply with the duty attendance requirement was high (39%). Audit considers that, in order to ensure that satisfactory methadone clinic service is provided to patients, the AMS should set up a mechanism for monitoring the duty attendance of its volunteer members serving in methadone clinics (paras. 2.6, 2.8, 2.10(b)(ii) and 2.12).

D. **Life-saving service.** The AMS provides life-saving service upon requests from the Leisure and Cultural Services Department (LCSD). However, Audit found that, in the past three years, the AMS had only been able to provide about one-third of the life-saving service requested. Having regard to the fact that only 37 of the 112 qualified lifeguards in the AMS were deployed to provide life-saving service, Audit considers that the life-saving service can be improved to meet the LCSD's needs (paras. 2.4(e) and 2.19).

E. **Minimum service requirement.** The AMS requires its volunteer members to comply with a mandatory minimum service requirement so that they have regular practice to upkeep their proficiency, both in emergency and in normal times. However, Audit found that in the past three years: (a) about one quarter of AMS volunteer members had not complied with the minimum service requirement, (b) more than half of the volunteer members who failed to comply with the minimum

service requirement had not provided any service at all and (c) the AMS had not taken any disciplinary action against those volunteer members who failed to comply with the minimum service requirement. Audit considers that the AMS should closely monitor the services provided by its volunteer members and consider taking disciplinary action against those volunteer members who repeatedly fail to comply with the minimum service requirement (paras. 2.24, 2.27 and 2.28).

F. **Changes in operational requirement.** Audit has found that since September 1993: (a) the AMS's establishment had not been revised even though its operational requirement had been decreasing and (b) the average strength of the AMS had been persistently lower than its establishment. Audit considers that the AMS should conduct an establishment review to ascertain whether its establishment reflects its present operational needs (paras. 2.34 and 2.35).

Training of AMS volunteer members

G. **Minimum training attendance requirement.** The AMS requires its volunteer members to attend a minimum level of training so as to upkeep their proficiency in both first-aid skills and rescue operations. However, Audit has found that there is a discrepancy between the minimum training attendance requirement stated in the Standing Order and that stated in the AMS Regulation (made under the AMS Ordinance). Audit considers that there is a need for the AMS to eliminate this discrepancy (paras. 3.1 and 3.8).

H. **Training attendance of volunteer members.** The AMS has adopted the Standing Order's requirement as the criterion for monitoring its volunteer members' training attendance. However, Audit has found that in the past three years: (a) over one-third of AMS volunteer members had not complied with the requirement and (b) the AMS did not conduct different training courses to meet different needs of its volunteer members, as evidenced by the fact that a three-year programme for regular team training is attended by all volunteer members, irrespective of their length of service in the AMS. Audit considers that the AMS should closely monitor the training attendance of its volunteer members and review its regular team training programme with a view to designing different courses to meet the training needs of its volunteer members having different lengths of service (paras. 3.8, 3.15 and 3.16).

I. **Utilisation of training venues.** Audit has found that in 1999-2000, the average booking rate of the AMS's training venues was low. Audit considers that there is a need for the AMS to improve the utilisation of its training venues (para. 3.23).

Management information

J. Audit has found that the AMS did not compile statistics on the services provided by its volunteer members, their training attendance and the utilisation of its training venues. As a result, the AMS management had little knowledge of: (a) the extent of non-compliance with the minimum service provision requirement, (b) the extent of non-compliance with the minimum training attendance requirement and (c) the actual usage of its training venues. Audit considers that, without such information, it is difficult for the AMS to monitor effectively the services provided by its volunteer members and their training attendance and to plan and manage effectively its training resources (paras. 2.29, 3.18 and 3.24).

Audit recommendations

K. Audit has made the following major recommendations that the Chief Staff Officer of the AMS should:

Operation of the volunteer force

- (a) closely monitor the duty attendance of its volunteer members in methadone clinics and the services provided by its volunteer members and, where necessary, take more vigorous disciplinary action against those volunteer members who repeatedly fail to comply with the duty attendance requirement and the minimum service requirement (paras. 2.14(c) and 2.30(b) and (c));
- (b) establish guidelines for the AMS management to review periodically major regular services provided by its volunteer members with a view to evaluating the effectiveness of such services (para. 2.30(e));
- (c) in the establishment review to be conducted in conjunction with the Security Bureau, critically examine whether the AMS is presently provided with resources which are surplus to its operational requirement (para. 2.36(a));
- (d) in consultation with the Security Bureau, set up a mechanism for regularly reviewing the resources required for providing the services of the AMS in the most cost-effective manner (para. 2.36(c));

Training of AMS volunteer members

- (e) in consultation with the Secretary for Security, review the minimum training attendance requirement stated in the Standing Order and that stated in the AMS Regulation so as to eliminate the discrepancy between these two requirements (para. 3.9);
- (f) closely monitor the training attendance of volunteer members and, where necessary, take disciplinary action against those volunteer members who repeatedly fail to comply with the minimum training attendance requirement (para. 3.19(a));
- (g) conduct surveys on the training needs of volunteer members and consider the need to conduct different training courses for volunteer members with different lengths of service so as to ensure that training resources of the AMS are effectively used to upkeep the proficiency of its volunteer members (para. 3.19(b) and (c));
- (h) conduct a comprehensive review to ascertain the utilisation of all the AMS's training venues and consider, in consultation with the Government Property Agency, the feasibility of sharing those training venues which have low utilisation rates with other educational institutes or government departments (para. 3.25(a) and (e)); and

Management information

- (i) develop a computer system for collecting data on the services provided by its volunteer members and on their training attendance and for analysing such data to produce useful management information (paras. 2.30(d) and 3.19(e)).

Response from the Administration

- L. The Administration has accepted all of Audit's recommendations.

PART 1: INTRODUCTION

Background

1.1 The Auxiliary Medical Service (AMS — Note 1) was established in December 1950 to augment the regular medical and health services of Hong Kong. According to the AMS Ordinance (Cap. 517), the Director of Health is the Commissioner of the AMS. The AMS is under the executive command of the Commissioner.

1.2 AMS volunteer members come from all walks of life including people working in private enterprises, civil servants, students and housewives. Some of the volunteer members are professionals such as doctors, nurses, pharmacists, dispensers, radiographers and paramedical personnel working in either the public or private sector.

Roles and functions

1.3 In times of emergency such as natural disasters (which include typhoons and landslides) and other calamities (which include aircraft accidents and major fires), the AMS provides emergency services by deploying medical professionals and trained volunteer members to augment the services of the Department of Health (DH), the Hospital Authority and the Fire Services Department (FSD). In normal times, the AMS also provides regular services, such as first-aid coverage for public events, to the community (see paragraph 2.4 below).

Administration of the AMS

1.4 A team of civil servants in the AMS Headquarters (Note 2), headed by the Chief Staff Officer of the AMS, provides administrative support to the AMS. Appendix A is an organisation chart of the AMS Headquarters. As at 30 June 2000, the AMS Headquarters had a strength of 102 civil servants. As the head of the AMS Headquarters, the Chief Staff Officer is responsible to the Secretary for Security for managing the AMS.

Note 1: *The AMS was formerly known as the Medical Civil Defence Unit under the then Medical and Health Department.*

Note 2: *The AMS Headquarters comprises:*

- (a) the Administration Division which provides support to administration, accounting, membership and translation; and*
- (b) the Operations and Training Division which provides recruitment support and training to the AMS volunteer force.*

AMS volunteer force

1.5 The Commissioner of the AMS is assisted by a number of Deputy and Assistant Commissioners who are appointed in their volunteer capacity. Appendix B is an organisation chart of the AMS volunteer force. As at 30 June 2000, the AMS had a strength of 4,398 volunteer members including about 1,000 professionals. The AMS volunteer force has the following three wings:

- (a) **Operations Wing.** It consists of the majority of volunteer members, particularly the rank and file who perform most of the supplementary medical services;
- (b) **Logistics Wing.** It provides transport, general store and administrative support to the AMS's operations; and
- (c) **Hospital Wing.** It consists of doctors, nurses and specially trained volunteer members who are deployed to provide paramedic care to casualties in times of emergency.

Pay and allowances

1.6 The pay and allowances of AMS volunteer members are governed by the Auxiliary Forces Pay and Allowances Ordinance (Cap. 254). Volunteer members are eligible for pay and allowances (Note 3) only when they have been called out to provide emergency or regular services or when they have attended training courses conducted by the AMS. Of the AMS's estimated total expenditure of \$62.9 million for 2000-2001, the financial provision for the pay and allowances of volunteer members was \$27.8 million.

Audit review

1.7 An audit was conducted to examine the economy, efficiency and effectiveness of the operation of the AMS volunteer force and the training of its volunteer members to ascertain whether there is room for improvement in its services. The audit aimed to ascertain whether:

Note 3: *The pay rates range from \$31.1 to \$50.6 per hour for rank and file and from \$54.5 to \$151.5 per hour for officers. The pay rates are revised biennially by the Secretary for the Treasury under delegated authority from the Finance Committee of the Legislative Council.*

- (a) the AMS's volunteer members are providing efficient and effective services to the community; and

- (b) its training resources are used cost-effectively.

Audit has found a number of areas where there is room for improvement and has made a number of recommendations to address the related issues.

General response from the Administration

1.8 The **Chief Staff Officer of the AMS** has found the findings and analysis of the audit review very useful and constructive. He has said that the AMS generally accepts Audit's observations and recommendations for future improvements.

1.9 The **Commissioner of the AMS** welcomes the audit review and has urged the Chief Staff Officer of the AMS to follow up Audit's recommendations.

1.10 The **Secretary for Security** appreciates the observations and recommendations of the audit review, and considers that there is scope for the AMS to improve its operation and training. She has said that the Security Bureau will work closely with the AMS and render support in the AMS's examination of the audit findings in detail and implementation of the audit recommendations.

PART 2: OPERATION OF THE AMS VOLUNTEER FORCE

Emergency services

2.1 In order to respond efficiently and effectively to emergency requests, the Government has formulated specific contingency plans for natural disasters and calamities. These contingency plans set out the emergency response procedures and the roles and responsibilities of the various government departments concerned. According to the contingency plans, the principal responsibility for on-site rescue rests with the FSD. The Fire Services Communication Centre (FSCC) under the FSD is responsible for receiving emergency calls (Note 4) and coordinating all rescue parties. AMS volunteer members are mobilised upon emergency requests from the FSCC.

2.2 *Mobilisation of the AMS volunteer force.* As soon as emergency requests are received, the AMS's Emergency Response Task Force (Note 5), which consists of doctors, nurses and specially trained volunteer members, is mobilised by the Chief Staff Officer (in the capacity of the Deputy Commissioner (Operations) of the AMS volunteer force) to provide the following emergency services:

- (a) operating emergency medical centres;
- (b) providing on-site paramedic services;
- (c) reinforcing casualty clearing hospitals and clinics with personnel and emergency supplies; and
- (d) operating dressing stations and convalescent units at appropriate locations.

2.3 *Performance pledge.* In its performance pledge, the AMS has stated that its Emergency Response Task Force would arrive at the scene of incident within 45 minutes. During the period 1996 to 1999, the AMS was able to achieve its performance pledge (see Appendix C).

Note 4: *Emergency calls are channelled through the 999 system to the FSCC.*

Note 5: *The AMS's Emergency Response Task Force was established in 1992 to provide on-the-spot paramedic care to casualties. It is available on a 24-hour basis to respond to emergency requests.*

Regular services

2.4 In addition to the emergency services, the AMS also provides the following regular services to the community:

- (a) ***Manning of methadone clinics.*** The AMS deploys trained volunteer members to man the methadone clinics of the DH (see paragraphs 2.6 to 2.13 below);
- (b) ***First-aid coverage for public events.*** In cooperation with the Hong Kong Police Force and other government departments, the AMS provides first-aid coverage for public events such as the Fireworks Displays, the New Year's Eve Count-down Carnivals and the Community Chest Walks for Million. The AMS also provides first-aid coverage for public events upon requests from non-profit making organisations;
- (c) ***Non-emergency ambulance transfer service.*** The AMS provides non-emergency ambulance transfer service (NEATS) to patients of the DH and private hospitals (Note 6);
- (d) ***First aid and ambulance services in country parks.*** The AMS mans first-aid posts in country parks established at designated points determined by the Agriculture, Fisheries and Conservation Department;
- (e) ***Life-saving service.*** During weekends and holidays in the summer months, the AMS deploys qualified lifeguards to provide life-saving service upon requests from the Leisure and Cultural Services Department (LCSD — Note 7 and see paragraphs 2.16 to 2.19 below); and
- (f) ***First-aid talks.*** The AMS provides first-aid talks upon requests from non-profit making organisations. It also organises basic courses in first aid and resuscitation for civil servants.

