

# **CHAPTER 1**

## **Security Bureau Auxiliary Medical Service**

### **Administration of the Auxiliary Medical Service**

**Audit Commission  
Hong Kong  
31 March 2023**

*This audit review was carried out under a set of guidelines tabled in the Provisional Legislative Council by the Chairman of the Public Accounts Committee on 11 February 1998. The guidelines were agreed between the Public Accounts Committee and the Director of Audit and accepted by the Government of the Hong Kong Special Administrative Region.*

Report No. 80 of the Director of Audit contains 8 Chapters which are available on our website at <https://www.aud.gov.hk>



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# ADMINISTRATION OF THE AUXILIARY MEDICAL SERVICE

## Contents

	<b>Paragraph</b>
<b>EXECUTIVE SUMMARY</b>	
<b>PART 1: INTRODUCTION</b>	<b>1.1 – 1.11</b>
Audit review	1.12
Acknowledgement	1.13
<b>PART 2: MANAGEMENT OF MEMBERS AND CADETS</b>	<b>2.1</b>
Recruitment and retention of members	2.2 – 2.5
Audit recommendations	2.6
Response from the Government	2.7
Training provided to members	2.8 – 2.19
Audit recommendations	2.20
Response from the Government	2.21
The Auxiliary Medical Service Cadet Corps	2.22 – 2.32
Audit recommendations	2.33
Response from the Government	2.34

	<b>Paragraph</b>
<b>PART 3: PROVISION OF SERVICES BY THE AUXILIARY MEDICAL SERVICE</b>	<b>3.1 – 3.2</b>
Manning of methadone clinics	3.3 – 3.7
Audit recommendations	3.8
Response from the Government	3.9
Provision of first aid service for public events	3.10 – 3.12
Audit recommendation	3.13
Response from the Government	3.14
Provision of ambulance services	3.15 – 3.19
Audit recommendations	3.20
Response from the Government	3.21
Provision of service in country parks	3.22 – 3.23
Audit recommendations	3.24
Response from the Government	3.25
Performance reporting on service provisioning	3.26
Audit recommendation	3.27
Response from the Government	3.28
 <b>PART 4: ADMINISTRATIVE ISSUES</b>	 4.1
Pay and allowances	4.2 – 4.8
Audit recommendations	4.9
Response from the Government	4.10

	<b>Paragraph</b>
Utilisation of training venues	4.11 – 4.14
Audit recommendations	4.15
Response from the Government	4.16
Management of emergency supplies	4.17 – 4.20
Audit recommendations	4.21
Response from the Government	4.22

<b>Appendices</b>	<b>Page</b>
A : Auxiliary Medical Service volunteer force: Organisation chart (31 December 2022)	67
B : Auxiliary Medical Service Headquarters: Organisation chart (31 December 2022)	68
C : Locations of the Auxiliary Medical Service’s training venues (31 December 2022)	69
D : Utilisation rates of the Auxiliary Medical Service’s training venues (2017-18 to 2021-22)	70
E : Acronyms and abbreviations	71



# **ADMINISTRATION OF THE AUXILIARY MEDICAL SERVICE**

## **Executive Summary**

1. The Auxiliary Medical Service (AMS) was established in 1950 to augment the existing medical and health services for maintaining the healthcare and well-being of the territory, especially in times of emergency. As stipulated in the AMS Ordinance (Cap. 517), the Director of Health is the Commissioner of AMS. The Chief Staff Officer is the Controlling Officer of AMS and is responsible to the Commissioner for the efficient administration, planning, training and operation of AMS. AMS volunteer force is commanded by the Commissioner through AMS Headquarters, which is comprised of civil servants. As at 31 December 2022, AMS had 3,514 volunteer members (hereinafter referred to as members) and the establishment and strength of AMS Headquarters were 99 and 97 respectively. In 2021-22, the total expenditure of AMS was \$105.5 million. The Audit Commission (Audit) has recently conducted a review to examine the administration of AMS.

### **Management of members and cadets**

2. *Need to closely monitor the declining trend in the number of members.* Any person who is 16 years of age or over and the holder of an identity card issued under the Registration of Persons Ordinance (Cap. 177) may apply to the Commissioner for enrolment as a member. From 2017 to 2022, the number of members decreased by 19% from 4,357 to 3,514. Notwithstanding AMS's recruitment efforts, there was no improvement in the number of applications for membership. In 2022, 501 applications were received, representing a 7% decrease compared with 538 applications in 2021 (paras. 2.2 and 2.3).

3. *Need to enhance monitoring of the efficiency requirement.* To ensure that members maintain their knowledge and skills in operations, a member shall obtain a specified number of training hours in any training year to meet the requirement for efficiency. According to the AMS Standing Order, AMS Headquarters will serve the first warning to a member if he fails to meet the requirements for efficiency and the final warning if he still fails to meet the required attendance rate in the training quarter

## Executive Summary

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immediately after the first warning. The member will be discharged if he fails to follow the instructions stated in the final warning without any reasonable excuse. Audit analysed the 510 first warnings and the 173 final warnings issued by AMS to members who did not meet the efficiency requirements for the training years from 2017-18 to 2021-22 and found that: (a) of the 510 first warnings, 471 (92.4%) were issued over 30 days after the end of the respective training years; and (b) among the 173 members receiving the final warnings, 38 (22%) had been discharged. On average, they were discharged 336 days after the first warnings were issued (ranging from 93 to 1,211 days) (paras. 2.9 to 2.11).

4. ***Performance targets on members' training manhours not met.*** AMS provides various training courses to members and includes the total manhours attended by members for each of the three major types of training (i.e. recruit training, regular training and centralised training) as key performance targets, which are reported in its Controlling Officer's Reports (CORs). Audit examined AMS's CORs from 2017 to 2021 and noted that the performance targets of all the three types of training had not been achieved throughout the five-year period except for the centralised training in 2019 (para. 2.14).

5. ***Need to segregate the training manhours of trainers and assistants from those attended by trainees.*** Audit analysed the training manhours by individual members recorded from October 2021 to September 2022 and noted that of the 3,135 members with training manhours recorded, 277 (9%) members had more than 100 training manhours. Audit sample checked 10 members with exceptionally high training manhours (totalling 20,101 manhours) and noted that 19,329 (96%) training manhours recorded were in fact manhours spent by the members as assistants. According to AMS, there are no separate codes in the management information system to distinguish the different roles of trainers, assistants and trainees. Audit also notes that the manhours of trainers and assistants have been included in the training manhours reported in AMS's CORs, which may overstate the training manhours reported in CORs (paras. 2.16 and 2.17).

6. ***Need to step up efforts in recruiting and retaining cadets.*** The Auxiliary Medical Service Cadet Corps (AMSCC) is a youth uniformed group founded in 2011 in accordance with the AMS Ordinance with cadets who are youngsters aged 12 to under 18. As at 31 December 2022, the number of cadets was 1,895. According to 2014 Policy Address, the Government would allocate additional resources to strengthen its networking and communication with young people at the district level



## Executive Summary

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and AMS targeted to recruit a force of 3,000 cadets by 2019. Nonetheless, the number of cadets had not met the target throughout the years. Audit analysed the turnover of cadets in the period from 2018 to 2022 and noted that: (a) while the number of cadets recruited increased from 639 in 2018 to 1,031 in 2019, the number decreased significantly from 2020 to 2022 due to the coronavirus disease (COVID-19) epidemic; (b) the number of cadets resigned each year ranged from 54 to 207 (averaging 151) and the top three reasons for resignation were “not interested”, “further studies” and “busy with other activities”; and (c) only 58 (3%) out of 1,827 cadets who retired upon reaching the age of 18 joined the AMS volunteer force (paras. 2.22 to 2.24).

7. ***Low participation rate of training, exercises and visits.*** AMSCC organises various group activities in which cadets foster their self-confidence, devotion to serving others, and leadership as well as acquire interpersonal and communication skills. Of the 2,293 and 1,895 cadets as at 31 December 2021 and 2022, only around half of cadets (i.e. 1,151 (50%) and 824 (43%) respectively) had participated in at least 2 activities (i.e. any training, exercises and visits) in the past 12 months and were considered to be active members (paras. 2.22 and 2.31).

8. ***Need to review key performance targets of training, exercises and visits attended by cadets.*** The numbers of manhours of training and exercises and visits attended by cadets are reported in AMS’s CORs as key performance targets. When cadets attend training, exercises and visits, they need to sign on an attendance sheet and the numbers of manhours will be input into the management information system by AMS Headquarters. However, Audit noted that there were differences between the records in the management information system and the figures reported in AMS’s COR (e.g. the number of manhours for regular training in 2021 was 145,773 per COR versus 23,570 per system records) (para. 2.32).

### **Provision of services by the Auxiliary Medical Service**

9. In addition to the emergency duties, AMS liaises with other government departments and outside agencies to provide a variety of services, including manning of methadone clinics for the Department of Health, non-emergency ambulance transfer services, on-the-spot first aid coverage for public events and first aid or ambulance service in country parks and on cycling tracks. While the number of members decreased by 415 (10%) from 4,094 in 2019 to 3,679 in 2021, the total manhours spent on the provision of services by AMS increased by 309,742 (54%)

## Executive Summary

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from 578,469 to 888,211 during the period, mainly attributable to AMS's effort in combating the COVID-19 epidemic. In 2021, the COVID-19 operations and manning of methadone clinics accounted for 75% of manhours of services provided by AMS (paras. 1.3 and 3.2).

10. ***Need to review long-term manpower requirement.*** Methadone clinics are open for 4 to 15 hours every day and AMS deploys about 100 members on a daily basis for the routine duties. From November 2012 to June 2014, the Security Bureau, the Department of Health and AMS held meetings to explore the options of using manpower sources other than deploying members (e.g. outsourcing, recruiting non-civil service contract staff and civil servants), taking into consideration that a sufficient supply of manpower was crucial for the provision of consistent and steady services in methadone clinics. No conclusion had been reached in the meetings and no follow-up actions had been taken since the meeting in June 2014. Other than manning of methadone clinics, AMS also deploys members to perform administrative work (e.g. training assistants and store assistants) on a regular basis (paras. 3.6 and 3.7).

