

Report No. 57 of the Director of Audit — Chapter 1

AUXILIARY MEDICAL SERVICE

Summary

1. The Auxiliary Medical Service (AMS) was established in 1950 under the AMS Ordinance (Cap. 517). It provides a volunteer medical service to assist the regular services of the Department of Health, the Hospital Authority and the Fire Services Department during emergency situations. In normal times, it provides supplementary volunteer medical services to government departments and outside agencies. As at 30 June 2011, the AMS had 4,558 members (excluding the Commissioner) and 96 supporting civil servants. The Audit Commission (Audit) has recently conducted a review of the AMS.

Training of members

2. **Minimum training attendance requirement.** The AMS Regulation (made under the AMS Ordinance) provides that each member shall attend 60 hours of training each year. However, according to the AMS Standing Order on training policy, where the training provided by a member's unit for any year is less than 100 hours, he will also be regarded as having met the requirement if he has attended at least 60% of such training. Audit is concerned that the Standing Order does not ensure that members are adequately trained to perform their duties effectively. Moreover, Audit found that in 2009-10 and 2010-11, some members did not meet the minimum training attendance requirement. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) review the Standing Order; (b) regularly remind members of the need to comply with the minimum training attendance requirement; (c) closely monitor members' training attendance; and (d) conduct regular reviews of the training courses to ascertain whether there is further scope for improving them to meet members' needs.*

3. **Minimum duty training requirement.** AMS rank-and-file members are required to attend a minimum of 16 hours of duty training each year to enrich their practical experience and enhance their preparedness for emergency duties. Audit found that in 2009-10 and 2010-11, some members did not meet the requirement. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) regularly remind rank-and-file members of the need to meet the minimum duty training requirement; and (b) require officers in charge at district level to deploy their members to attend adequate duty training and closely monitor their attendance.*

4. **Costs of recruit training.** The AMS Regulation states that a member who, without reasonable excuse, resigns within one year of the completion of his recruit training shall pay the training costs. Audit's sample check of cases in the past three financial years revealed that in six cases the AMS had not recovered such costs. *Audit has recommended that the Chief Staff Officer of the AMS should establish controls to ensure that timely action is taken to recover the costs of recruit training.*

5. **Training venues.** As at 30 June 2011, the AMS had 16 training venues located at its Headquarters and various districts. Audit found that the 2010-11 utilisation rates of five training venues were lower than 10%. *Audit has recommended that the Chief Staff Officer of the AMS should, in consultation with the Government Property Administrator, explore ways to further improve the utilisation of the training venues.*

Provision of services

6. **Manning of methadone clinics.** Since 1972, the AMS has assisted the Department of Health in manning methadone clinics. To address a tight manpower situation in manning these clinics in the past few years, the AMS took some short-term measures, including conducting additional recruitment exercises. Audit's analysis revealed the following factors that had given rise to the manpower issue: (a) increasing numbers of participating members having resigned from the AMS; (b) a reduction in the average number of duty shifts pledged by participating members; and (c) deficiencies in managing duty attendance of participating members. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) study the factors leading to the tight manpower situation and take additional measures to encourage more members to participate in manning methadone clinics; (b) closely monitor the manpower situation; and (c) improve the management of duty attendance of participating members.*

7. **Provision of lifeguard service.** Since 2005, the AMS has provided lifeguard service at the Leisure and Cultural Services Department (LCSD) swimming pools during summer weekends and public holidays. Audit found that some members who had acquired or revalidated their lifeguard qualification through attending LCSD courses had not provided any lifeguard service for the LCSD. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) take measures to encourage more members to provide lifeguard service for the LCSD; and (b) consider requiring members who have acquired or revalidated their lifeguard qualification through attending LCSD courses to provide at least a specified number of hours of lifeguard service for the LCSD each year.*

8. ***Provision of first aid courses.*** The AMS provides first aid courses at a fee for staff and members of non-profit making organisations. Audit found that the per head fees for three types of courses could not recover the full cost because they were set on the basis of an incorrect class size. Audit also found that two different bases were used to charge some course fees without any documented reasons for doing so. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) reset the per head fees for the three types of courses to correctly reflect their intended class size; and (b) review the appropriateness of the use of two different bases for charging course fees.*

Management of stores

9. ***Emergency stores.*** The AMS keeps medical supplies in 21 emergency stores to ensure that sufficient supplies are promptly delivered to the scene in times of emergencies. Audit noted that the emergency stores had not been reviewed for some 20 years to take into account demographic and medical technology changes. Audit's analysis of the stocktaking records revealed instances of non-compliance with the stocktaking requirements of the Stores and Procurement Regulations (SPRs). In addition, Audit's sample stock checks found discrepancies between the store records and physical stock balances, and some expired or damaged items. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) conduct periodic reviews of the emergency stores to evaluate whether they need changes in their locations and store items; (b) comply with the stocktaking requirements on emergency stores as stated in the SPRs; and (c) ascertain whether the emergency stores have issues similar to those found in Audit's sample stock checks and take appropriate actions to address them.*

10. ***Medical equipment for 2008 Equestrian Events.*** The AMS procured some advanced medical equipment in 2008 for the Equestrian Events and has not used the equipment thereafter. It pays an annual maintenance service fee for some of the equipment items. In Audit's view, it is not cost-effective to continue keeping the equipment items but leaving them idle. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) determine whether the equipment items are surplus to requirements; and (b) where the equipment items are surplus to requirements, arrange for their disposal in accordance with the SPRs.*

Management of ambulances

11. ***Monitoring usage of ambulances.*** The AMS is provided with five town ambulances to meet its operational needs. Audit's analysis revealed that in 2010-11, apart from the provision of services, the town ambulances were mainly used for delivering first aid stores and equipment between the AMS Headquarters and duty locations. The deliveries

were needed because the AMS operation stores in the relevant districts did not have any first aid equipment, contrary to the AMS Operation Order that each operation store should have one set of such equipment. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) review the cost-effectiveness of making frequent uses of town ambulances for delivering first aid stores and equipment, and issue guidelines to specify the circumstances under which they may be so used; and (b) take action to comply with the AMS Operation Order.*

Performance management

12. *Performance measures.* As reported in the 2011-12 Controlling Officer's Report (COR), the AMS has developed 17 key performance measures, comprising 5 targets and 12 indicators. Audit found that the targets for recruit training and centralised training did not cover all courses, and the target for the provision of services did not cover all services. Audit also found that some of the indicators could not be substantiated or were inaccurate. *Audit has recommended that the Chief Staff Officer of the AMS should: (a) review the performance targets for recruit training, centralised training and the provision of services to determine whether they should be revised to cover all courses or services; and (b) take measures to ensure that the performance information reported in the COR is substantiated and accurate, and proper performance records are maintained and can be validated.*

Response from the Administration

13. The Administration agrees with the audit recommendations.

November 2011