Note 6: *In April 1996, the AMS took over the NEATS for the Kowloon Region from the FSD. The service was extended to cover the Hong Kong and New Territories Regions in April 1997. The NEATS operates from 8 a.m. to 6 p.m., from Monday to Saturday, except public holidays.*

Note 7: *The Leisure and Cultural Services Department was established on 1 January 2000 to take over the responsibility for providing leisure and cultural services from the then Urban Services Department and the then Regional Services Department.*

2.5 During the period 1995 to 1999, the major regular service provided by volunteer members was the manning of methadone clinics, which on average accounted for 76.3% of the total time spent by them on all regular services (see Appendix D).

Manning of methadone clinics

2.6 In 1972, methadone clinics commenced operation under the Methadone Treatment Programme to provide treatment and rehabilitation to drug abusers who had a motivation to stop using heroin or other opiate drugs. The DH is responsible for the overall administration of the Methadone Treatment Programme while the AMS assists the DH in this programme by providing trained volunteer members to man methadone clinics.

2.7 As at 30 June 2000, about 460 AMS volunteer members were engaged in the delivery of the Methadone Treatment Programme (Note 8). Their duties included patient registration, cash collection, dispensing of methadone and stock control. In 1999-2000, the pay and allowances paid to volunteer members for manning methadone clinics amounted to \$15.2 million.

Duty attendance requirement

2.8 The Supervising Officers of individual methadone clinics (Note 9) assign duty shifts to volunteer members with reference to their priority of being selected for manning methadone clinics and their pledged duty shifts one month in advance (Note 10). In the past, no disciplinary action had been taken against those volunteer members who frequently withdrew from attending their pledged duty shifts. In response to the recommendations of the Independent Commission Against Corruption (ICAC), in October 1999, the AMS issued a guideline on duty attendance requirement and disciplinary action for non-compliance with the requirement. According to the guideline, if a volunteer member fails to attend at least 80% of his pledged duty shifts, his priority of being selected for manning methadone clinics will be downgraded.

Note 8: *Volunteer members have to complete training and pass a selection examination for methadone clinic operation before they are eligible for manning methadone clinics. They are prioritised for selection to man methadone clinics according to their results in the selection examination and their experience in manning methadone clinics.*

Note 9: *Volunteer members who are designated as Supervising Officers of individual methadone clinics are responsible for assisting an Operations and Training Officer to monitor the operations of the methadone clinics.*

Note 10: *If a volunteer member wishes to withdraw from attending a pledged duty shift, he has to inform the Supervising Officer three days in advance and a replacement will be arranged by the Supervising Officer as far as possible.*

**Audit's analysis of volunteer members'
duty attendance and duty withdrawal rates**

2.9 A total of 21 methadone clinics are located in different areas in Hong Kong (see Appendix E). To ascertain the extent of attendance of volunteer members in these 21 methadone clinics, Audit analysed the volunteer members' attendance records of two methadone day clinics and four methadone evening clinics during the periods April 1999 to September 1999 (i.e. before the guideline on duty attendance requirement and disciplinary action for non-compliance was issued) and October 1999 to March 2000 (i.e. after the guideline was issued).

2.10 As shown in Table 1 below:

- (a) *before the issue of the guideline* on duty attendance requirement and disciplinary action for non-compliance in October 1999:
 - (i) on average, 21% of volunteer members in the methadone day clinics and 45% of volunteer members in the methadone evening clinics failed to attend at least 80% of their pledged duty shifts; and
 - (ii) the percentage of volunteer members in the Kwun Tong Methadone Evening Clinic, who failed to attend at least 80% of their pledged duty shifts, was as high as 62%; and

- (b) *after the issue of the guideline* on duty attendance requirement and disciplinary action for non-compliance:
 - (i) in the methadone day clinics, the average percentage of volunteer members who failed to comply with the duty attendance requirement decreased significantly to 11%;
 - (ii) in the methadone evening clinics, the average percentage of volunteer members who failed to comply with the duty attendance requirement was still as high as 39%; and
 - (iii) the percentage of volunteer members in the Kwun Tong Methadone Evening Clinic who failed to comply with the duty attendance requirement further increased to 63%.

Table 1

**Percentage of AMS volunteer members who did not
comply with the duty attendance requirement in methadone clinics
during the periods April 1999 to September 1999 and October 1999 to March 2000**

	Percentage of non-compliance	
Methadone clinic	April 1999 to September 1999	October 1999 to March 2000
Day clinic (Note 1)		
Lady Trench	22%	14%
Violet Peel	20%	8%
Average (Note 2)	21%	11%
Evening clinic (Note 3)		
Kwun Tong	62%	63%
Shek Kip Mei (Note 4)	56%	47%
Tuen Mun	36%	31%
Yau Ma Tei	29%	17%
Average (Note 2)	45%	39%

Source: AMS's records

Note 1: Methadone day clinics normally open from 7 a.m. to 10 p.m. The patients' attendance at the two methadone day clinics which were selected for review represented 43.5% of the patients' attendance at all the methadone day clinics in 1999.

Note 2: The average percentages were computed with reference to the number of volunteer members who failed to comply with the duty attendance requirement in the respective methadone day clinics or methadone evening clinics.

Note 3: Methadone evening clinics normally open from 6 p.m. to 10 p.m. The patients' attendance at the four methadone evening clinics which were selected for review represented 38.9% of the patients' attendance at all the methadone evening clinics in 1999.

Note 4: Upon the impending closure of the Shek Kip Mei Methadone Evening Clinic by the end of 2000, its patients will be transferred to the Sham Shui Po Methadone Day Clinic.

2.11 To assess the reliability of services provided by the AMS in methadone clinics, Audit further analysed the duty withdrawal rates of volunteer members (Note 11) in the two methadone day clinics and four methadone evening clinics during the periods April 1999 to September 1999 and October 1999 to March 2000. As indicated in Table 2 below, upon the issue of the guideline on duty attendance requirement and disciplinary action for non-compliance:

- (a) the average duty withdrawal rate in the methadone day clinics decreased from 2.3% to 1%; and
- (b) while the average duty withdrawal rate in the methadone evening clinics decreased from 8.1% to 6.1%, the duty withdrawal rate in the Kwun Tong Methadone Evening Clinic decreased only slightly from 13.9% to 13%.

Table 2

Duty withdrawal rates of AMS volunteer members in methadone clinics during the periods April 1999 to September 1999 and October 1999 to March 2000

Methadone clinic	Duty withdrawal rate	
	April 1999 to September 1999	October 1999 to March 2000
Day clinic		
Lady Trench	2.4%	0.9%
Violet Peel	2.1%	1.1%
Average (Note)	2.3%	1.0%
Evening clinic		
Kwun Tong	13.9%	13.0%
Shek Kip Mei	10.7%	7.0%
Tuen Mun	4.8%	2.7%
Yau Ma Tei	3.6%	1.4%
Average (Note)	8.1%	6.1%

Source: AMS's records

Note: The average percentages were computed with reference to the number of pledged duty shifts which volunteer members failed to attend in the respective methadone day clinics or methadone evening clinics.

Note 11: The duty withdrawal rate is calculated as follows:

$$\frac{\text{Number of pledged duty shifts which volunteer members failed to attend}}{\text{Number of duty shifts which volunteer members pledged to attend}} \times 100\%$$

Audit observations on manning of methadone clinics

2.12 Audit found that:

- (a) notwithstanding the issue of the guideline on duty attendance requirement and disciplinary action for non-compliance in October 1999, the percentage of AMS volunteer members in the methadone evening clinics who failed to comply with the duty attendance requirement remained high, particularly for the Kwun Tong Methadone Evening Clinic (see paragraph 2.10(b)(ii) and (iii) above); and**
- (b) the duty withdrawal rate of volunteer members in the Kwun Tong Methadone Evening Clinic was not entirely satisfactory (see paragraph 2.11(b) above).**

In Audit's view, the fact that a high percentage of volunteer members in the methadone evening clinics failed to comply with the duty attendance requirement, coupled with the not entirely satisfactory duty withdrawal rate of volunteer members in the Kwun Tong Methadone Evening Clinic, shows that there is room for improvement in the provision of the methadone clinic service to patients. Audit considers that, in order to ensure that satisfactory methadone clinic service is provided to patients, the AMS should set up a mechanism for monitoring the duty attendance of its volunteer members serving in methadone clinics.

2.13 Audit also found that:

- (a) some Supervising Officers of methadone clinics did not record the reasons for the failure of individual volunteer members to attend their pledged duty shifts in the clinics; and**
- (b) the AMS did not compile statistics on the duty attendance of its volunteer members and their duty withdrawal rates in methadone clinics.**

Audit considers that, without such information, it is difficult for the AMS management to oversee effectively the operation of methadone clinics. In Audit's view, there is a need for the AMS to improve its management information system for monitoring the duty attendance of its volunteer members in methadone clinics.

Audit recommendations on manning of methadone clinics

2.14 In order to facilitate effective oversight of the operation of methadone clinics, Audit has recommended that the Chief Staff Officer of the AMS should:

- (a) **keep proper documentation of AMS volunteer members' duty attendance in methadone clinics and the reasons for their failure to attend the pledged duty shifts in these clinics;**
- (b) **develop a computer system for collecting data on AMS volunteer members' duty attendance in methadone clinics and for analysing such data to produce useful management information such as duty withdrawal rates of volunteer members in methadone clinics;**
- (c) **closely monitor the duty attendance of AMS volunteer members in methadone clinics and, where necessary, take more vigorous disciplinary action against those volunteer members who repeatedly fail to comply with the duty attendance requirement in methadone clinics; and**
- (d) **in consultation with the AMS's Supervising Officers of individual methadone clinics, set up a mechanism for monitoring the duty attendance of volunteer members serving in methadone clinics.**

Response from the Administration

2.15 The **Chief Staff Officer of the AMS**, the **Commissioner of the AMS** and the **Secretary for Security** generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:

- (a) the AMS will issue supervisory guidelines on keeping proper documentation of its volunteer members' duty attendance in methadone clinics and the reasons for their failure to attend the pledged duty shifts in these clinics;
- (b) he will take more vigorous disciplinary action against those volunteer members who repeatedly fail to comply with the duty attendance requirement in methadone clinics; and
- (c) a management information system is being designed and developed for monitoring the duty attendance of volunteer members serving in methadone clinics.

Life-saving service

2.16 *Audit's comparison of services provided by the AMS with those requested by users.* Among the remaining regular services provided by the AMS, the NEATS, first-aid coverage for

public events, first-aid talks and life-saving service are provided upon user requests. Audit compared such services provided by the AMS with those requested by users. Audit found that:

- (a) during the period 1995 to 1999, among all the requests for regular services, the requests for life-saving service had always had the highest rejection rate (see Appendix F); and
- (b) the time spent by the AMS on life-saving service decreased significantly by 59% from 1,868 hours in 1995 to 772 hours in 1999 (representing 41% and 34% of the requests for life-saving service in these two respective years).

2.17 ***Audit's analysis of life-saving service.*** Audit further compared the life-saving service provided by the AMS with the requests received. As indicated in Appendix G, the AMS was unable to provide all the life-saving service requested during the period 1997 to 1999. Audit noted that during this period:

- (a) of the life-saving service requested for four beaches, the AMS was able to provide service for only two beaches, i.e. the Deep Water Bay and the Repulse Bay. The life-saving service (in terms of hours) provided for these two beaches ranged from 51% to 59% of that requested respectively; and
- (b) the life-saving service (in terms of hours) provided by the AMS was only about one-third of that requested.

Audit observations on life-saving service

2.18 **Upon examining the training records of the AMS's life-saving courses, Audit found that, notwithstanding that the AMS had at least 112 qualified lifeguards, only 37 lifeguards were deployed to provide life-saving service. Audit also found that the AMS management did not have management information to assess whether the AMS had sufficient qualified lifeguards to meet the requests for such service. In Audit's view, there is an urgent need for the AMS to improve its management information system for deploying qualified lifeguards to meet the requests for its life-saving service.**

2.19 **Audit also found that, in the past three years, the AMS had only been able to provide about one-third of the life-saving service requested (see paragraph 2.17(b) above). Having regard to the fact that only 37 of the 112 qualified lifeguards in the AMS were deployed to provide life-saving service (see paragraph 2.18 above), Audit considers that the life-saving service can be improved to meet the LCS D's needs.**

Audit recommendations on life-saving service

2.20 **Audit has *recommended* that the Chief Staff Officer of the AMS should:**

- (a) **in order to facilitate the deployment of the AMS's qualified lifeguards to meet the LCSD's requests for life-saving service, develop a computer system for collecting data on the life-saving qualifications of AMS volunteer members and for analysing such data to produce useful management information; and**
- (b) **actively encourage the AMS's qualified lifeguards to meet the LCSD's requests for life-saving service.**

Response from the Administration

2.21 **The Chief Staff Officer of the AMS, the Commissioner of the AMS and the Secretary for Security** generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:

- (a) notwithstanding that life-saving service is not an activity included in the performance pledge of the AMS, the AMS will liaise with the LCSD with the aim of working out a feasible and optimum level of life-saving service to be rendered annually by AMS volunteer members;
- (b) the AMS will set up a duty system where qualified lifeguards in the AMS are obliged to perform at least eight hours of life-saving duties each year; and
- (c) a management information system is being developed for collecting data on the life-saving qualifications of AMS volunteer members and for analysing such data to produce useful management information.