11. ***Low utilisation of non-emergency ambulances and town ambulances.*** As at 31 December 2022, AMS had a fleet of 17 ambulances, comprising 7 non-emergency ambulances for the provision of non-emergency ambulance transfer services, 5 town ambulances for the reinforcement of the ambulance services of the Fire Services Department and the provision of ambulance service in country parks, and 5 motorcycle ambulances for the provision of ambulance service in country parks. Audit's analysis revealed that, from 2018 to 2022 (up to September 2022), the utilisation rates of non-emergency ambulances and town ambulances ranged from 54% to 64% and from 56% to 69% respectively. Audit examined the number of non-emergency ambulance transfer requests from patients from 2013 to 2022 and noted that the number of requests decreased by 9,159 (57%) from 15,990 to 6,831 during the period. According to AMS, the decrease in number of non-emergency ambulance transfer requests from patients might be due to the adjustment of the Hospital Authority's non-emergency services in view of the fifth wave of the COVID-19 epidemic. During the outbreak of the epidemic, AMS also provided the conveyance services for confirmed cases and their close contacts, and supported the evacuation of buildings and institutions with confirmed cases (paras. 3.15, 3.16 and 3.18).

## Executive Summary

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12. ***Need to improve the service availability in country parks.*** As agreed with the Agriculture, Fisheries and Conservation Department (AFCD), AMS is responsible for providing first aid or ambulance service in 8 areas within country parks on Sundays and public holidays. Audit examined the provision of service during the period from 1 October 2021 to 30 September 2022 and noted that the service was not available at all times in 7 of the 8 areas, with availability rates ranging from 70% to 98%. Moreover, there was no documentary evidence showing that AMS had informed AFCD of the non-provision of service to facilitate the alternative arrangement of provision of first aid or ambulance service by other agencies (paras. 3.22 and 3.23).

### Administrative issues

13. ***Room for improvement in disbursing pay and allowances to members.*** Members are subject to the provision of the Auxiliary Forces Pay and Allowances Ordinance (Cap. 254) and members who attend duty (including active service and voluntary duty) or training are eligible to be paid an hourly rate or a daily rate according to their ranks. According to the AMS Standing Order, Occurrence Book is an official record to log all events/occurrence and make available documentary evidence/records for accounting procedures. In order to claim pay and allowances in respect of duties/training, pay and allowances claim forms must be completed, certified and approved. Audit sample checked 50 pay and allowances claim forms with payments made in September 2022 involving 26 occurrences of duties/training and 250 members' claims and found that 25 occurrences (involving 248 members' claims) could not be verified against the records in the Occurrence Books. Audit also noted that of the 16 training venues for the period from April 2020 to September 2022: (a) the Occurrence Books of 2 training venues could not be located; and (b) for 12 of the remaining 14 training venues, the Occurrence Books had not been checked and verified by the Operations and Training Officers concerned and/or the management staff as required in the AMS Standing Order (paras. 1.5 and 4.3 to 4.6).

14. ***Low utilisation of some training venues.*** As at 31 December 2022, AMS had 16 training venues at its Headquarters and in various districts. Audit examined the utilisation reports for the period from 2017-18 to 2021-22 and noted that the 5-year average utilisation rates of 9 (56%) training venues were below 20%. According to the schedule of regular training for the period from September 2022 to June 2023, no

## Executive Summary

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regular training was held or scheduled to be held in the training venues located in Sai Kung, Mui Wo and Tung Chung (paras. 4.11 to 4.13).

### **Audit recommendations**

15. **Audit recommendations are made in the respective sections of this Audit Report. Only the key ones are highlighted in this Executive Summary. Audit has *recommended* that the Chief Staff Officer of AMS should:**

#### *Management of members and cadets*

- (a) **closely monitor the declining trend in the number of members and step up its efforts in recruiting new members and retaining existing members (para. 2.6(a));**
- (b) **take measures to enhance the monitoring of compliance of the efficiency requirement by members and follow up with those members who have not met the efficiency requirement in a timely manner (para. 2.20(a) and (b));**
- (c) **take measures to boost up the training manhours in order to meet the performance targets (para. 2.20(c));**
- (d) **segregate the manhours for taking up the duties of trainers and assistants from the training manhours attended by members as trainees (para. 2.20(e));**
- (e) **continue to make efforts in recruiting new cadets and retaining existing cadets, and take measures to encourage the cadets who retired upon reaching the age of 18 to join as members of the AMS volunteer force (para. 2.33(a) to (c));**
- (f) **step up efforts in encouraging cadets to attend training and participate in exercises and visits (para. 2.33(e));**
- (g) **review the differences between the numbers of manhours of training, exercises and visits attended by cadets reported in AMS's COR and those recorded in the management information system and critically**

## Executive Summary

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assess whether the pertinent key performance targets can be achieved (para. 2.33(f) and (g));

### *Provision of services by the Auxiliary Medical Service*

- (h) review the existing practice of deploying members in administrative work and, in collaboration with the Security Bureau and the Department of Health, continue to explore the feasibility of alternative source of manpower in view of the long-term need of operating methadone clinics (para. 3.8(b));
- (i) ascertain the reasons of the low demand of AMS's ambulance services and take measures to improve the utilisation of the non-emergency ambulances and town ambulances (para. 3.20(b) and (c));
- (j) secure sufficient manpower for the provision of the first aid or ambulance service in country parks as far as practicable and inform AFCD in advance when the service is not available from AMS (para. 3.24(a) and (b));

### *Administrative issues*

- (k) strengthen internal controls on the members' claims of pay and allowances, such as requiring the certifying/approving officers of the claim forms to check against the records in Occurrence Books when certifying/approving the claims (para. 4.9(a));
- (l) take measures to ensure that regular random inspections and checks of the Occurrence Books are performed in accordance with the requirements set out in the AMS Standing Order, and that the pertinent inspections and checking results are properly documented (para. 4.9(b)); and
- (m) critically review the need of keeping AMS's training venues with low utilisation rates, taking into account of the training needs of members and cadets (para. 4.15(b)).

## **Executive Summary**

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### **Response from the Government**

16. The Chief Staff Officer of AMS agrees with the audit recommendations.

## **PART 1: INTRODUCTION**

1.1 This PART describes the background to the audit and outlines the audit objectives and scope.

### ***Background***

1.2 The Auxiliary Medical Service (AMS) was established in 1950 to augment the existing medical and health services for maintaining the healthcare and well-being of the territory, especially in times of emergency (Note 1). As stipulated in the AMS Ordinance (Cap. 517), the Director of Health is the Commissioner of AMS (the Commissioner). The Chief Staff Officer of AMS, a government official, is responsible to the Commissioner for the efficient administration, planning, training and operation of AMS. AMS is responsible for providing:

- (a) volunteer medical services to assist the Department of Health (DH), the Hospital Authority (HA) and the Fire Services Department (FSD) during emergency situations; and
- (b) supplementary volunteer medical services to government departments and outside agencies during peace time.

As at 31 December 2022, AMS had 3,514 volunteer members (hereinafter referred to as members).

### ***Provision of services by AMS***

1.3 The duties of AMS are divided into emergency and general duties:

- (a) ***Emergency duties.*** In times of emergency, AMS provides the following services:

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**Note 1:** *AMS's work contributes to the Secretary for Security's policy area of internal security. In 1983, AMS became an independent government department under the Security Bureau.*

## **Introduction**

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- (i) if assistance is required at a site where an incident or disaster occurs, the Emergency Response Task Force (see para. 1.5(d)(i)) and/or members of other units will be deployed to the scene to provide medical assistance by giving paramedic care to the injured;
  - (ii) when typhoon signal No. 8 or above is issued, members will report to the Ambulance Depots/Stations of FSD and help set up first aid posts to provide first aid treatment for the public who are in need. AMS will also augment the ambulance service of FSD by providing additional ambulance crews at designated Depots/Stations; and
  - (iii) a town ambulance on stand-by at the New Territories East Regional Office will provide reinforcement for FSD at the scene of emergency whenever emergency calls are referred from the Fire Services Communication Centre between 3 p.m. and 11 p.m. daily; and
- (b) **General duties.** In addition to the emergency duties, AMS liaises with other government departments and outside agencies to provide a variety of services, including:
- (i) manning of methadone clinics for DH;
  - (ii) non-emergency ambulance transfer services (NEATS) for patients of DH, HA and private hospitals 7 days a week from 8 a.m. to 6 p.m.;
  - (iii) on-the-spot first aid coverage for public events (e.g. marathon races, fireworks displays and the New Year Eve Count-down Carnivals), in cooperation with other government departments;
  - (iv) first aid or ambulance service in country parks on Sundays and public holidays and on cycling tracks on Saturdays, Sundays and public holidays. First aid posts are set up at designated points assigned by the Agriculture, Fisheries and Conservation Department (AFCD) and the Leisure and Cultural Services Department respectively;



- (v) supplementary lifeguard services for the Leisure and Cultural Services Department;
- (vi) first aid coverage for non-profit-making organisations on request basis; and
- (vii) provision of first aid skills training for civil servants and employees of non-profit-making organisations.

1.4 During the coronavirus diseases (COVID-19) epidemic, AMS provided a large variety of services such as conveyance services for confirmed cases and their close contacts, provision of infection control training courses to the Security Bureau's Anti-epidemic Task Force, and assistance in the operation of quarantine facilities (Note 2) and public mortuaries. For the years 2020 and 2021 and the nine-month period ended 30 September 2022, the total service manhours provided by AMS volunteer force for the COVID-19 operations represented 34%, 44% and 53% of total service manhours respectively.