2.22 **The Director of Leisure and Cultural Services** fully supports the audit recommendation to encourage the AMS's qualified lifeguards to meet the LCSD's requests for life-saving service. He has said that, with the implementation of the audit recommendations, the life-saving service at the beaches will be further enhanced.

Minimum service requirement

2.23 According to the AMS Ordinance, in times of emergency, the AMS has to assist in the provision of regular medical and health services. At the discretion of the Commissioner, the AMS also has to provide regular services for the general benefit of the community. However, the participation of its volunteer members in providing the regular services is entirely voluntary.

2.24 In response to the ICAC's review on the AMS's duty allocation system (Note 12), in May 1997, the AMS issued an operational instruction specifying a mandatory minimum service requirement. All volunteer members below the rank of Senior Supervisor in the Operations Wing are required to provide a minimum of 16 hours of services each year. To monitor the services rendered by volunteer members, individual team leaders are required to report annually in writing to the AMS Headquarters the hours of services provided by each volunteer member.

Audit's analysis of services provided by volunteer members

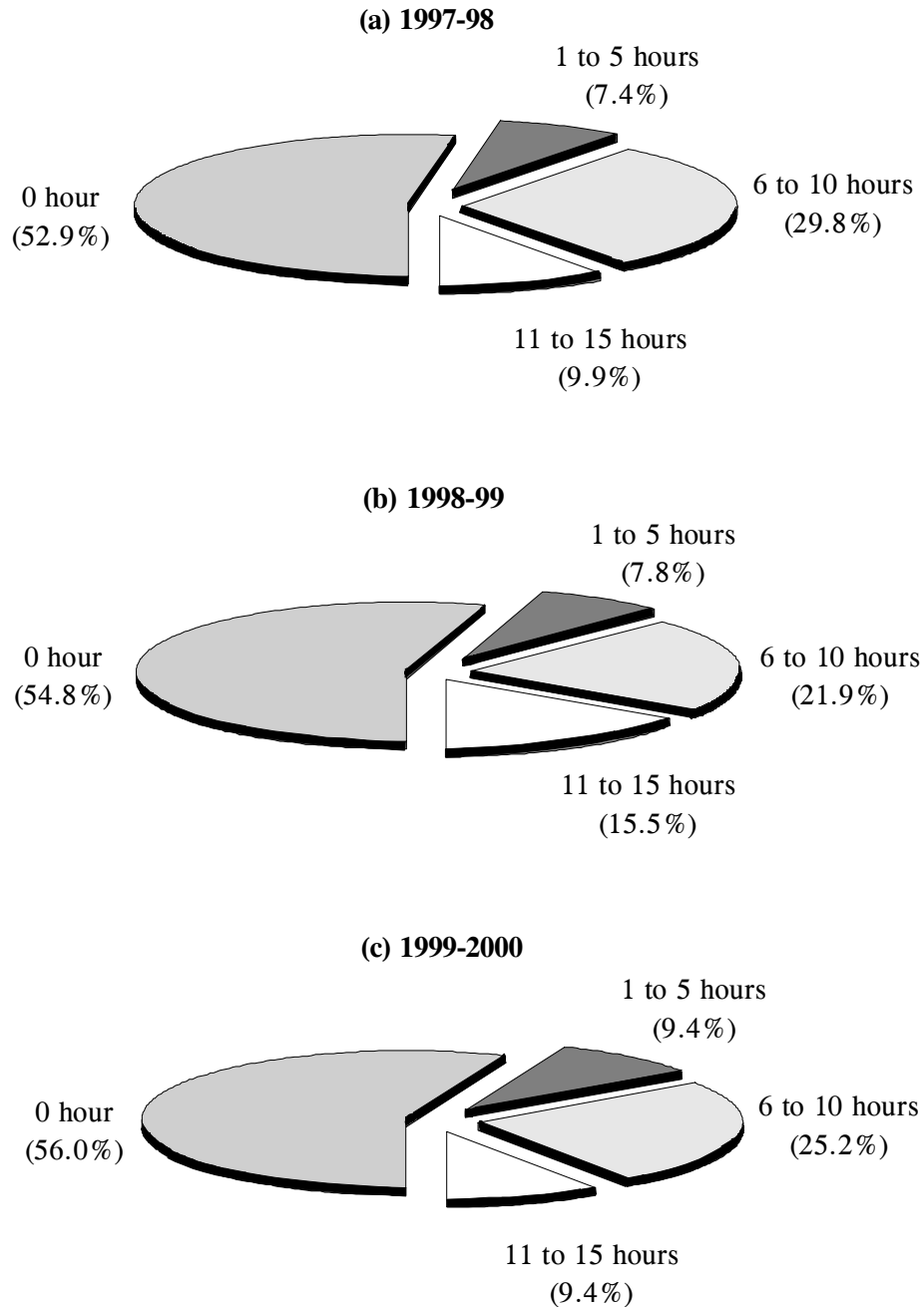
2.25 Information on the services provided by volunteer members is kept manually on record cards. The AMS did not compile statistics on the services provided by individual volunteer members. To ascertain the extent to which volunteer members complied with the minimum service requirement, Audit analysed the service records of 499 volunteer members in the Operations Wing during the period 1997-98 to 1999-2000. Audit's analysis revealed that 24.2%, 31.1% and 31.9% of the volunteer members who were selected for analysis did not comply with the minimum service requirement in 1997-98, 1998-99 and 1999-2000 respectively (see Appendix H).

2.26 Audit further analysed the hours of services provided by those volunteer members who failed to comply with the minimum service requirement during the period 1997-98 to 1999-2000. As indicated in Figure 1 below, in the past three years, more than half of the volunteer members who failed to comply with the minimum service requirement had not provided any service at all.

Note 12: *The ICAC's review found that some of the volunteer members had not provided any service at all for years. To maintain volunteer members' proficiency, the ICAC recommended the setting of a mandatory requirement for minimum service.*

Figure 1

Hours of services provided by AMS volunteer members who did not comply with the minimum service requirement during the period 1997-98 to 1999-2000



Source: AMS's records

Note: In the past three years, more than half of the volunteer members who failed to comply with the minimum service requirement had not provided any service at all.

Audit observations on minimum service requirement

2.27 *Non-compliance with minimum service requirement.* Audit found that in the past three years:

- (a) about one quarter of the volunteer members who were selected for analysis had not complied with the minimum service requirement (see paragraph 2.25 above); and
- (b) more than half of the volunteer members who failed to comply with the minimum service requirement had not provided any service at all (see paragraph 2.26 above).

In Audit's view, regular practice is essential for upkeeping the volunteer members' proficiency in the AMS's operations, both in times of emergency and in normal times. Audit considers that the AMS should set up a mechanism for monitoring the services provided by its volunteer members.

2.28 *No disciplinary action taken for non-compliance with minimum service requirement.* Audit found that the AMS had not taken any disciplinary action against those volunteer members who failed to comply with the minimum service requirement. As a result, the percentage of volunteer members who failed to comply with the minimum service requirement increased from 24.2% in 1997-98 to 31.9% in 1999-2000 (see paragraph 2.25 above). Audit also found that some of these volunteer members had received training provided by the AMS but they did not provide any service at all. Audit considers that this practice is contrary to the objective of providing constant practice and revision courses to volunteer members so that they can perform their operational duties efficiently and effectively (see paragraph 3.1 below). In Audit's view, there is a need for the AMS to incorporate in the operational instruction a provision for taking disciplinary action against those volunteer members who repeatedly fail to comply with the minimum service requirement.

2.29 *No management information on services provided by volunteer members.* Audit found that:

- (a) in monitoring the services provided by AMS volunteer members, some of the team leaders reported the quality of services instead of quantity (e.g. the number of hours) of services provided by each volunteer member; and
- (b) as the AMS did not compile statistics on the services provided by its volunteer members, its management had little knowledge of the extent of non-compliance with the minimum service requirement.

Audit considers that, without such information, it is difficult for the AMS to monitor effectively the services provided by its volunteer members. In Audit's view, there is a need for the AMS to improve its management information system for monitoring the services provided by its volunteer members.

Audit recommendations on minimum service requirement

2.30 **Audit has *recommended* that the Chief Staff Officer of the AMS should:**

- (a) **issue clear instructions to team leaders of the AMS requiring them to keep proper record of the services provided by individual volunteer members so that the data in such records can be readily analysed to produce useful management information;**
- (b) **consider incorporating into the operational instruction a provision that disciplinary action will be taken against those volunteer members who repeatedly fail to comply with the minimum service requirement;**
- (c) **closely monitor the services provided by each volunteer member so as to ensure that the mandatory minimum service requirement is complied with;**
- (d) **in order to effectively monitor the services provided by AMS volunteer members, consider developing a computer system for collecting the data on such services and for analysing them to produce useful management information; and**
- (e) **establish guidelines for the AMS management to review periodically major regular services provided by individual volunteer members with a view to evaluating the effectiveness of such services and identifying room for further improvement.**

Response from the Administration

2.31 **The Chief Staff Officer of the AMS, the Commissioner of the AMS and the Secretary for Security generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:**

- (a) **the AMS will issue supervisory guidelines on keeping statistics of both the quality and quantity of services provided by individual volunteer members;**
- (b) **a management information system is being developed for monitoring the services provided by AMS volunteer members; and**
- (c) **the AMS will make efforts to tighten up its system for monitoring the services provided by its volunteer members.**

Changes in operational requirement of the volunteer force

2.32 The establishment of the AMS volunteer force is based on its operational requirement. In September 1993, following the recommendations of a consultant (Note 13), the AMS was reorganised and the establishment of its volunteer members was reduced by 10% from 5,835 (Note 14) to 5,258. Since then, its establishment had not been changed. However, Audit noted that the AMS's operational requirement had experienced the following major changes in its services during the period 1993 to 1999:

- (a) ***Cessation of manning the clinics inside the Vietnamese migrants camps.*** In 1975, the AMS started to deploy volunteer members to man the clinics inside the camps for Vietnamese migrants. With the continuous influx of Vietnamese migrants, an increasing number of volunteer members were deployed to this service. In 1993, the AMS provided 230,518 hours of such service. However, since 1994, with the progressive closure of the camps, the manpower required to man such clinics had decreased. In 1997, the AMS only provided 106,677 hours for this service. In May 1998, this service ended with the closure of the High Island Detention Centre, which was the last Vietnamese migrants camp;
- (b) ***Taking up of NEATS.*** Since 1996, the AMS has taken over the NEATS from the FSD. It is now one of the major regular services provided by the AMS. In 1999, 43,930 hours were provided for this service;
- (c) ***Introduction of Youth Ambassador Scheme.*** Since 1997, the AMS has been organising a variety of life skills training programmes, community services and recreational activities to instil a sense of citizenship in the young people of Hong Kong;
- (d) ***Participating in Youth Pre-employment Programme.*** Since 1999, the AMS has been providing a wide range of employment-related training to school leavers to enhance their employability; and
- (e) ***First-aid coverage for special events.*** The AMS deployed volunteer members to provide first-aid coverage for special events, such as the celebration of Hong Kong's reunification with China in 1997 and the Year 2000 Contingency Plan in 1999.