### ***Composition and organisation of AMS***

1.5 ***AMS volunteer force.*** AMS volunteer force is commanded by the Commissioner through AMS Headquarters (see para. 1.6) which directs the operation of the following Columns and Wings:

- (a) ***Headquarters Column.*** It is one of the requirements for full-time staff of AMS Headquarters in the Operations and Training Officer (OTO) Grade to be enrolled as members when they are employed in their capacity as civil servants. They are appointed to different ranks of ex officio capacity in the volunteership in accordance with their posts, length of service, and performance in the OTO Grade. Operations officers of this Column will act as AMS Controllers at scenes of major incidents. Other full-time staff such as supplies personnel, foreman, artisan and workman will also be posted in this Column for logistics support;

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**Note 2:** *Quarantine facilities include: (a) quarantine centres (e.g. designated quarantine hotels and the quarantine centres in Lei Yue Mun Park and Holiday Village) to accommodate close contacts of confirmed cases; and (b) community isolation facilities (e.g. the facility at Penny's Bay) to accommodate confirmed cases.*

## Introduction

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- (b) **Operations Wings.** There are two Operations Wings, with members organised into 72 teams under 18 districts of five regions to perform AMS operational duties. Members of the Operations Wings are the skeleton uniformed workforce responsible for performing all AMS operational duties and are mobilised during the times of emergency;
- (c) **Training and Development Column.** It provides and consolidates all sorts of skills training in order to facilitate the human resources development of AMS volunteer force;
- (d) **Medical and Paramedic Column.** It consists of:
  - (i) **Emergency Response Task Force.** It provides paramedical services at scenes of emergency and assists the Accident and Emergency Departments at the public hospitals which are affected by emergencies;
  - (ii) **Health Protection Unit.** It formulates operational plans and training programmes for AMS and the public in line with the direction of the Centre for Health Protection; and
  - (iii) **Reserve Branch.** It sets up temporary hospitals and convalescent hospitals in times of full emergency. It consists of medical professionals and paramedical/technological professionals;
- (e) **Logistics and Support Column.** It provides the technical know-how logistics in order to improve quality of services of AMS and supports members' welfare aspects; and
- (f) **Cadet Corps Operations Wings and Training and Development Column.** The Auxiliary Medical Service Cadet Corps (AMSCC), founded in 2011, is a youth uniformed group under AMS with youths aged 12 to under 18. The Wings and the Column supervise the cadets and organise relevant training and activities for them.

As at 31 December 2022, AMS had 3,514 members, comprising 1,016 officer rank and 2,498 non-officer rank members. Members are subject to the provision of the Auxiliary Forces Pay and Allowances Ordinance (Cap. 254 — AFPAO) and members

who attend active service, voluntary duty or training are eligible to be paid an hourly rate or a daily rate according to their ranks (Note 3). Appendix A shows the organisation chart of AMS volunteer force.

1.6 **AMS Headquarters.** As at 31 December 2022, the establishment and strength of AMS Headquarters were 99 and 97 respectively. These civil servants work in the following two Divisions:

- (a) **Operations and Training Division.** Headed by the Staff Officer, it provides support for the provision of services, recruitment and training of members and cadets; and
- (b) **Administration Division.** Headed by the Departmental Secretary, it is responsible for the personnel management, financial resources management and administration of AMS.

Appendix B shows the organisation chart of AMS Headquarters.

### ***Training provided to members and cadets***

1.7 AMS provides various training courses to the members to equip them with sufficient knowledge and skills to perform their duties. Types of training are categorised as follows:

- (a) **Recruit training.** Persons enrolled as members after the recruitment process must complete a training course according to their ranks;
- (b) **Regular training.** Members are required to attend the regular training according to their assigned units. Each unit organises training of around 2 to 10 hours monthly. Examples of training include first aid skills, nursing skills, disaster medical assistance training and foot drill training;

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**Note 3:** *The pay rates are reviewed every two years by the Secretary for Security. The revised pay rates are then submitted to the Secretary for Financial Services and the Treasury for approval under delegated authority from the Finance Committee of the Legislative Council.*

## Introduction

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- (c) ***Obligatory service training.*** Each non-officer rank member of the Operations Wings is required to attend duty training of not less than 16 hours in every training year (i.e. from 1 April to 31 March of the next year) to practise the knowledge and skills acquired. Such training is necessary for members to gain practical duty experience which is essential as part of the preparedness for emergency mobilisation;
- (d) ***Centralised training.*** In order to enhance members' knowledge and skills to meet the service needs, AMS organises additional training courses/programmes such as Management and Leadership Course and Promotion Study Course; and
- (e) ***Other training.*** To meet the training objectives, there are a variety of other courses/programmes such as nursing course, instructorship training and attachments to Accident and Emergency Departments/ambulances of FSD.

1.8 AMSCC aims to equip its cadets with professional knowledge and skills of healthcare, hygiene and health, and cultivate their self-discipline and sense of responsibility. The cadets are organised into different units under 15 districts of five regions to attend various training courses and participate in exercises and visits:

- (a) ***Training courses.*** These include:
  - (i) ***Induction training.*** It is for new cadets to learn the AMS Standing Orders and AMSCC Standing Orders (see para. 1.10), discipline and team spirit, etc.;
  - (ii) ***Regular training.*** The training activities include medical, hygienic and first aid skills, foot drills and civic education. Generally, it is held on alternate Saturday afternoons; and
  - (iii) ***Centralised training.*** To encourage a diversified development, AMS also arranges a variety of courses for cadets to enrol voluntarily according to their own interests and competence such as leadership training; and

- (b) *Exercises and visits.* Examples of exercises are hiking, camping, mountaineering, rowing and windsurfing. AMSCC also arranges visits to government departments and organises social/community events.

1.9 In 2022, AMS set up the National Security Education Team which aims at formulating plans and activities for the promulgation and education of national security, such as preparing education materials and organising quizzes.

### *Guidelines and instructions*

1.10 The Commissioner may, from time to time, subject to the AMS Ordinance and the AMS Regulation (Cap. 517A), issue orders for the administration, control and information of AMS. In this connection, the Commissioner issues the AMS Standing Orders, AMS Operation Orders and AMSCC Standing Orders, and reviews and updates them regularly. These orders cover different themes including organisation functions, conduct and discipline, training policy, operation procedures, finance and accounts, uniform and dress regulation, etc. AMS is also governed by relevant government regulations and guidelines including the Stores and Procurement Regulations and the Financial Circulars.

### *Expenditure of AMS*

1.11 The Chief Staff Officer is the Controlling Officer of AMS. Table 1 shows the total expenditure of AMS from 2017-18 to 2021-22. In 2021-22, the expenditure of AMS was \$105.5 million, of which \$43.6 million (41%) and \$32.1 million (30%) was attributed to AMS staff and members' salaries/pay and allowances respectively (see Figure 1).

**Table 1**

**Total expenditure of AMS  
(2017-18 to 2021-22)**

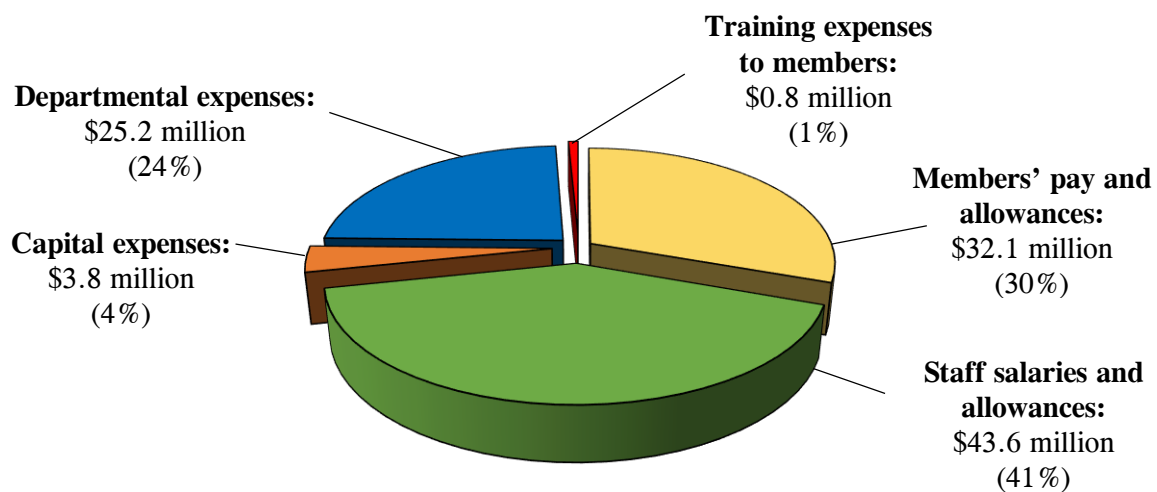
<b>Year</b>	<b>Total expenditure (\$ million)</b>
2017-18	94.3
2018-19	95.9
2019-20	98.1
2020-21	91.3
2021-22	105.5

*Source: AMS records*

*Remarks: The revised estimated total expenditure for 2022-23 was \$104.5 million.*

**Figure 1**

**Analysis of AMS's total expenditure of \$105.5 million  
(2021-22)**



*Source: AMS records*

## **Audit review**

1.12 In October 2022, the Audit Commission (Audit) commenced a review to examine the administration of AMS, focusing on:

- (a) management of members and cadets (PART 2);
- (b) provision of services by AMS (PART 3); and
- (c) administrative issues (PART 4).

Audit has found room for improvement in the above areas and has made a number of recommendations to address the issues.

## **Acknowledgement**

1.13 Audit would like to acknowledge with gratitude the full cooperation of the staff of AMS during the course of the audit review.

## **PART 2: MANAGEMENT OF MEMBERS AND CADETS**

2.1 This PART examines the management of members and cadets, focusing on:

- (a) recruitment and retention of members (paras. 2.2 to 2.7);
- (b) training provided to members (paras. 2.8 to 2.21); and
- (c) AMSCC (paras. 2.22 to 2.34).

### **Recruitment and retention of members**

2.2 Any person who is 16 years of age or over and the holder of an identity card issued under the Registration of Persons Ordinance (Cap. 177) may apply to the Commissioner for enrolment as a member. Membership comprises 10 ranks (Note 4) and the ranks open for enrolment all year round are Grade I, Grade IV (nurse) and Senior Grade V (medical practitioner). An applicant applying for Grade I member has to pass the occupational task and physical fitness test (Note 5), interview and medical examination. Medical practitioners applying for Senior Grade V officers and nurses applying for Grade IV officers should be registered medical practitioners under the Medical Registration Ordinance (Cap. 161) and registered/enrolled nurses under the Nurses Registration Ordinance (Cap. 164) respectively. They are also required to pass the interview and medical examination.

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**Note 4:** *The 10 ranks are Grades I, II, III, IV, Senior IV, V, Senior V, VI, VII and Senior VII. Grade IV or above are classified as officer ranks.*

**Note 5:** *The test items include: (a) at least 9 push ups for male (knee push ups for female) in 1 minute; (b) 100-metre run or walk with first aid rucksack in 1 minute; (c) at least 12 sit-ups in 1 minute; (d) placing equipment up about 193 centimetres; (e) at least 6 sets of squat thrust in 30 seconds; and (f) 800-metre run or walk in 6 minutes.*



***Need to closely monitor the declining trend  
in the number of members***

2.3 As at 31 December 2022, AMS had 3,514 members. Audit noted that from 2017 to 2022, the number of members decreased by 19% from 4,357 to 3,514 (see Table 2). According to AMS:

- (a) the drop in strength of AMS volunteer force from 2017 to 2022 was mainly due to the decrease in the number of new recruits attributable to the black-clad violence in 2019 and the COVID-19 epidemic since 2020;
- (b) noting the decreasing trend in the strength of AMS volunteer force, starting from early 2022, there has been a series of publicity activities aiming at increasing the recognition and reputation of AMS; and
- (c) it has actively communicated with universities to explore ways of closer collaboration, so as to recruit more university students to join AMS.

Notwithstanding AMS's recruitment efforts, there was no improvement in the number of applications for membership. In 2022, 501 applications were received, representing a 7% decrease compared with 538 applications in 2021. Audit considers that AMS needs to closely monitor the declining trend in the number of members and step up its efforts in recruiting new members and retaining existing members.

Table 2

**Number of members  
(2017 to 2022)**

Year	Number of members	Year on year decrease	
		(Number)	(Percentage)
2017	4,357		
2018	4,284	73	1.7%
2019	4,094	190	4.4%
2020	3,843	251	6.1%
2021	3,679	164	4.3%
2022	3,514	165	4.5%

*Source: Audit analysis of AMS records*

*Remarks: The numbers reflected the positions as at 31 December of the years.*

### ***Need to improve the attendance rates of recruitment exercises***

2.4 For recruitment of Grade I members, the occupational task and physical fitness test cum interview is normally held every quarter at AMS Headquarters in Ho Man Tin on a weekend. For recruitment of Grade IV and Senior Grade V officers, eligible applicants will be invited for interview after the vetting of the application forms by AMS Headquarters. Audit analysed the attendance rates of the recruitment exercises (Note 6) conducted for the three ranks (Note 7) during the period from 2018 to 2022 (see Table 3) and noted that many applicants for Grade I members and Grade IV officers did not attend the recruitment exercises:

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**Note 6:** *Recruitment exercises represent: (a) the occupational task and physical fitness test cum interview for applicants of Grade I members; and (b) the interview for applicants of Grade IV and Senior Grade V officers.*

**Note 7:** *Apart from these three ranks, members are also recruited via Potential Officer Programme. The Potential Officer Programme is for candidates without medical background and lasts for two years. Upon completion of the Programme and passing relevant assessments, the candidates will be appointed as Grade IV officers. According to AMS, the Programme has not been offered since 2019. In 2018, 33 members were recruited under the Programme.*

## Management of members and cadets

- (a) only 32% to 52% of the applicants applying for Grade I members attended the recruitment exercises; and
- (b) for applicants applying for Grade IV officers, the attendance rates of recruitment exercises were above 50% from 2018 to 2021 but decreased considerably to 30% in 2022.

**Table 3**

**Analysis of attendance rates of recruitment exercises conducted for Grade I, Grade IV and Senior Grade V members/officers (2018 to 2022)**

	2018	2019	2020	2021	2022
Number of applications received					
- Grade I	971	878	541	513	488
- Grade IV (Note)	29	22	21	23	10
- Senior Grade V	3	7	6	2	3
Number of applicants attending recruitment exercises					
- Grade I	453	381	283	234	156
- Grade IV (Note)	19	15	17	13	3
- Senior Grade V	3	7	6	2	3
Percentage of applicants attending recruitment exercises					
- Grade I	47%	43%	52%	46%	32%
- Grade IV	66%	68%	81%	57%	30%
- Senior Grade V	100%	100%	100%	100%	100%

*Source: Audit analysis of AMS records*

*Note: The number of applications for Grade IV officer in the table did not include the candidates in the Potential Officer Programme (see Note 7 to para. 2.4).*

2.5 Audit considers that AMS needs to ascertain the reasons for the low attendance rates of the recruitment exercises (especially for Grade I members) and take measures to improve the attendance rates.

### Audit recommendations

- 2.6 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **closely monitor the declining trend in the number of members and step up efforts in recruiting new members and retaining existing members; and**
  - (b) **ascertain the reasons for the low attendance rates of the recruitment exercises (especially for Grade I members) and take measures to improve the attendance rates.**

### Response from the Government

2.7 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS:

- (a) has noticed the decreasing trend in the strength of AMS volunteer force. Starting from early 2022, a series of publicity activities aiming at improving public recognition of AMS has been arranged. AMS will further step up efforts in recruiting new members and retaining existing members; and
- (b) will ascertain the reasons for the low attendance rates of the recruitment exercises (especially for Grade I members) and take necessary improvement measures, such as following up with the absentees and announcing the dates of the planned recruitment exercises in advance so that applicants can make arrangement to attend the recruitment exercises which fit their schedules.

### Training provided to members

2.8 **Training policy.** In order to meet the increasing demands for both emergency and non-emergency services of the community, the training activities of AMS are required to meet the following objectives:

- (a) maintaining and enhancing members' knowledge and skills to improve their work efficiency and effectiveness;

- (b) assisting members to realise and develop their own potentials;
- (c) ensuring constant practices and revisions to enable members to maintain satisfactory performance; and
- (d) providing necessary training for those selected for promotion so as to facilitate them to take up additional responsibilities in the near future.

### *Need to enhance monitoring of the efficiency requirement*

2.9 To ensure that members maintain their knowledge and skills in operations, the AMS Regulation and the AMS Standing Order stipulate that:

- (a) to meet the requirement for efficiency, a member (except for the members in the reserve unit — Note 8) shall obtain 60 hours of training in any training year (Note 9); and
- (b) if the regular training of a unit is less than 100 hours in total in a training year, a minimum of 60% training attendance in that training year will be regarded as meeting the requirement for efficiency (Note 10).

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**Note 8:** *According to the AMS Regulation, the Commissioner may post a member to the reserve unit if the member: (a) is likely to be away from Hong Kong for 6 months or more; or (b) for any reason has been exempted from duty by the Commissioner.*

**Note 9:** *According to the AMS Regulation, the Commissioner may exempt any member from this requirement.*

**Note 10:** *According to AMS, due to the black-clad violence in 2019 and the COVID-19 epidemic since 2020, some training courses were cancelled. In this connection, different relaxations in the efficiency requirements were made in the training years for 2019-20, 2020-21 and 2021-22.*

## Management of members and cadets

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2.10 According to the AMS Standing Order:

- (a) in early April, each team in-charge should report to AMS Headquarters in writing any member who fails to meet the requirements for efficiency for the last training year. AMS Headquarters will serve the first warning in writing to such member;
- (b) if such member still fails to meet the required attendance rate in the training quarter immediately after the first warning, the team in-charge concerned should report the matter to AMS Headquarters in writing. AMS Headquarters, on receipt of such report, will issue the final warning to the member concerned; and
- (c) the member has to give a written explanation within 14 days. Any member, who without any reasonable excuse fails to follow the instructions stated in the final warning, will be discharged without going through any disciplinary proceedings.

2.11 Audit analysed the 510 first warnings and the 173 final warnings issued by AMS to members who did not meet the efficiency requirements for the training years from 2017-18 to 2021-22 and found that:

- (a) there was a long time lapse between the end of the training year and the date of issuance of the first warning. Of the 510 first warnings, 471 (92.4%) were issued over 30 days after the end of the respective training years (ranging from 35 to 268 days, averaging 105 days) (see Table 4); and
- (b) among the 173 members receiving the final warnings, 38 (22%) had been discharged. On average, they were discharged 336 days after the first warnings were issued (ranging from 93 to 1,211 days). Audit examined the 3 members discharged in 2022 and noted that 2 of them had not met the efficiency requirements since the training years 2018-19 and 2019-20 respectively.

**Table 4**

**Days lapsed between the end of a training year and  
the issuance of first warning to members  
(2017-18 to 2021-22)**

Number of days lapsed between the end of a training year and the date of issuance of first warning	Number of first warning issued for the training year					
	2017-18	2018-19	2019-20	2020-21	2021-22	Total
≤ 30	0	38	0	0	1	39 (7.6%)
> 30 to 60	16	38	4	0	3	61 (12.0%)
> 60 to 90	9	44	2	0	15	70 (13.7%)
> 90 to 120	135	33	80	0	16	264 (51.8%)
> 120 to 150	14	7	9	0	0	30 (5.9%)
> 150 to 180	1	0	0	0	3	4 (0.8%)
Over 180	1	7	0	1	33	42 (8.2%)
Total	176	167	95	1 (Note)	71	510 (100.0%)

*Source: Audit analysis of AMS records*

*Note: A member who attended any training course or performed any duties in the training year of 2020-21 was considered as meeting the efficiency requirement in the year (see Note 10 to para. 2.9(b)).*

2.12 Audit notes that AMS’s prevailing practice of monitoring compliance of the efficiency requirement by members involves many manual procedures, and back and forth communication between AMS Headquarters and local units:

- (a) although the Auxiliary Medical Service Members and Cadet Corps Management System (AMACS) is used by AMS to capture the training hours attended by individual members, the records are not complete because AMACS is generally used to facilitate the payment of pay and allowances to members and the training hours may not be recorded when some members voluntarily waive their rights to claim the pay/allowance; and

## Management of members and cadets

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- (b) in order to monitor the compliance of the efficiency requirement by members, a spreadsheet showing members who may not fulfil the efficiency requirement will be generated from AMACS and passed to Senior OTOs of each individual unit for checking after the end of each training year. Senior OTOs have to verify each case, taking into account of the training hours not input into AMACS and the period of absence granted by the Commissioner to the members (Note 11).