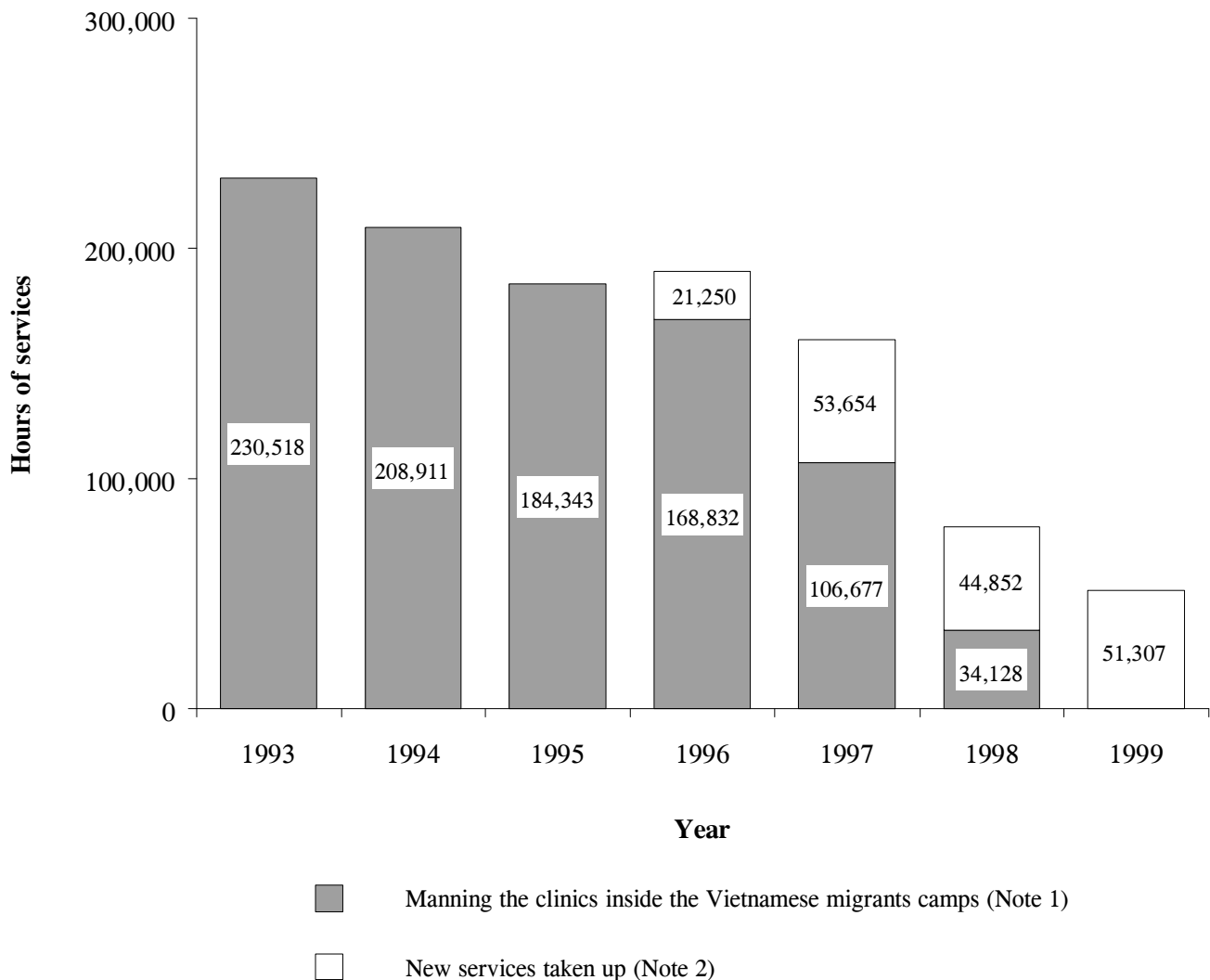
Figure 2 below is a summary of the time spent by volunteer members on services which were taken up or ceased to be provided by the AMS during the period 1993 to 1999. Audit's analysis revealed that, during the period 1993 to 1999, the surplus resources released from the progressive closure of Vietnamese migrants camps were much more than the resources needed for providing the new services taken up by the AMS.

Note 13: *The consultant was appointed by the Government in 1992 to review the AMS and Civil Aid Service and to advise on the organisational structure and level of resources required in order to ensure that the volunteer forces were appropriately structured to cope with expected emergencies of the 1990s.*

Note 14: *Since mid-1970s, the AMS's establishment had been fixed at 5,835.*

Figure 2

**Time spent by AMS volunteer members
on various services during the period 1993 to 1999**



Source: AMS's records

Note 1: The High Island Detention Centre, which was the last Vietnamese migrants camp, was closed in May 1998.

Note 2: Since 1996, the AMS has taken up new services, such as the NEATS, the Youth Ambassador Scheme, the Youth Pre-employment Programme and the first-aid coverage for special events.

Note 3: During the period 1993 to 1999, the surplus resources released from the progressive closure of Vietnamese migrants camps were more than the resources needed for providing the new services taken up by the AMS.

2.33 *Comparison of average strength with establishment of the volunteer force.* To ascertain whether the AMS's revised establishment reflected its operational requirement, Audit compared its average strength with its establishment during the period September 1993 to December 1999. Audit's comparison revealed that:

- (a) since September 1993, the average strength of the AMS had been persistently lower than its establishment; and
- (b) since 1995, the average strength of the AMS (as a percentage of its establishment) had been decreasing as a result of its volunteer members' retirement, resignation and discharge. In 1994, the average strength of the AMS represented 91% of its establishment, while in 1999 the average strength of the AMS represented only 82% of its establishment (see Appendix I).

**Audit observations on changes
in operational requirement of the volunteer force**

2.34 **Audit has found that:**

- (a) **during the period 1993 to 1999, the surplus resources released from the progressive closure of the camps for the Vietnamese migrants were much more than the resources needed for providing the new services taken up by the AMS. However, since September 1993, the AMS's establishment had not been revised even though its operational requirement had been decreasing (see paragraph 2.32 above); and**
- (b) **since the revision of the AMS's establishment in September 1993, the average strength of the AMS had been persistently lower than its establishment (see paragraph 2.33(a) above).**

2.35 **Audit considers that the AMS should conduct an establishment review to ascertain whether its establishment reflects its present operational needs. In this connection, Audit has noted that at a meeting held in April 2000 between the Secretary for Security and the Chief Staff Officer of the AMS:**

- (a) **the Secretary considered that, prima facie, there was a case for considering to reduce the establishment of the AMS; and**
- (b) **the Chief Staff Officer undertook to conduct a review on this matter.**

**Audit recommendations on changes
in operational requirement of the volunteer force**

2.36 **Audit has *recommended* that the Chief Staff Officer of the AMS should:**

- (a) **in the establishment review to be conducted in conjunction with the Security Bureau, critically examine whether the AMS is presently provided with resources which are surplus to its operational requirement, having regard to the need for the AMS to provide its services in the most cost-effective manner;**
- (b) **if it is found that the AMS is provided with resources which are surplus to its operational requirement, take prompt action to reduce the size of its establishment accordingly; and**
- (c) **in consultation with the Security Bureau, set up a mechanism for regularly reviewing the resources required for providing the services of the AMS in the most cost-effective manner in view of the recent changes in its operational requirement.**

Response from the Administration

2.37 **The Chief Staff Officer of the AMS, the Commissioner of the AMS and the Secretary for Security generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:**

- (a) **the review on the AMS's establishment has commenced. The review report is scheduled to be submitted to the Security Bureau by the end of 2000; and**
- (b) **the establishment review will focus on both the AMS's operational requirement in normal times and its manpower resources required for responding to emergency requests.**

PART 3: TRAINING OF AMS VOLUNTEER MEMBERS

Training objectives

3.1 The AMS organises a wide range of training courses for its volunteer members so that they can acquire the necessary knowledge and skills to carry out their duties. Training is a prerequisite for upkeeping the proficiency of volunteer members in both first-aid skills and rescue operations. The AMS provides constant practice and revision courses to volunteer members so that they can perform their operational duties efficiently and effectively.

Training categories

3.2 The training provided by the AMS to its volunteer members can be broadly categorised into:

- (a) ***Basic recruit training.*** All recruits are trained to equip themselves with the basic skills (e.g. first aid, casualty handling and squad drill) and to learn the AMS's operations (Note 15);
- (b) ***Regular team training.*** Team training is provided to individual teams through regular meetings (Note 16). It is modelled on a three-year programme which is designed by the AMS to update and reinforce its volunteer members' knowledge and skills in first aid and the AMS's operations; and
- (c) ***Centralised training.*** The AMS Headquarters also conducts regular training courses for volunteer members. Such centralised training courses provide the volunteer members with an opportunity to learn and practise more advanced skills and techniques (e.g. those members who have received training in clinical nursing are given attachments to the Hospital Authority).

Note 15: *On completion of the basic recruit training, volunteer members are posted to various teams where they will receive further advanced training. They are assigned to serve in the districts where they are living.*

Note 16: *Every month regular meetings which take up a total of eleven hours are conducted. Such meetings comprise two four-hour sessions on alternate Sundays and one three-hour evening session on weekdays.*

Minimum training attendance requirement

AMS Ordinance

3.3 To ensure that volunteer members upkeep their proficiency in operations, a requirement for efficiency is stated in the AMS Regulation made under Section 30 of the AMS Ordinance (Note 17). **Volunteer members (i.e. those in the Operations Wing and the Transport Division and Band Division of the Logistics Wing), who perform the bulk of the regular services, have to attend a minimum of 60 hours of training each year in order to comply with the efficiency requirement (hereinafter referred to as the AMS Regulation’s requirement).**

3.4 If a volunteer member fails to comply with the AMS Regulation’s requirement, the Commissioner may impose upon him one or more of the following disciplinary actions:

- (a) a reduction in rank;
- (b) a caution, warning, reprimand or severe reprimand; and
- (c) a fine not exceeding \$500.

Commissioner’s Standing Order

3.5 However, there is a discrepancy between the minimum training attendance requirement stated in the Commissioner’s Standing Order issued in 1986 (hereinafter referred to as Standing Order) and that stated in the AMS Regulation. **According to the Standing Order, volunteer members in the Operations Wing and the Transport Division and Band Division of the Logistics Wing are required to attend at least 60% of the regular team training provided by the AMS in each training year (hereinafter referred to as the Standing Order’s requirement – Note 18). The Standing Order does not specify the minimum attendance requirement for centralised training.**

3.6 The Standing Order requires individual teams to report quarterly in writing to the AMS Headquarters the training attendance of their volunteer members. Unless otherwise exempted by

Note 17: *In 1997, the AMS Regulation repealed the Essential Services (Auxiliary Medical Services) Corps Regulations, which were enacted under the Essential Services Corps (General) Regulations in 1950. Before the enactment of the AMS Regulation, each AMS volunteer member was required to attend a minimum of five hours of training each year.*

Note 18: *The training year of the AMS starts in April and ends in March of the following year.*

the Commissioner, the following course of disciplinary action will be taken against a volunteer member who fails, without reasonable excuse, to comply with the Standing Order's requirement:

- (a) a first warning will be issued to the volunteer member if he fails to attain the required minimum training attendance rate in the first quarter;
- (b) a final warning will be issued to the volunteer member if he still fails to attain the required minimum training attendance rate in the following two consecutive quarters; and
- (c) the volunteer member will be discharged without going through any disciplinary proceedings if he fails to reply within 14 days in writing that he still has interest to serve in the AMS and that he will attend the regular training sessions on weekdays and Sunday.

Audit's comparison of minimum training attendance requirement stated in the AMS Regulation with that stated in the Standing Order

3.7 During the period 1997-98 to 1999-2000, the Standing Order's requirement varied from formation to formation and from year to year and the required minimum training attendance for the various formations ranged from 32 hours to 72 hours a year (see Table 3 below). Upon comparing the minimum training attendance requirement stated in the AMS Regulation with that stated in the Standing Order, Audit has noted that:

- (a) in 1997-98 and in 1998-99, if a volunteer member in the Band Division of the Logistics Wing attended 60 hours of training each year, which involved **solely regular team training**, he might be subject to disciplinary action under the Standing Order because he had not attended the required minimum of 72 hours of regular team training. However, he would not be subject to any disciplinary action under the AMS Regulation because he had complied with the 60-hour minimum training attendance requirement; and
- (b) on the other hand, during the period 1997-98 to 1999-2000, if a volunteer member in the Service Training Branch of the Operations Wing attended 32 hours of regular team training each year, he would not be subject to any disciplinary action under the Standing Order because he had complied with the 60% minimum attendance requirement. However, he might be disciplined under the AMS Regulation because he failed to comply with the 60-hour minimum training attendance requirement.

Table 3

Regular team training provided to AMS volunteer members in accordance with the Standing Order's requirement during the period 1997-98 to 1999-2000

**Regular team training per member
(in hours)**

Formation	1997-98		1998-99		1999-2000	
	Actually provided	Standing Order's requirement	Actually provided	Standing Order's requirement	Actually provided	Standing Order's requirement
	(a)	(b) = (a) ´ 60%	(c)	(d) = (c) ´ 60%	(e)	(f) = (e) ´ 60%
Operations Wing						
Hong Kong and Islands, Kowloon, New Territories East, and New Territories West Regions	99	59	99	59	99	59
Emergency Response Task Force	99	59	99	59	99	59
Service Training Branch	54	32	54	32	54	32
Logistics Wing						
Transport Division	84	50	84	50	84	50
Band Division	120	72	120	72	100	60

Source: AMS's records

Audit observations on minimum training attendance requirement

3.8 Audit has found that there is a discrepancy between the AMS Regulation's requirement and that stated in the Standing Order (see paragraph 3.7(a) and (b) above). This is because while the AMS Regulation requires AMS volunteer members in the Operations Wing and the Transport Division and Band Division of the Logistics Wing to attend a minimum of 60 hours of training each year, the Standing Order requires the volunteer members in these units to attend at least 60% of the regular team training provided by the AMS each year (see paragraphs 3.3 and 3.5 above). Audit considers that the discrepancy between these two minimum training attendance requirements is unsatisfactory. As far as can be ascertained by Audit, the AMS has adopted the Standing Order's requirement as the criterion for monitoring the training attendance of its volunteer members. In Audit's view, there is a need for the AMS to eliminate the discrepancy between the AMS Regulation's requirement and the Standing Order's requirement.