2.13 In Audit's view, the prevailing practice may be one of the factors causing the delay in issuing warnings to the members not meeting the efficiency requirement. The manual assessments made by Senior OTOs are also prone to omissions and errors. As members should maintain sufficient knowledge for any emergency services, it is important for AMS to accurately identify members not meeting the efficiency requirement and remind them to take remedial action in a timely manner. Audit considers that AMS needs to take measures to enhance the monitoring of compliance of the efficiency requirement by members, for example, by making it a mandatory requirement that all training attended by members be input into AMACS. AMS also needs to follow up with those members who have not met the efficiency requirement in a timely manner.

### *Performance targets on members' training manhours not met*

2.14 AMS provides various training courses to members and includes the total manhours attended by members for each of the three major types of training (i.e. recruit training, regular training and centralised training — see para. 1.7(a), (b) and (d)) as key performance targets, which are reported in its Controlling Officer's Reports (CORs). Audit examined AMS's CORs from 2017 to 2021 (see Table 5) and noted that:

- (a) the performance targets of all the three types of training had not been achieved throughout the five-year period except for the centralised training in 2019; and

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**Note 11:** *According to AMS, a member may apply to the Commissioner for absence and the efficiency requirement will be proportionately reduced according to the period of absence granted.*



## Management of members and cadets

- (b) except for the recruit training and regular training in 2020 and 2021, no explanation was provided by AMS for not meeting the performance targets on training manhours.

**Table 5**

**Key performance targets on total training manhours  
(2017 to 2021)**

Key performance target	Target manhour	2017	2018	2019	2020	2021
		Actual manhour (percentage variance compared to target)				
Recruit training (Note 1)	31,600	26,040 (-18%)	24,949 (-21%)			
	28,000			22,488 (-20%)	6,431 (-77%) (Note 3)	9,874 (-65%) (Note 3)
Regular training	240,000	202,805 (-15%)	199,415 (-17%)	188,233 (-22%)	88,892 (-63%) (Note 3)	110,528 (-54%) (Note 3)
Centralised training (Note 2)	35,000	28,696 (-18%)	29,603 (-15%)			
	30,000			35,842 (+19%)		
	50,000				44,834 (-10%)	47,805 (-4%)

*Source: Audit analysis of AMS records*

*Note 1: The target has been adjusted from 31,600 to 28,000 manhours from 2019 onwards in view of the decrease in the number of AMS new recruits.*

*Note 2: The target was adjusted from 35,000 to 30,000 manhours in 2019 since AMS has reorganised the contents of centralised training programme by re-categorising and re-arranging part of the training courses. From 2020 onwards, the target has been adjusted from 30,000 to 50,000 manhours in view of the increase in training commitments.*

*Note 3: According to AMS, the substantial increase in shortfall was due to the heavy involvement in the COVID-19 operations (see para. 1.4).*

## Management of members and cadets

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2.15 Audit noted that from 2017 to 2019, there were shortfalls between the target and actual manhours of the three types of training (except for the centralised training in 2019), ranging from 15% to 22%. Audit considers that AMS needs to take measures to boost up the training manhours in order to meet the performance targets and provide explanations in its CORs to account for the non-achievement of performance targets on training manhours.

### *Need to segregate the training manhours of trainers and assistants from those attended by trainees*

2.16 Audit analysed the training manhours by individual members recorded from October 2021 to September 2022 and noted that of the 3,135 members with training manhours recorded in the period, 277 (9%) members had more than 100 training manhours (see Table 6).

**Table 6**

#### **Analysis of number of members' training manhours recorded (October 2021 to September 2022)**

<b>Number of training manhours attended</b>	<b>Number of members</b>
>0 to 50	1,835
>50 to 100	1,023
>100 to 200	183
>200 to 300	33
>300 to 400	20
>400 to 500	5
Over 500	36 (Note)
Total	3,135

*Source:* Audit analysis of AMS records

*Note:* The maximum training manhours recorded for a member during the period is 2,371 manhours.

2.17 Among the 277 members, 36 members had exceptionally high training manhours (over 500 manhours). Of these 36 members, Audit sample checked 10 members (totalling 20,101 manhours) and noted that 19,329 (96%) training manhours recorded were in fact manhours spent by the members as assistants. According to AMS, there are no separate codes in AMACS to distinguish the different roles of trainers, assistants and trainees. In Audit's view, this is undesirable because trainers and assistants deliver training (teaching role) and other general support while trainees receive training (learning role). Audit also notes that manhours of trainers and assistants have been included in the training manhours reported in AMS's CORs (see Table 5 in para. 2.14), which may overstate the training manhours reported in CORs. Audit considers that AMS needs to segregate the manhours for taking up the duties of trainers and assistants from the training manhours attended by members as trainees.

### ***Need to update the contents of AMS publications in a timely manner***

2.18 As of January 2023, AMS had three departmental publications, namely Practical First Aid Handbook, Disaster Medical Assistant Training Manual, and Nursing Training Manual. These AMS publications served as training materials for members during regular training and were made available on AMS's website for free access by the public. Audit noted that two of the three publications were outdated:

- (a) ***Practical First Aid Handbook (2011 edition) (the handbook)***. The handbook provided guidance on how to respond appropriately in a first aid or medical emergency (e.g. cardiovascular emergencies, wounds and bleeding). For the procedures on cardiopulmonary resuscitation, the handbook made reference to an external association's related guidelines of 2010 edition. While the related guidelines from the external association had been updated twice in 2015 and 2020, the relevant content in the handbook had not been updated; and
- (b) ***Disaster Medical Assistant Training Manual (2012 edition) (the manual)***. The manual provided guidance on disaster medical assistance and emergency medicine. Audit's examination in October 2022 on the 63 reference Internet links provided in the manual revealed that:

## Management of members and cadets

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- (i) 41 (65%) Internet links were no longer reachable; and
- (ii) 4 (6%) Internet links were not reaching to relevant contents.

2.19 Audit noted that, the Training Review Committee (Note 12) had commenced reviewing the curriculum and training materials of AMS first aid training and disaster medical assistant training since December 2021 and that the review was still in progress as of January 2023. According to AMS, if there were essential updates on the contents of the training materials, it would disseminate the up-to-date supplementary information to members and students of first aid courses. In Audit's view, it is important to keep the contents of AMS publications, which are also made available for public access, accurate and up-to-date. Audit considers that AMS needs to expedite the review of AMS publications and update the contents of the publications in a timely manner.

## Audit recommendations

- 2.20 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **take measures to enhance the monitoring of compliance of the efficiency requirement by members, for example, by making it a mandatory requirement that all training attended by members be input into AMACS;**
  - (b) **follow up with those members who have not met the efficiency requirement in a timely manner;**
  - (c) **take measures to boost up the training manhours in order to meet the performance targets;**
  - (d) **provide explanations in AMS's CORs to account for the non-achievement of performance targets on training manhours;**

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**Note 12:** *The Training Review Committee is an AMS internal committee comprising government staff and volunteers with professional medical and nursing background.*

- (e) **segregate the manhours for taking up the duties of trainers and assistants from the training manhours attended by members as trainees; and**
- (f) **expedite the review of AMS publications and update the contents of the publications in a timely manner.**

### **Response from the Government**

2.21 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS:

- (a) has made it a mandatory requirement that all training attended by members be input into AMACS irrespective of whether the members waive their rights to claim pay and allowances. Besides, a feasibility study for development of a new management system for processing members' application for operation duties and training sessions was completed in 2022. AMS aims at launching the new management system by the end of 2024 to streamline the administrative procedures in respect of training enrolment and confirmation, record keeping of attendance and related pay and allowances management;
- (b) commits to follow up with those members who have not met the efficiency requirement within 2 months. Furthermore, the new management system mentioned in (a) will be used to facilitate timely monitoring and follow-up actions. For the avoidance of doubt, although some members did not fulfil the efficiency requirement in the period of review, all members are required to attend and pass the Proficiency Examination before they can provide first aid services to members of the public. Hence, the quality of first aid service rendered by members would not be compromised;
- (c) will review the performance targets so that they will be more realistic and achievable. At the same time, efforts have been made to boost up training manhours. Starting from 2023, the frequency and the number of various kinds of relevant training have been increased;
- (d) will provide explanations in its CORs to account for any non-achievement of performance targets on training manhours in future;

## Management of members and cadets

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- (e) will segregate the manhours for taking up the duties of trainers and assistants from the training manhours attended by members as trainees by assigning separate codes to different kinds of activities; and
- (f) will expedite the review of training materials conducted by the Training Review Committee. It is expected that the review will be completed by the third quarter of 2023. Contents of the publications will be updated according to the review result. As an interim measure, any updates will be circulated to members.