Audit recommendation on minimum training attendance requirement

3.9 Audit has *recommended* that the Chief Staff Officer of the AMS should, in consultation with the Secretary for Security, review the requirement stated in the Standing Order that volunteer members in the Operations Wing and the Transport Division and Band Division of the Logistics Wing have to attend a minimum of 60% of regular team training each year, and the requirement stated in the AMS Regulation that the volunteer members in these units have to attend a minimum of 60 hours of training each year so as to eliminate the discrepancy between these two requirements.

Response from the Administration

3.10 The Chief Staff Officer of the AMS, the Commissioner of the AMS and the Secretary for Security generally agree with the audit recommendation. The Chief Staff Officer of the AMS has said that:

- (a) the Standing Order will be revised to reflect the legal requirement that AMS volunteer members have to attend a minimum of 60 hours of training each year; and
- (b) for divisions/formations with training provision of less than 100 hours each year, volunteer members are required to attend a minimum of 60% of training each year.

Training attendance of volunteer members

3.11 To ascertain the extent to which volunteer members complied with the Standing Order's requirement, Audit analysed the training records of 550 volunteer members in the Operations Wing and the Transport Division and Band Division of the Logistics Wing during the period 1997-98 to 1999-2000 (Note 19). Audit's analysis revealed that 41.5%, 34.4% and 38.4% of the volunteer members who were selected for analysis failed to comply with the Standing Order's requirement in 1997-98, 1998-99 and 1999-2000 respectively (see Appendix J).

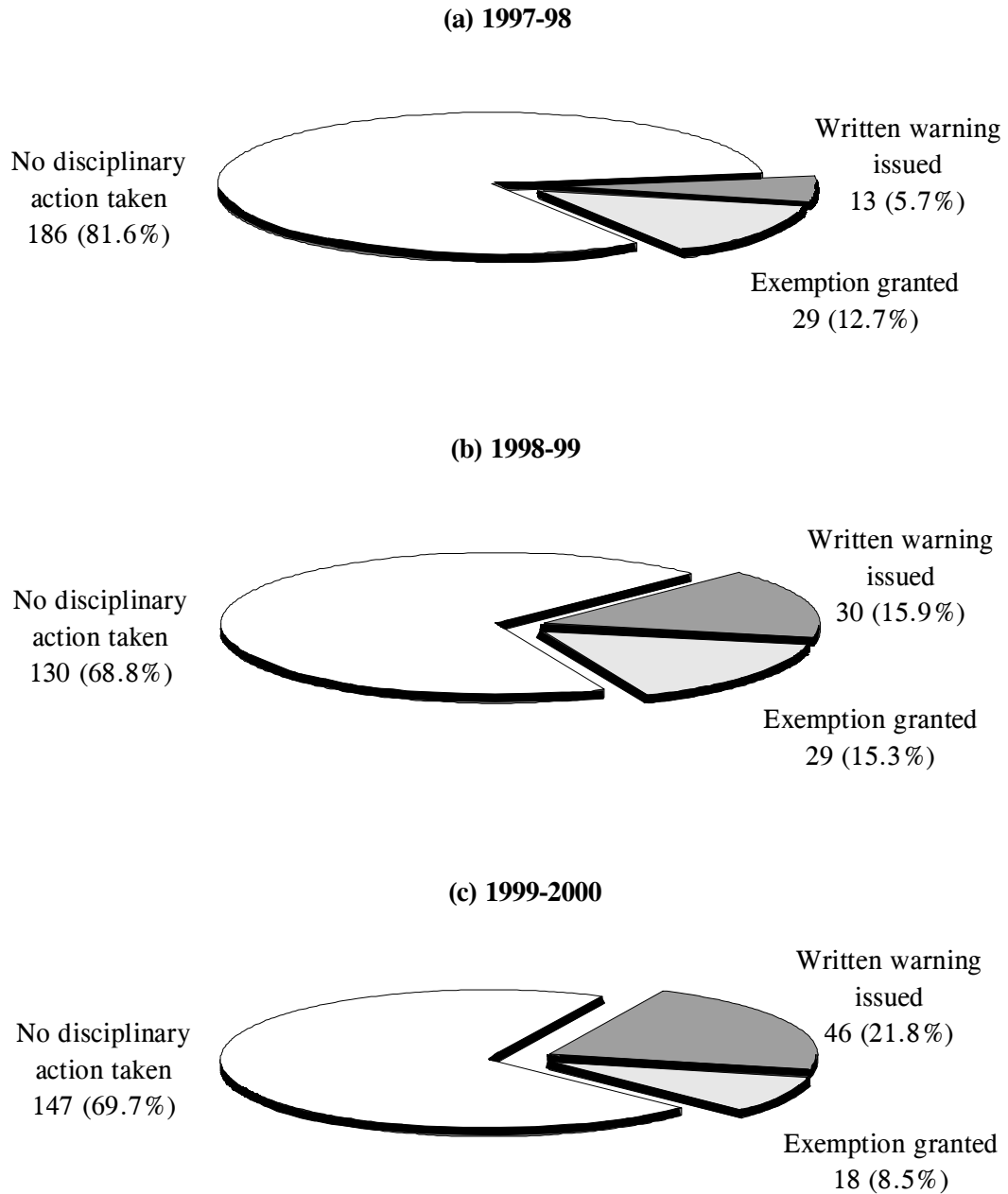
3.12 To ascertain the extent of non-compliance with the Standing Order's requirement, Audit compared the actual training attendance of all those volunteer members who failed to comply with the Standing Order's requirement with the required minimum training attendance of the Standing Order. Audit's comparison revealed that those volunteer members who failed to comply with the Standing Order's requirement attended only 51%, 46% and 44.9% of the required training hours in 1997-98, 1998-99 and 1999-2000 respectively (see Appendix K).

3.13 *Action taken for non-compliance with the Standing Order's requirement.* Audit further analysed the action taken by the AMS management against those volunteer members who failed to comply with the Standing Order's requirement. As indicated in Figure 3 below, no disciplinary action had been taken by the AMS management against 81.6%, 68.8% and 69.7% of the volunteer members who failed to comply with the Standing Order's requirement in 1997-98, 1998-99 and 1999-2000 respectively.

Note 19: *Training attendance records of volunteer members are kept manually on cards.*

Figure 3

**Action taken against AMS volunteer members
who did not comply with the Standing Order's requirement
during the period 1997-98 to 1999-2000**



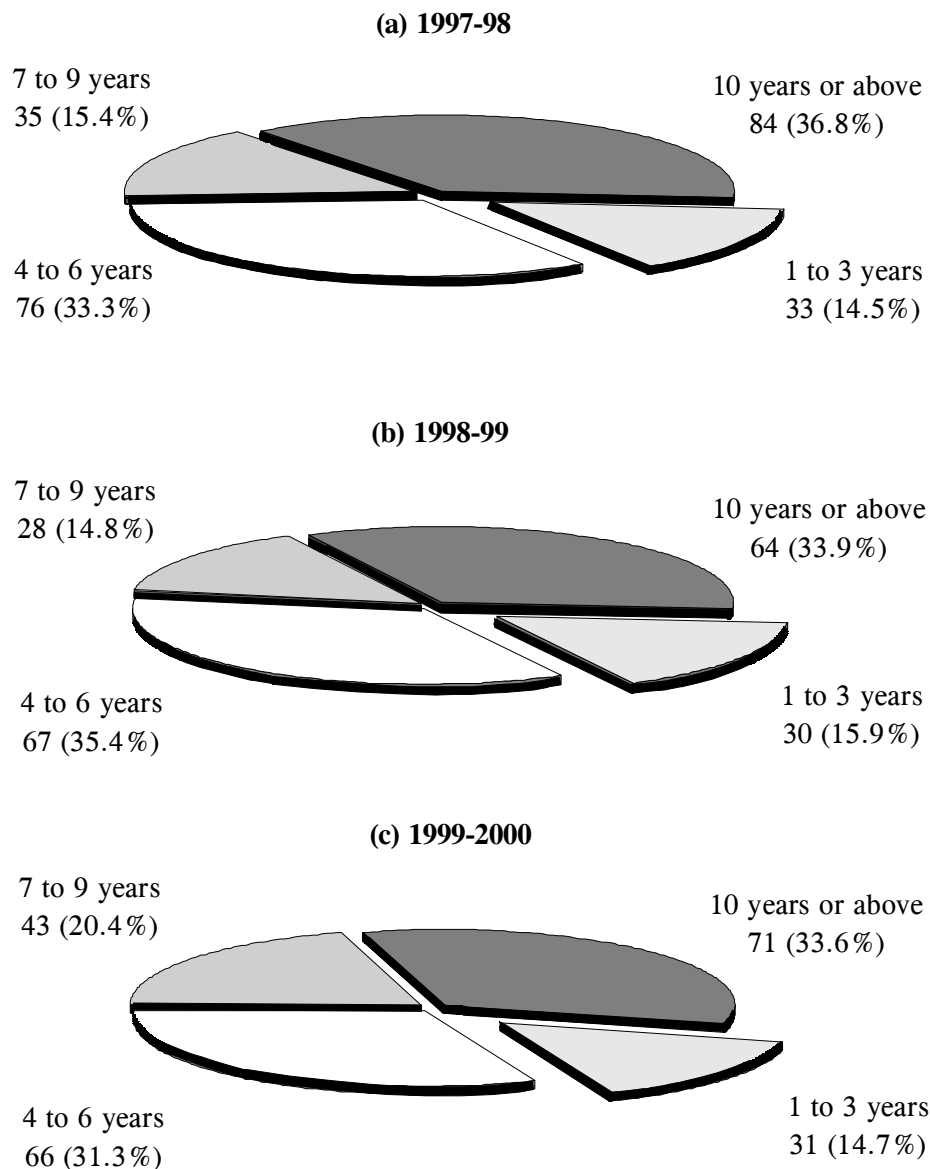
Source: AMS's records

Note: No disciplinary action was taken against 81.6%, 68.8% and 69.7% of the volunteer members who did not comply with the Standing Order's requirement in 1997-98, 1998-99 and 1999-2000 respectively.

3.14 **Length of service of volunteer members.** Audit analysed the length of service of the volunteer members who failed to comply with the Standing Order's requirement to ascertain whether there is a correlation between their length of service and their low training attendance rates during the period 1997-98 to 1999-2000. Audit's analysis revealed that the length of service was probably one of the main factors affecting the volunteer members' training attendance. As indicated in Figure 4 below, 85.5%, 84.1% and 85.3% of the volunteer members who failed to comply with the Standing Order's requirement in 1997-98, 1998-99 and 1999-2000 respectively had served in the AMS for more than three years.

Figure 4

Length of service of AMS volunteer members who did not comply with the Standing Order's requirement during the period 1997-98 to 1999-2000



Source: AMS's records

Note: Over 80% of the volunteer members who did not comply with the Standing Order's requirement during the period 1997-98 to 1999-2000 had served in the AMS for more than three years.

**Audit observations on
training attendance of volunteer members**

3.15 *Non-compliance with the Standing Order's requirement.* **Audit has found that in the past three years:**

- (a) **over one-third of the volunteer members who were selected for analysis had not complied with the Standing Order's requirement (see paragraph 3.11 above); and**
- (b) **no disciplinary action had been taken by the AMS against over two-thirds of the volunteer members who failed to comply with the Standing Order's requirement (see paragraph 3.13 above).**

As training is the key to the provision of efficient and effective service to the community, Audit considers that the persistently low training attendance rate of volunteer members is unsatisfactory. In Audit's view, the AMS should closely monitor the training attendance of its volunteer members to ensure that the minimum training attendance requirement is complied with.

3.16 *No training courses provided to meet different training needs of volunteer members.* **The three-year programme for regular team training is attended by all volunteer members, irrespective of their length of service in the AMS. Audit has found that:**

- (a) **the AMS did not provide other courses, such as refresher courses and courses for updating advanced first-aid skills and techniques, to experienced volunteer members. Consequently, volunteer members who have served in the AMS for more than three years are expected to repeatedly attend the same three-year training programme in the ensuing years; and**
- (b) **in the past three years, over 80% of the volunteer members who failed to comply with the Standing Order's requirement had served in the AMS for more than three years (see paragraph 3.14 above).**

Audit considers that the AMS should review the regular team training programme with a view to designing different courses to meet the training needs of volunteer members who have served in the AMS for different lengths of time.

3.17 *Centralised training provided to volunteer members who did not comply with Standing Order's requirement.* Audit has found that those volunteer members who failed to comply with the Standing Order's 60% attendance requirement for regular team training were allowed to attend centralised training courses conducted by the AMS Headquarters. During the period 1997-98 to 1999-2000, a total of 6,350 hours of centralised training were provided to such volunteer members. As centralised training offers volunteer members the opportunity to learn and practise the more advanced skills and techniques, Audit considers that, for effective utilisation of the AMS's training resources, priority should be given to those volunteer members who have complied with the minimum attendance requirement for regular team training.