## The Auxiliary Medical Service Cadet Corps

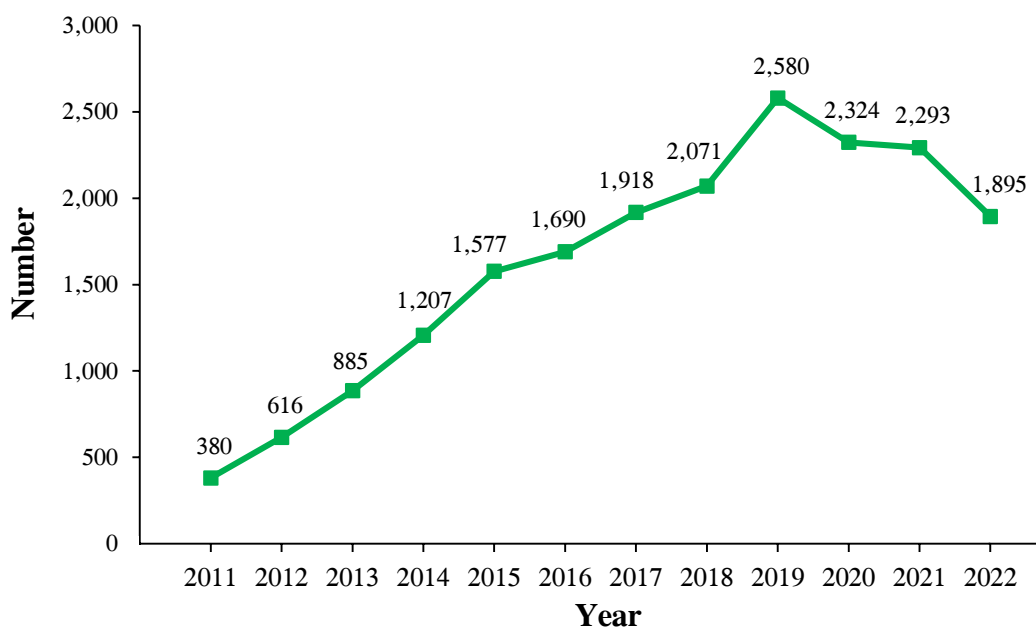
2.22 AMSCC is a youth uniformed group founded in 2011 in accordance with the AMS Ordinance with cadets who are youngsters aged 12 to under 18. AMSCC organises various group activities in which cadets foster their self-confidence, devotion to serving others, and leadership as well as acquire interpersonal and communication skills. There are five ranks under AMSCC, namely Rank I, Senior Rank I, Rank II, Rank III and Senior Rank III. Cadets are distributed in 15 districts under five regions (Note 13) and their numbers increased gradually from 380 in 2011 to the peak at 2,580 in 2019, and subsequently dropped by 27% to 1,895 as at 31 December 2022 (see Figure 2).

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**Note 13:** *The five regions are Hong Kong, Kowloon East, Kowloon West, New Territories East and New Territories West with three districts in each region. Each region is headed by a Zone Commander and an Assistant Zone Commander who are Grade VI officers, while each district is headed by a Company Commander who is a Senior Grade V officer.*

Figure 2

**Number of cadets in AMSCC  
(2011 to 2022)**



*Source: AMS records*

*Remarks: The numbers reflected the positions as at 31 December of the years.*

***Need to step up efforts in recruiting and retaining cadets***

2.23 In 2011, AMSCC was established with a target of recruiting 1,000 cadets in five years. As at 31 December 2014, the number of cadets was 1,207 and the recruitment target was attained. According to 2014 Policy Address, the Government fostered a culture of multi-faceted excellence and helped nurture young people through education, employment and whole-person development. The Government would allocate additional resources to strengthen its networking and communication with young people at the district level and AMS targeted to recruit a force of 3,000 cadets by 2019. Nonetheless, the number of cadets had not met the target throughout the years (see Figure 2 in para. 2.22). According to AMS, there was an increasing trend in the number of cadets from 2014 to 2019 but due to the black-clad violence in 2019 and the COVID-19 epidemic since 2020, the number of cadets decreased to 1,895 as at 31 December 2022, representing a shortfall of 1,105 cadets from the target.

## Management of members and cadets

2.24 Audit analysed the turnover of cadets in the period from 2018 to 2022 (see Table 7) and noted that:

- (a) the number of cadets recruited each year ranged from 187 to 1,031 (averaging 511). In 2018 and 2019, about 50 publicity activities were held each year for recruitment of new cadets (e.g. setting up promotion booths in shopping malls and holding recruitment talks in schools) and the number of new recruits increased from 639 in 2018 to 1,031 in 2019. However, according to AMS, due to the COVID-19 epidemic, there were only 3, 23 and 15 publicity activities held in 2020, 2021 and 2022 respectively and the number of new recruits decreased significantly;
- (b) the number of cadets resigned each year ranged from 54 to 207 (averaging 151). According to AMS, although no formal exit interview was conducted for the resigned cadets, it would take immediate action to evaluate and understand the reasons behind and explore whether it could offer any kind of support, assistance and advice to both cadets and their parents. From 2018 to 2022, the top three reasons for resignation were “not interested” (34%), “further studies” (33%) and “busy with other activities” (15%); and
- (c) the number of cadets retired upon reaching the age of 18 ranged from 327 to 405 (averaging 365). During the period, a total of 1,827 cadets retired. Among these retired cadets, only 58 (3%) joined the AMS volunteer force.

**Table 7**

**Turnover of cadets in AMSCC  
(2018 to 2022)**

	Number of cadets				
	2018	2019	2020	2021	2022
As of 1 January	1,918	2,071	2,580	2,324	2,293
Add:					
- new recruits	639	1,031	188	512	187
Less:					
- resigned	159	195	54	138	207
- retired (reaching the age of 18)	327	327	390	405	378
As of 31 December	2,071	2,580	2,324	2,293	1,895

Source: Audit analysis of AMS records



2.25 According to AMS, with a view to meeting the target number of cadets in AMSCC, it had taken the following measures:

- (a) in 2021, a new Cadet training programme, namely the Health Awareness and Promotion Programme for Youth, was launched. The aim of the programme was to equip cadets with fundamental health related knowledge and skills. Other training courses, such as morality, leadership, commitment to community and national security, would also be introduced;
- (b) it launched a publicity campaign in 2022 to raise public attention of AMS via online and offline channels (e.g. outdoor light-emitting diode wall, bus and taxi stickers on transportation); and
- (c) it had collaborated with a local university to let cadets gain early insight and knowledge on their continuing study and career prospects in different professional healthcare sectors.

2.26 In December 2022, the Government published the first edition of the Youth Development Blueprint with a vision to nurture a new generation of young people with an affection for the country and equipped with global perspective, aspiring mindset and positive thinking, as well as providing an enabling environment for young people to unleash their full potential in society and contribute to Hong Kong, the country and the world. According to AMS, AMSCC contributes to the youth development in resilience building, whole-person development, life planning and engagement in public affairs. In Audit's view, AMS needs to:

- (a) closely monitor the turnover of cadets and step up efforts in recruiting new cadets (e.g. holding more publicity activities and recruitment talks in schools);
- (b) critically examine why the resigned cadets have lost their interests and continue to take remedial measures to retain existing cadets, including reviewing the effectiveness of the Health Awareness and Promotion Programme for Youth at an opportune time; and
- (c) ascertain the reasons for the retired cadets not joining the AMS volunteer force upon reaching the age of 18 and take measures to encourage the cadets to join as members.

## Management of members and cadets

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### *Significant number of vacancies of senior-rank cadets*

2.27 Cadets are encouraged to fulfil their self-potential and shoulder more responsibilities through promotion to senior ranks. According to the AMSCC Standing Order, the promotion exercise is conducted half-yearly in April and October. The cadets should fulfil the following requirements in order to be nominated for promotion:

- (a) they have been in their existing ranks for at least 6 months and attended the required number of hours of regular training (Note 14);
- (b) they have completed the specified compulsory training courses;
- (c) they have accumulated 24 service credits (Note 15) in their existing ranks and participated in at least one major events held by AMSCC; and
- (d) there were no disciplinary records for the preceding six months.

2.28 Audit analysed the establishment and strength of AMSCC as at 31 December 2022 and noted that the vacancy rate of each rank (except for the entry rank) ranged from 80% to 100% (see Table 8). Audit further analysed the promotion of cadets in the period from 2018 to 2022 (see Table 9) and found that during the 5-year period:

- (a) only 49 and 10 cadets were promoted to Ranks II and III respectively; and
- (b) no cadets were promoted to Senior Rank III.

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**Note 14:** *For promotion to Senior Rank I and Rank II, the required number of regular training hours is 30. For promotion to Rank III and Senior Rank III, the required number of regular training hours is 35.*

**Note 15:** *Generally speaking, a cadet can earn one service credit for each hour of participation of designated activities. A maximum of eight service credits can be earned in a day.*

**Table 8**

**Establishment and strength of AMSCC  
(31 December 2022)**

Rank	Establishment (a) (Number)	Strength (b) (Number)	Surplus/(Shortfall)	
			(c) = (b) - (a) (Number)	(d) = $\frac{(c)}{(a)} \times 100\%$ (Percentage)
I	1,200	1,691 (Note)	491	41 %
Senior I	960	191	(769)	(80 %)
II	480	13	(467)	(97 %)
III	240	0	(240)	(100 %)
Senior III	120	0	(120)	(100 %)
Overall	3,000	1,895	(1,105)	(37 %)

*Source: Audit analysis of AMS records*

*Note: Among the 1,691 Rank I cadets, 433 (26%) enrolled in 2022.*

**Table 9**

**Number of cadets promoted  
(2018 to 2022)**

Promotion to rank	2018	2019	2020	2021	2022	Total
Senior I	94	103	7	197	84	485
II	16	21	4	8	0	49
III	6	3	0	1	0	10
Senior III	0	0	0	0	0	0
Total	116	127	11	206	84	544

*Source: Audit analysis of AMS records*

2.29 Upon enquiry, in January 2023, AMS informed Audit that all cadets meeting the promotion requirements were promoted. This means that not many cadets could

## **Management of members and cadets**

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meet the promotion requirements as stipulated in the AMSCC Standing Order. As the situation has persisted for a long time, Audit considers that AMS needs to formulate action plans and encourage cadets to fulfil the promotion requirements with a view to filling the vacancies of senior-rank cadets.

### ***Low participation rate of training, exercises and visits***

2.30 To equip its cadets with professional knowledge and skills of healthcare, hygiene and health, AMSCC organised a variety of training, exercises and visits (see para. 1.8). According to AMS, Company Commanders (see Note 13 to para. 2.22) keep track of the participated hours of cadets under their districts. The relevant officers will contact the cadets or their parents to give encouragement in an attempt to improve the participation rate when necessary.

2.31 According to 2022 Policy Address, in pursuing youth development, the Security Bureau would enhance life planning and internship opportunities for members of youth uniformed groups under the disciplined services. In this connection, the Security Bureau formulated a series of indicators with regard to youth development such as active membership for cadets for all youth uniformed groups under the auxiliary and disciplined services (e.g. AMS and the Fire & Ambulance Services Teen Connect). Active membership is defined as “having participated in at least 2 activities in the past 12 months”. According to AMS, of the 2,293 and 1,895 cadets as at 31 December 2021 and 2022, only around half of cadets (i.e. 1,151 (50%) and 824 (43%) respectively) had participated in at least 2 activities (i.e. any training, exercises and visits) in the past 12 months and were considered to be active members. As AMSCC aims to foster cadets’ self-confidence, devotion to serving others and leadership as well as enable them to acquire interpersonal and communication skills through training and activities, Audit considers that AMS needs to step up efforts in encouraging cadets to attend training and participate in exercises and visits.

### ***Need to review key performance targets of training, exercises and visits attended by cadets***

2.32 The numbers of manhours of training and exercises and visits attended by cadets are reported in AMS’s CORs as key performance targets. According to AMS, when cadets attend training, exercises and visits, they need to sign on an attendance sheet and the numbers of manhours will be input into AMACS by AMS Headquarters. However, Audit noted that there were differences between the records in AMACS and

the figures reported in AMS’s COR (see Table 10). This is less than satisfactory because the numbers of manhours of training, exercises and visits attended by cadets are set as AMS’s key performance targets. In Audit’s view, AMS needs to review the differences between the numbers of manhours of training, exercises and visits attended by cadets reported in AMS’s CORs and those recorded in AMACS, and critically assess whether the key performance targets can be achieved.

**Table 10**

**Differences between the numbers of manhours reported in AMS’s COR and those recorded in AMACS for the training, exercises and visits attended by cadets (2021)**

Key performance target	Number of manhours			
	Target	Per COR (a)	Per AMACS (b)	Differences (c) = (a) – (b)
Induction training	23,000	16,384	11,059	5,325 (33%)
Regular training	130,000	145,773	23,570	122,203 (84%)
Centralised training	55,000	31,680	2,178	29,502 (93%)
Exercise and visit	5,000	30,159	284	29,875 (99%)

*Source: Audit analysis of AMS records*

## **Audit recommendations**

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

- (a) **closely monitor the turnover of cadets and step up efforts in recruiting new cadets (e.g. holding more publicity activities and recruitment talks in schools);**

## **Management of members and cadets**

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- (b) critically examine why the resigned cadets have lost their interests and continue to take remedial measures to retain existing cadets, including reviewing the effectiveness of the Health Awareness and Promotion Programme for Youth at an opportune time;**
- (c) ascertain the reasons for the retired cadets not joining the AMS volunteer force upon reaching the age of 18 and take measures to encourage the cadets to join as members;**
- (d) formulate action plans and encourage cadets to fulfil the promotion requirements with a view to filling the vacancies of senior-rank cadets;**
- (e) step up efforts in encouraging cadets to attend training and participate in exercises and visits;**
- (f) review the differences between the numbers of manhours of training, exercises and visits attended by cadets reported in AMS's COR and those recorded in AMACS; and**
- (g) critically assess whether the key performance targets on the number of manhours of training, exercises and visits attended by cadets can be achieved.**

## **Response from the Government**

2.34 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS:

- (a) has closely monitored the turnover of cadets and stepped up efforts in recruiting new cadets, for example, by arousing youth attention of AMS through a series of publicity campaign since 2022. AMS will also explore further measures in recruiting new cadets, including arrangement of more school-based promotional activities;**
- (b) will enhance communication with cadets from time to time to address their needs in a timely manner and continuously arrange programmes which suit their needs. For example, the Health Awareness and Promotion Programme for Youth was launched in 2021 to equip cadets with fundamental health**

related knowledge and skills. Feedbacks from participating cadets will be collected for timely review. Other training, such as morality, leadership, commitment to community and national security will be further strengthened. For those leaving AMSCC, exit interviews will be conducted to ascertain their reasons for leaving. If no exit interview can be arranged, AMS will invite the leaving cadet to complete a simple questionnaire for the same purpose;

- (c) will ascertain the reasons for the retired cadets not joining the AMS volunteer force upon reaching the age of 18. In 2021, a Cadet Conversion Programme was implemented to provide adult training to cadets, with a view to facilitating them to become an adult member;
- (d) will step up efforts in encouraging cadets to attend training and participate in exercises and visits to fulfil the promotion requirements with a view to filling the vacancies of senior-rank cadets;
- (e) will better utilise different applications of technology to cater for the interests of cadet in training and exercises;
- (f) will rectify the differences between the numbers of manhours of training, exercises and visits attended by cadets reported in its CORs and recorded in AMACS; and
- (g) will continuously assess whether the key performance targets on the numbers of manhours of training, exercises and visits attended by cadets can be achieved.

## **PART 3: PROVISION OF SERVICES BY THE AUXILIARY MEDICAL SERVICE**

3.1 This PART examines the provision of services by AMS, focusing on:

- (a) manning of methadone clinics (paras. 3.3 to 3.9);
- (b) provision of first aid service for public events (paras. 3.10 to 3.14);
- (c) provision of ambulance services (paras. 3.15 to 3.21);
- (d) provision of service in country parks (paras. 3.22 to 3.25); and
- (e) performance reporting on service provisioning (paras. 3.26 to 3.28).

3.2 As mentioned in paragraph 1.2, AMS provides volunteer medical services to assist DH, HA and FSD during emergency situations and supplementary volunteer medical services to government departments and outside agencies during peace time. From 2019 to 2021, while the number of members decreased by 415 (10%) from 4,094 to 3,679 (see Table 2 in para. 2.3), the total manhours spent on the provision of services by AMS increased by 309,742 (54%) from 578,469 to 888,211 (see Table 11). Audit noted that the increase in manhours was mainly attributable to AMS's effort in combating the COVID-19 epidemic. According to AMS:

- (a) since the outbreak of the COVID-19 epidemic in January 2020, AMS has been requested by the Health Bureau (Note 16) to assist in carrying out the COVID-19 operations. The duties included:
  - (i) supporting the frontline operation and executing medical instructions at quarantine facilities;

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**Note 16:** *With effect from 1 July 2022, the Food Branch of the then Food and Health Bureau has been transferred to the Environment and Ecology Bureau. The Health Branch of the then Food and Health Bureau has been revamped as the Health Bureau.*



## **Provision of services by the Auxiliary Medical Service**

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- (ii) conveying confirmed cases and their close contacts to quarantine facilities, supporting evacuation of buildings and institutions with confirmed cases (Note 17);
  - (iii) taking enforcement actions under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J). Examples included serving Fixed Penalty Notices and Compulsory Testing Orders to non-compliance cases upon receiving referrals from the Centre for Health Protection or at the scene of Restriction-testing Declaration operations;
  - (iv) supporting mortuary work in two public mortuaries during the fifth wave of the COVID-19 epidemic in early 2022; and
  - (v) other duties such as dispatching anti-epidemic packs to persons under home quarantine, providing training to hotel staff working in designated quarantine hotels and the Anti-epidemic Task Force of the Security Bureau, etc.;
- (b) these operations were usually required within a short notice. AMS disseminated the relevant information to members by making use of an instant message application and managed to recruit adequate members to meet the service needs; and
- (c) the COVID-19 operations required a lot of manpower resources from AMS. At the service peak in early February 2022, AMS provided a variety of services, such as assistance in 13 quarantine facilities, and had to deploy over 300 members on a daily basis.

Audit also noted that, in 2021, the COVID-19 operations and manning of methadone clinics accounted for 75% of manhours of services provided by AMS. The remaining services included the provision of NEATS, and first aid services for public events, in country parks and on cycling tracks.

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**Note 17:** *From December 2020 to mid-February 2023, a collaboration network was established among various related government departments (e.g. FSD) and organisations to support the evacuation of buildings and institutions with confirmed cases (e.g. elderly nursing homes and homes for the disabled) and coordinate the ambulance conveyance service.*

## Provision of services by the Auxiliary Medical Service

**Table 11**

**Manhours of services provided by AMS  
(2019 to 2021)**

Type of services	2019	2020	2021
COVID-19 operations	0 (0%)	233,398 (34%)	390,306 (44%)
Manning of methadone clinics	269,177 (47%)	275,377 (40%)	271,950 (31%)
First aid service for public events	146,880 (25%)	50,673 (7%)	87,399 (10%)
NEATS	52,345 (9%)	55,567 (8%)	53,695 (6%)
First aid bicycle service	22,822 (4%)	21,890 (3%)	31,172 (3%)
Emergency stand-by and duties	19,249 (3%)	18,662 (3%)	17,663 (2%)
First aid or ambulance service in country parks	10,934 (2%)	5,952 (1%)	9,761 (1%)
Lifeguard service	4,814 (1%)	1,922 (0%)	3,577 (0%)
Others (Note)	52,248 (9%)	26,511 (4%)	22,688 (3%)
Total	578,469 (100%)	689,952 (100%)	888,211 (100%)

Source: Audit analysis of AMS records

Note: These included support duties such as AMS Open Day and other administrative duties.

### Manning of methadone clinics

3.3 The use of methadone for treatment of drug abusers on an out-patient basis has been adopted in Hong Kong since late 1972. The methadone clinics, operated by DH, provide both maintenance and detoxification programmes. AMS is responsible for assisting DH in the provision of qualified personnel to operate the methadone clinics. As at 31 December 2022, there were 18 methadone clinics, with an average daily attendance of about 3,000 patients. Each clinic is required to be manned by

## **Provision of services by the Auxiliary Medical Service**

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2 to 15 members (Note 18). An OTO of AMS's Training and Development Section is responsible for deploying members to methadone clinics and ensuring that duties are carried out by members effectively according to the Manual on Methadone Treatment Programme issued by DH. The duties include dispensing of methadone, collection of specimens, and administrative and accounting work.