3.18 *No management information on training attendance of volunteer members.* Audit found that, as the AMS did not compile statistics on the training attendance of its volunteer members, its management had little knowledge of the extent of non-compliance with the minimum training attendance requirement. Audit considers that, without such information, it is difficult for the AMS to plan and manage its training resources and to monitor effectively the training attendance of its volunteer members.

Audit recommendations on training attendance of volunteer members

3.19 *Audit has recommended that the Chief Staff Officer of the AMS should set up an effective mechanism for monitoring the training attendance of AMS volunteer members. In particular, the Chief Staff Officer should:*

- (a) **closely monitor the training attendance of AMS volunteer members and, where necessary, take disciplinary action against those volunteer members who repeatedly fail to comply with the minimum training attendance requirement;**
- (b) **conduct surveys on the training needs of volunteer members so as to obtain up-to-date information for planning the training programmes of the AMS in the ensuing years;**
- (c) **consider the need to conduct different training courses, such as refresher courses and courses for updating advanced first-aid skills and techniques, for volunteer members with different lengths of service so as to ensure that the training resources of the AMS are effectively used to upkeep the proficiency of its volunteer members;**

- (d) **in order to ensure effective utilisation of training resources of the AMS, establish procedures for ensuring that priority for attending centralised training is given to those volunteer members who have complied with the minimum attendance requirement for regular team training;**
- (e) **in order to plan and manage the training resources of the AMS and to monitor the training attendance of its volunteer members effectively, develop a computer system for collecting data on the training attendance of its volunteer members and for analysing such data to produce useful management information; and**
- (f) **establish procedures for the AMS management to review periodically management information on the training attendance of AMS volunteer members.**

Response from the Administration

3.20 The **Chief Staff Officer of the AMS**, the **Commissioner of the AMS** and the **Secretary for Security** generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:

- (a) the AMS will tighten up the monitoring of its volunteer members' training attendance to ensure that the minimum training attendance requirement is complied with;
- (b) the AMS will conduct surveys on the training needs of volunteer members on an on-going basis. Subject to the results of the training need surveys, the AMS will then consider the feasibility of conducting different training courses for its volunteer members with different lengths of service;
- (c) the AMS will make more efforts to strengthen its volunteer members' positive perception of the three-year programme for regular team training. Details of the training packages will be announced to them in advance;
- (d) the minimum training attendance requirement, being a prerequisite for selecting volunteer members to attend centralised training courses, will be enforced; and
- (e) a management information system is being developed to strengthen the AMS's mechanism for monitoring the training attendance of volunteer members.

Utilisation of training venues

3.21 The AMS conducts training (Note 20) at training venues located at its headquarters and district training centres. Appendix L is a list of the AMS's training venues. Such training venues include classrooms, function rooms, parade ground and a hall. In addition to the largest training venue located at its headquarters, the AMS has three regional headquarters (Note 21), seven district training centres and two training camps. The Kowloon Regional Headquarters and the Southern District Training Centre have been leased from the Hong Kong Housing Authority since 1990 and 1989 respectively. In 1999-2000, the total cost of leasing these venues was \$564,000. To supplement its training venues, from time to time, the AMS also hires the premises of subvented and private school and the Hong Kong Institute of Vocational Education (Note 22). In 1999-2000, the total cost of hiring these venues was \$119,000.

3.22 *Audit's analysis of booking rates of training venues.* The AMS did not compile statistics on the utilisation of its training venues. Except for the district training centres, the AMS keeps booking registers for its headquarters, regional headquarters and training camps. The names of training courses are entered in the registers to indicate that the venues have been reserved. To assess the utilisation of the training venues, Audit examined the booking records of the AMS Headquarters, three regional headquarters and two training camps in 1999-2000. The results of the audit analysis (see Appendix M) indicated that in 1999-2000:

- (a) the average booking rate (Note 23) of the training centres was only 35%;
- (b) for the Kowloon Regional Headquarters (leased from the Hong Kong Housing Authority), the booking rate for day sessions was as low as 4%; and
- (c) for the Tsam Chuk Wan Training Centre, the booking rate was only 6%.

Note 20: *Training courses include centralised training courses, civil service training courses and courses for the Youth Ambassador Scheme and the Youth Pre-employment Programme.*

Note 21: *The regional headquarters are also used as operations centres in times of emergency.*

Note 22: *As public school premises are provided by the Education Department to the AMS free of charge, the AMS hires subvented and private school premises only when the public school premises in the district are not available.*

Note 23: *The booking rate of each training venue is calculated as follows:*

$$\text{Booking rate} = \frac{\text{Total number of sessions booked}}{\text{Total number of sessions available for booking}} \times 100\%$$

Audit observations on utilisation of training venues

3.23 ***Low booking rates of training venues.*** Audit has found that in 1999-2000:

- (a) the average booking rate of the AMS's training venues was low. The training centres which were selected for analysis had an average booking rate of only 35% (see paragraph 3.22(a) above); and
- (b) the 4% booking rate for day sessions of the Kowloon Regional Headquarters was very low (see paragraph 3.22(b) above).

Audit considers that, in view of the low training attendance rates of its volunteer members (see paragraph 3.11 above) and the low booking rates of its training venues (see paragraph 3.22 above), there is a need for the AMS to improve the utilisation of its training venues. In Audit's view, the AMS should encourage its training officers to conduct training courses at its own training centres more frequently in order to achieve high utilisation of these training venues.

3.24 ***No information on utilisation of training venues.*** Audit found that, as no records on the actual usage of its training venues were kept and no statistics on the utilisation of its training venues were compiled, the AMS management had little knowledge of the extent of utilisation of its training venues. Audit considers that the AMS should keep records on the utilisation of its training venues so as to facilitate planning and management of its training venues.

Audit recommendations on utilisation of training venues

3.25 ***Audit has recommended that the Chief Staff Officer of the AMS should:***

- (a) conduct a comprehensive review to ascertain the utilisation of all the AMS's training venues;
- (b) keep utilisation records and compile management information on the utilisation of all the AMS's training venues so as to facilitate planning and management of training venues;

- (c) **establish procedures for the AMS management to review periodically the management information for monitoring the utilisation of the AMS's training venues;**
- (d) **review the need to continue leasing and hiring those external venues with low utilisation rates, particularly the Kowloon Regional Headquarters; and**
- (e) **consider, in consultation with the Government Property Agency, the feasibility of sharing those training venues which have low utilisation rates with other educational institutes or government departments.**

Response from the Administration

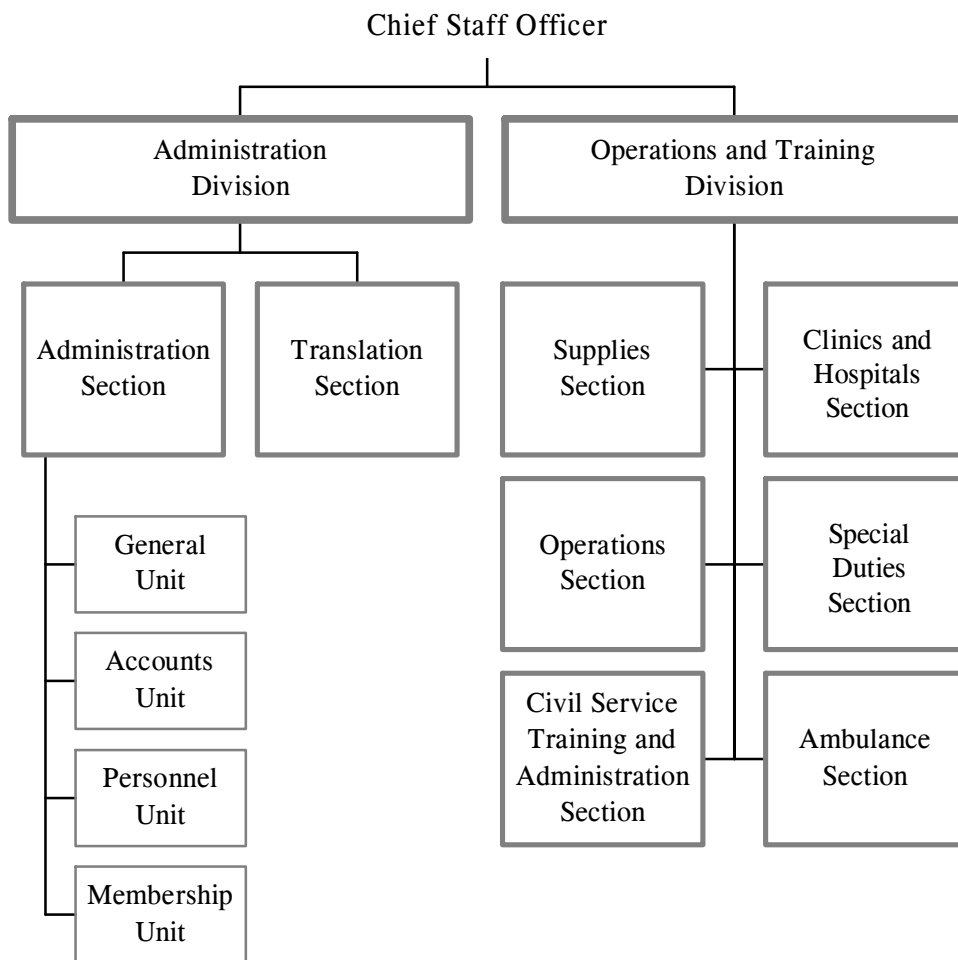
3.26 The **Chief Staff Officer of the AMS**, the **Commissioner of the AMS** and the **Secretary for Security** generally agree with the audit recommendations. The Chief Staff Officer of the AMS has said that:

- (a) the AMS agrees to develop and maintain a management information system on the utilisation of all its training venues and to review the utilisation periodically;
- (b) the AMS will issue guidelines and instructions to volunteer members on keeping utilisation records for both scheduled and non-scheduled activities (including operational turn-outs) which have taken place in its training venues;
- (c) the AMS will liaise with the Government Property Agency to review the low utilisation of its training venues; and
- (d) the AMS's training venues are being shared with other non-government organisations and government departments. The AMS will ensure that such utilisation data will be properly recorded. The AMS will make further efforts to improve the utilisation rates of its training venues through such sharing in future.

3.27 The **Government Property Administrator** supports Audit's recommendations in respect of the utilisation of training venues.

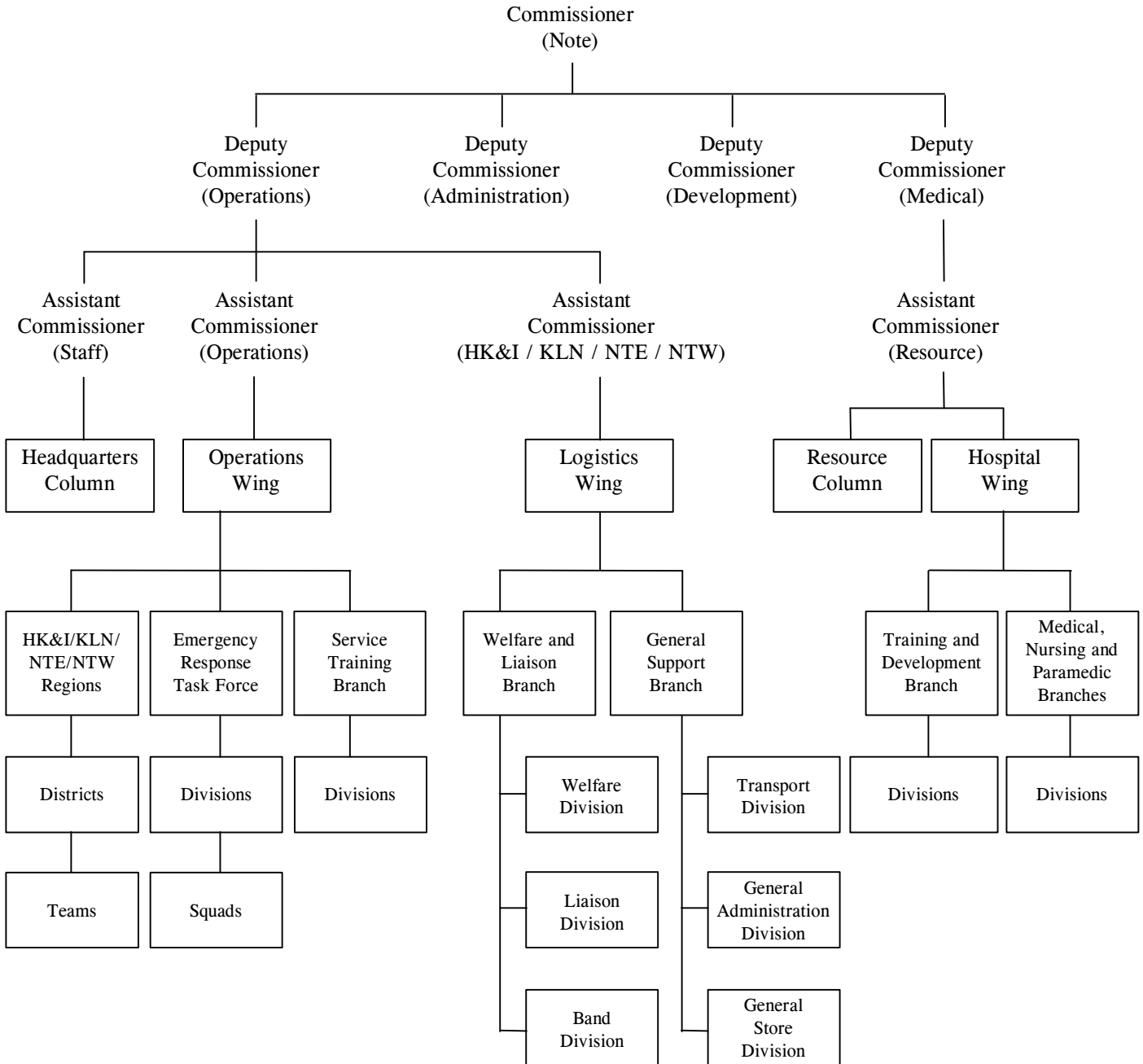
Appendix A
(paragraph 1.4 refers)

**Organisation chart of the AMS Headquarters
as at 30 June 2000**



Source: AMS's records

**Organisation chart of the AMS volunteer force
as at 30 June 2000**



*Legend: HK&I stands for Hong Kong and Islands;
KLN stands for Kowloon;
NTE stands for New Territories East; and
NTW stands for New Territories West.*

Source: AMS's records

Note: Under the AMS Ordinance, the Director of Health is the Commissioner of the AMS.

**Major call outs responded by
the Emergency Response Task Force during the period 1996 to 1999**

Date	Incident	Turn-out time (Note 1) (minutes)	Percentage of call outs within average turn-out time of 45 minutes (Note 2) (%)
1996			
10 February	Hill fire at Pat Sin Leng	40	} 100%
20 November	No. 5 fire alarm at Garley Building	8	
1997			
25 January	No. 3 fire alarm at Top One Karaoke	18	} 100%
15 April	Boat collision outside Tuen Mun Pier	72	
1998			
6 January	No. 4 fire alarm at Golden Building	43	} 100%
8 February	Landslide at To Fung Shan	27	
2 May	Hydrofoil crash incident	57	
1999			
22 August	Aircraft crash at the Hong Kong International Airport	45	100%

Source: AMS's records

Note 1: Turn-out time is the duration between the time the Emergency Response Task Force was mobilised and the time it arrived at the scene of incident.

Note 2: The AMS used the average turn-out time of 45 minutes to assess whether its Emergency Response Task Force had achieved the performance pledge in a year.

Appendix D
(paragraph 2.5 refers)

**Percentage of time spent by AMS volunteer members
on regular services during the period 1995 to 1999**

Year	Percentage of time spent					
	Manning of methadone clinics (Note)	First-aid coverage for public events	NEATS	First aid and ambulance services in country parks	Life-saving service	First-aid talks
1995	82.8%	12.8%	N.A.	3.9%	0.4%	0.1%
1996	79.3%	11.5%	4.7%	4.0%	0.4%	0.1%
1997	73.5%	14.2%	8.2%	3.7%	0.3%	0.1%
1998	73.7%	13.0%	9.4%	3.5%	0.3%	0.1%
1999	72.3%	14.2%	9.4%	3.8%	0.2%	0.1%
Average	76.3%	13.1%	7.9%	3.8%	0.3%	0.1%

Source: AMS's records

Note: During the period, the major regular service provided by volunteer members was the manning of methadone clinics, which on average accounted for 76.3% of the total time spent by them on all regular services.

Patients' attendance at methadone clinics during the period 1997 to 1999

Methadone clinic	Attendance			
	1997 (^{'000})	1998 (^{'000})	1999 (^{'000})	
Day clinic				
Violet Peel	263	269	275	(Note 1)
Sham Shui Po	278	261	268	
Lady Trench	274	259	264	(Note 1)
Robert Black	278	256	257	
Ho Man Tin	101	99	106	
Eastern Street	69	64	60	
Cheung Chau	11	11	10	
Sub-total	1,274	1,219	1,240	
Evening clinic				
Tuen Mun	132	135	127	} (Note 2)
Shek Kip Mei	117	116	119	
Yau Ma Tei	121	114	117	
Kwun Tong	123	115	111	
Shek Wu Hui	104	101	102	
Shau Kei Wan	90	98	100	
Yuen Long	105	103	97	
Ngau Tau Kok	87	84	87	
Sha Tin	68	66	69	
Li Kee	66	64	66	
Tai Po	65	66	65	
Wu York Yu	68	63	64	
Aberdeen	49	46	49	
Hung Hom	54	52	47	
Sub-total	1,249	1,223	1,220	
Total	2,523	2,442	2,460	

Source: DH's records

Note 1: The patients' attendance at the methadone day clinics which were selected for review represented 43.5% of the patients' attendance at all the methadone day clinics in 1999.

Note 2: The patients' attendance at the methadone evening clinics which were selected for review represented 38.9% of the patients' attendance at all the methadone evening clinics in 1999.

**Percentage of requests
rejected by the AMS during the period 1995 to 1999**

Percentage of requests rejected				
Year	NEATS (Note 1)	First-aid coverage for public events (Note 2)	First-aid talks (Note 3)	Life-saving service (Note 4)
1995	N.A.	9.4%	0%	59.5%
1996	0%	9.4%	0%	60.0%
1997	2.7%	8.3%	5.6%	70.4%
1998	2.1%	7.9%	4.5%	65.4%
1999	0.9%	5.2%	3.1%	66.5%

Source: AMS's records

Note 1: In April 1996, the AMS took over the NEATS for the Kowloon Region from the FSD. In April 1997, the NEATS for the Hong Kong and New Territories Regions were transferred to the AMS. Applications for NEATS were rejected if the AMS's ambulances were fully booked.

Note 2: Applications for first-aid coverage for some public events were rejected either (a) because when the events took place, all volunteer members were engaged in other operations or (b) because the events involved only a small group of participants.

Note 3: Applications for first-aid talks were rejected mainly because no AMS instructors were available on the requested dates.

Note 4: Part-time lifeguards were employed to provide the service if the AMS was unable to meet the life-saving service requests. During the period 1995 to 1999, among all the requests for regular services, the requests for life-saving service had always had the highest rejection rate.

Appendix G
(paragraph 2.17 refers)

**Comparison of life-saving service provided
by the AMS with that requested during the period 1997 to 1999**

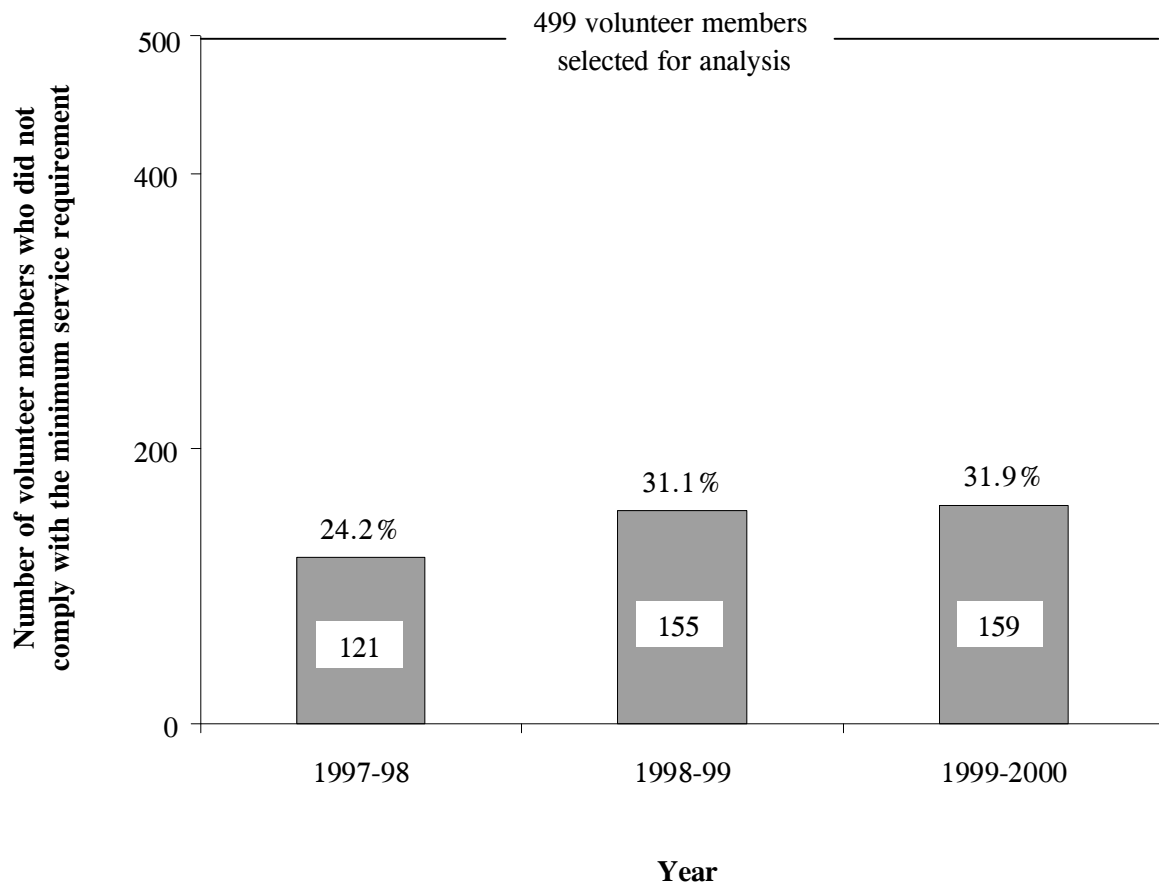
Beach	1997			1998			1999		
	Service requested	Service provided	Percentage of service provided	Service requested	Service provided	Percentage of service provided	Service requested	Service provided	Percentage of service provided
	(a)	(b)	(c) = $\frac{(b)}{(a)} \times 100\%$	(d)	(e)	(f) = $\frac{(e)}{(d)} \times 100\%$	(g)	(h)	(i) = $\frac{(h)}{(g)} \times 100\%$
	(Hours)	(Hours)	(%)	(Hours)	(Hours)	(%)	(Hours)	(Hours)	(%)
Service provided									
Deep Water Bay	1,248	800	64%	1,056	616	58%	576	384	67%
Repulse Bay	1,664	680	41%	1,408	845	60%	768	388	51%
Sub-total (Note 1)	2,912	1,480	51%	2,464	1,461	59%	1,344	772	57%
No service provided									
Shek O Beach	1,248	0	0%	1,056	0	0%	576	0	0%
Stanley Main Beach	832	0	0%	704	0	0%	384	0	0%
Sub-total	2,080	0	0%	1,760	0	0%	960	0	0%
Overall (Note 2)	4,992	1,480	30%	4,224	1,461	35%	2,304	772	34%

Source: AMS's records

Note 1: The AMS was able to provide life-saving service for only two beaches although the service was requested for four beaches. In the past three years, the service (in terms of hours) provided for Deep Water Bay and Repulse Bay ranged from 51% to 59% of that requested.

Note 2: In the past three years, the life-saving service provided by the AMS represented only about one-third of the service requested.

**AMS volunteer members who did not comply with
the minimum service requirement during the period 1997-98 to 1999-2000**



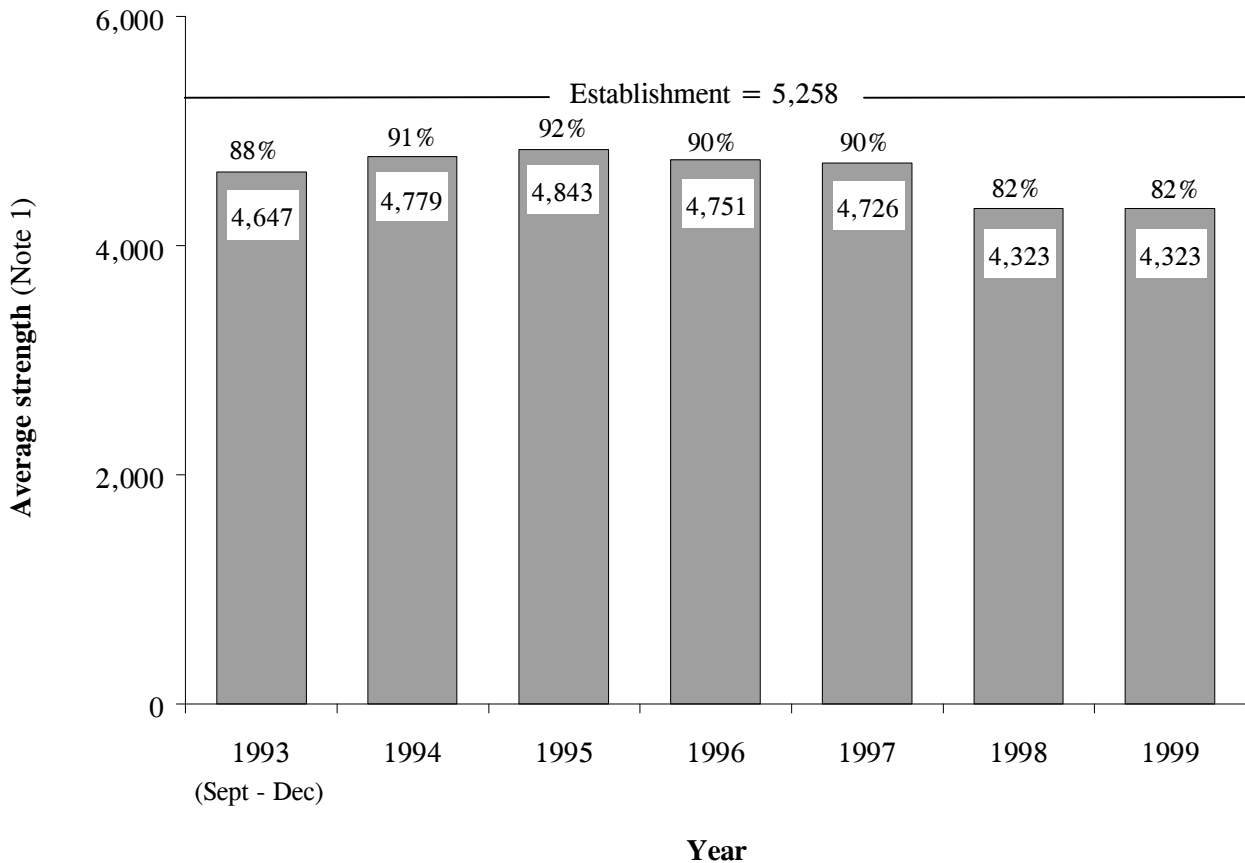
Source: AMS's records

Note 1: The total number of volunteer members selected for analysis represented 18.5%, 19% and 19.4% of the total number of volunteer members who were required to comply with the minimum service requirement in 1997-98, 1998-99 and 1999-2000 respectively.

Note 2: In the past three years, about one quarter of the volunteer members failed to comply with the minimum service requirement.

Appendix I
(paragraph 2.33 refers)

**Comparison of the AMS's average strength
with its establishment during the period September 1993 to December 1999**



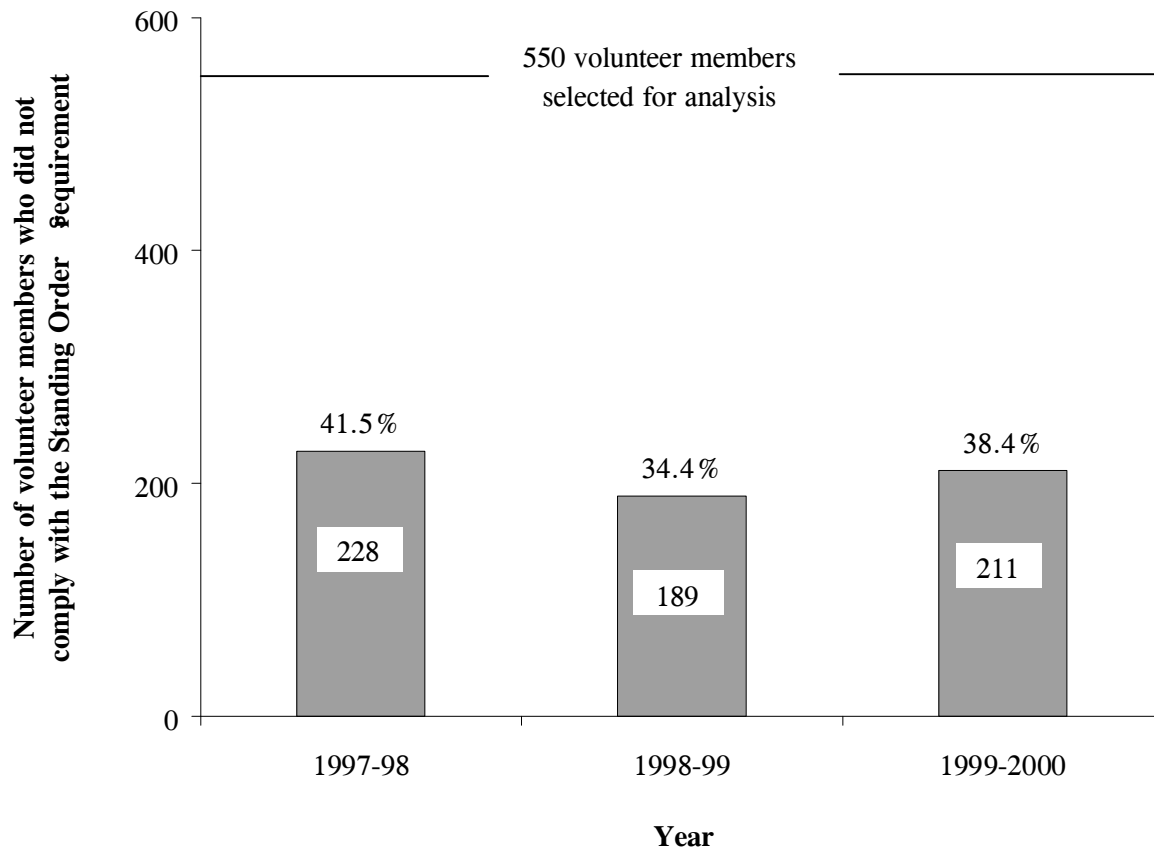
Source: AMS's records

Note 1: The average strength is calculated as follows:

$$\frac{\text{Total of the number of volunteer members at the end of each month}}{\text{Number of months in the year}}$$

Note 2: During the period September 1993 to December 1999, the AMS's average strength was persistently lower than its establishment.

**AMS volunteer members who did not comply with
the Standing Order's requirement during the period 1997-98 to 1999-2000**



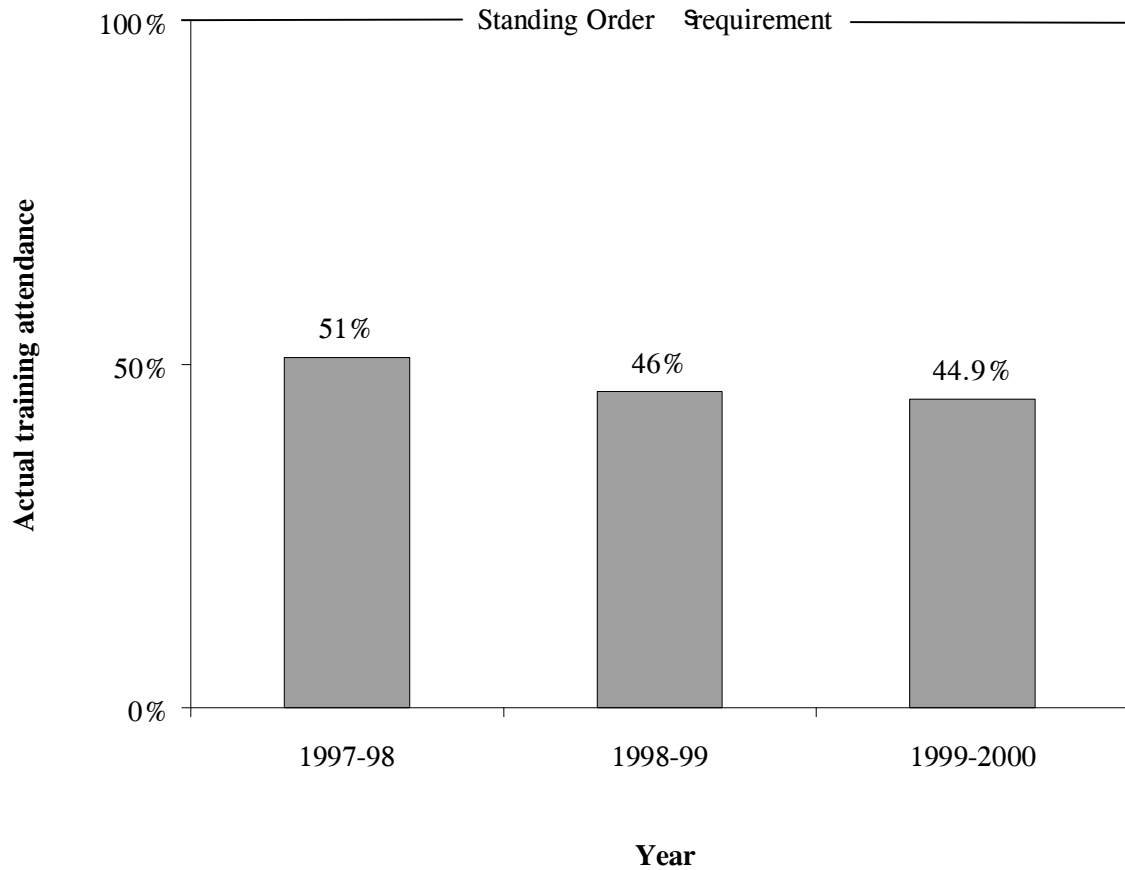
Source: AMS's records

Note 1: The total number of volunteer members selected for analysis represented 17.6%, 18.2% and 18.4% of the total number of volunteer members who were required to comply with the Standing Order's requirement in 1997-98, 1998-99 and 1999-2000 respectively. All recruits were excluded as they were exempted from complying with the Standing Order's requirement in the training year when they completed the basic recruit training.

Note 2: Over one-third of the volunteer members selected for analysis had not complied with the Standing Order's requirement during the period 1997-98 to 1999-2000.

Appendix K
(paragraph 3.12 refers)

Audit's analysis of the actual training attendance of AMS volunteer members who did not comply with the Standing Order's requirement during the period 1997-98 to 1999-2000



Source: AMS's records

Note: Those members who failed to comply with the Standing Order's requirement attended 51%, 46% and 44.9% of the required training hours in 1997-98, 1998-99 and 1999-2000 respectively.

Training venues of the AMS

Training venue	Training facilities	Area (square metres)
Headquarters		
AMS Headquarters	Three classrooms and a hall	620
Hong Kong and Islands Regional Headquarters	Two classrooms	120
Kowloon Regional Headquarters (Note 1)	Two classrooms	98
New Territories Regional Headquarters	Two classrooms	79
District training centre		
Cheung Chau Training Centre	One classroom	30
Kwun Tong Training Centre	Two classrooms	90
Mui Wo Training Centre	One classroom	39
Sai Kung Training Centre	One classroom	30
Southern District Training Centre (Note 1)	Two classrooms	90
Tung Chung Training Centre	One classroom	40
Yuen Long Training Centre	One classroom	45
Training camp		
Tsam Chuk Wan Training Centre	(Note 2)	1,500
Tsuen Wan Training Camp	(Note 3)	548

Source: AMS's records

Note 1: Both the Kowloon Regional Headquarters (which was located in Shek Kip Mei Estate) and the Southern District Training Centre (which was located in Ap Lei Chau Estate) were leased from the Hong Kong Housing Authority.

Note 2: The Tsam Chuk Wan Training Centre is used for canoe training and district training camps.

Note 3: The Tsuen Wan Training Camp is used for residential training on rescue, casualty evacuation, radio-telecommunication skills and leadership.

Booking rates of the AMS's training venues in 1999-2000

Training venue	Sessions available for booking	Booking rate
Training centre		
AMS Headquarters	AM	52%
	PM	41%
	Evening	64%
Hong Kong and Islands Regional Headquarters	Day	21%
	Evening	28%
Kowloon Regional Headquarters	Day	4%
	Evening	42%
New Territories Regional Headquarters	Day	19%
	Evening	41%
		Average 35%
Camp		
Tsam Chuk Wan Training Centre	Whole day	6%
Tsuen Wan Training Camp	(Note 1)	N.A.

Source: AMS's records

Note 1: The camp was not available for conducting training courses because it was burnt down by a fire in December 1996. The reconstruction works are expected to be completed in late 2000.

Note 2: The average booking rate of the training centres was only 35%. For the Kowloon Regional Headquarters, the booking rate for day sessions was as low as 4%.

Appendix N

Acronyms and abbreviations

AMS	Auxiliary Medical Service
DH	Department of Health
FSCC	Fire Services Communication Centre
FSD	Fire Services Department
ICAC	Independent Commission Against Corruption
LCSD	Leisure and Cultural Services Department
NEATS	Non-emergency ambulance transfer service