### ***Need to take measures to ensure compliance with DH's instructions***

3.4 According to the Manual on Methadone Treatment Programme, members have to assist in performing reviews and tests of patients, as follows:

- (a) when there is a notification shown in the computer system of DH's Methadone Treatment Programme (the System) for half-yearly reassessment (Note 19) in a patient's treatment record, members should remind the patient to attend the reassessment; and
- (b) a patient is suggested to perform urine tests at least thrice a year. These comprise twice on a random schedule generated by the System (with an interval of one to four months between the tests) and an annual test under the Human Immunodeficiency Virus Antibody (Urine) Testing Programme. When there is a notification shown in the System, members should request the patient to leave specimen for testing.

3.5 On 30 November 2022, Audit visited a methadone clinic with AMS staff to observe the registration and dispensing procedures. Of the three patients observed, Audit noted that the notifications in the treatment records of two patients showed that their last reassessments and urine tests were performed in 2019 and 2015 respectively. However, the members had not asked the two patients to make appointment for reassessment or perform the urine test, at variance with the requirements laid down in the Manual on Methadone Treatment Programme. According to AMS, in order to avoid unnecessary embarrassment (which might lead to patients' non-attendance to methadone clinics) and maintain the rapport and mutual trust between the patients and

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**Note 18:** *Due to different opening hours, the number of shifts varies between methadone clinics (usually 1 to 3 shifts) and the number of staff on duty varies between shifts (usually 1 to 6 staff).*

**Note 19:** *In order to review a patient's condition and facilitate the development of treatment plan, a medical officer needs to reassess the patient every six months.*

## **Provision of services by the Auxiliary Medical Service**

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members, members have been very cautious about making suggestions of reassessment and urine test. Nevertheless, members would try to motivate patients to perform reassessment and urine test as far as practicable. Audit considers that AMS needs to remind members to comply with the instructions on registration and dispensing procedures stipulated in the Manual on Methadone Treatment Programme as far as practicable when performing duties in methadone clinics.

### ***Need to review long-term manpower requirement***

3.6 Methadone clinics are open for 4 to 15 hours (Note 20) every day (including Sundays and public holidays) and AMS deploys about 100 members (Note 21) on a daily basis for the routine duties of manning methadone clinics. Members have to attend a 2-day practical training to understand the operation of methadone clinics. Audit notes that, as most of the duties are administrative work, medical knowledge is not a must for members performing duties in methadone clinics. From November 2012 to June 2014, the Security Bureau, DH and AMS held meetings to explore the options of using manpower sources other than deploying members (e.g. outsourcing, recruiting non-civil service contract staff and civil servants) for manning the methadone clinics, taking into consideration that a sufficient supply of manpower was crucial for the provision of consistent and steady services in methadone clinics. No conclusion had been reached in the meetings and no follow-up actions had been taken since the meeting in June 2014.

3.7 Other than manning of methadone clinics, Audit notes that AMS also deploys members to perform administrative work (e.g. training assistants and store assistants) on a regular basis, which indicates that there is a regular manpower need for these duties. Audit considers that AMS needs to review the existing practice of deploying members in administrative work and, in collaboration with the Security Bureau and DH, continue to explore the feasibility of alternative source of manpower in view of the long-term need of operating methadone clinics.

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**Note 20:** *As at 31 December 2022, the daily opening hours were 4 hours for 10 clinics, 7 hours for 3 clinics, 8 hours for 1 clinic and 15 hours for 4 clinics.*

**Note 21:** *During the 365 days from 1 August 2021 to 31 July 2022, the total number of members who had participated in manning methadone clinics was 611 and their numbers of duty days varied from 1 to 297 days.*

## **Audit recommendations**

- 3.8 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **remind members to comply with the instructions on registration and dispensing procedures stipulated in DH's Manual on Methadone Treatment Programme as far as practicable when performing duties in methadone clinics; and**
  - (b) **review the existing practice of deploying members in administrative work and, in collaboration with the Security Bureau and DH, continue to explore the feasibility of alternative source of manpower in view of the long-term need of operating methadone clinics.**

## **Response from the Government**

3.9 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that:

- (a) members have been reminded to comply with relevant guidelines and manual in performing their duties in the methadone clinics while observing the needs and special circumstances of the patients; and
- (b) DH has been monitoring the services delivered under the Methadone Treatment Programme and the operation of the methadone clinics, including the service needs and resources deployed, and keeping the Security Bureau informed on a regular basis. DH will conduct a review of the workflow so as to minimise the administrative work taken up by members. AMS, in consultation with relevant government bureaux and departments (B/Ds), will continue to monitor its manpower situation, taking into account the audit recommendations and with a view to ensuring that the most appropriate source of manpower is deployed while balancing the actual operational needs of the clinics.

### Provision of first aid service for public events

3.10 AMS provides first aid service for public events (e.g. marathon races, firework displays and the New Year Eve Count-down Carnivals), which is one of the major services provided by AMS. As shown in Table 11 in paragraph 3.2, in 2019, first aid service for public events accounted for 25% of manhours of services provided by AMS (Note 22).

#### *Need to draw lessons from the 2018 marathon incident*

3.11 According to AMS, among the different kinds of public events, marathon races are big events and it deploys massive number of members and equipment in providing the first aid service for such events. For example, in a marathon held in 2021, AMS deployed 681 members, 14 ambulances and motorcycle ambulances, and 24 first aid bicycles along the marathon track. Audit noted that:

- (a) during a marathon held in 2018, a runner fainted during the race and died a few days later. In May 2022, the Coroner's Court started an inquest into the incident; and
- (b) in June 2022, while the jury concluded that the deceased's death was due to natural causes, it made 8 recommendations to AMS as endorsed by the coroner, including:
  - (i) streamlining the logistic and administrative arrangements of handling injured people;
  - (ii) requiring all members who would perform duties during the marathon race to attend a briefing session; and
  - (iii) introducing case sharing into regular training courses in order to strengthen members' assessment skills and attitude on handling emergent cases.

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**Note 22:** *According to AMS, the manhours spent on the provision of first aid service for public events decreased substantially in 2020 and 2021 because many public events were cancelled due to the COVID-19 epidemic.*

## **Provision of services by the Auxiliary Medical Service**

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- 3.12 In December 2022 and February 2023, AMS informed Audit that:
- (a) it agreed with all the 8 recommendations and would take improvement measures during the provision of first aid service for future marathon races accordingly. For example, AMS would:
    - (i) deploy radio telecom devices and designated channels to facilitate communication;
    - (ii) introduce a mandatory briefing session before the event and an on-site final briefing session; and
    - (iii) strengthen the training of using automated external defibrillators; and
  - (b) it had proactively reviewed the quality of service provided to the public by assessing risks of individual events and providing specific preparation, training and deployment. For example, in the Hong Kong Cyclothon held in December 2022, taking into account that severe injuries such as spinal injuries and fractures might happen, AMS deployed members of the Emergency Response Task Force with nurses on board the ambulances to provide higher level of care in case of emergency.

Audit noted that many of the endorsed recommendations and the improvement measures to be implemented by AMS were generic in nature and could be applied to public events other than marathon races. As the community resumes normalcy, more public events will be held in the near future. Audit considers that AMS needs to draw lessons from the 2018 marathon incident and continue to improve the provision of first aid service for public events in future.

### **Audit recommendation**

3.13 **Audit has *recommended* that the Chief Staff Officer of AMS should draw lessons from the 2018 marathon incident and continue to improve the provision of first aid service for public events in future.**

### Response from the Government

3.14 The Chief Staff Officer of AMS agrees with the audit recommendation. He has said that:

- (a) right after the 2018 marathon incident, AMS had proactively reviewed the quality of its first aid service for public events. Since then, it has conducted wash-up on its service upon completion of large-scale operations; and
- (b) all staff in the Operations and Training Division have been instructed to critically assess the potential risk of individual events and draw up task specific operation plans for preparation, training and appropriate deployment.

### Provision of ambulance services

3.15 AMS maintains an ambulance fleet for the provision of various ambulance services, as follows:

- (a) ***Non-emergency ambulance.*** AMS deploys non-emergency ambulances (see Photograph 1(a)) for the provision of free NEATS to patients who need medical care and attention at the out-patient clinics of DH or HA, or as referred by hospitals. NEATS is available from Monday to Sunday (including public holidays) from 8 a.m. to 6 p.m. An applicant should make a telephone appointment with AMS at least 24 hours in advance and, if service is available, complete an application form which should be endorsed by authorised staff (Note 23) of the clinics/hospitals. Each non-emergency ambulance is equipped with a set of basic medical equipment;
- (b) ***Town ambulance.*** AMS deploys town ambulances (see Photograph 1(b)) to reinforce the ambulance services of FSD at the scene of emergency in response to emergency calls and to provide ambulance service in country

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**Note 23:** *Authorised staff include doctors, dentists, dietitians, registered nurses, enrolled nurses, midwives, physiotherapists, occupational therapists, prosthetist-orthotists, speech therapists, audiology technicians and medical social workers, etc.*



## Provision of services by the Auxiliary Medical Service

parks on Sundays and public holidays from 9 or 10 a.m. to 4 or 5 p.m. Each town ambulance is equipped with a comprehensive set of medical equipment; and

- (c) **Motorcycle ambulance.** AMS deploys motorcycle ambulances (see Photograph 1(c)) for the provision of ambulance service in country parks on Sundays and public holidays from 10 a.m. to 4 p.m. Each motorcycle ambulance is equipped with first aid kits.

As at 31 December 2022, AMS had a fleet of 17 ambulances, comprising 7 non-emergency ambulances, 5 town ambulances and 5 motorcycle ambulances.

**Photograph 1**

**(a) Non-emergency ambulance**



**(b) Town ambulance**



**(c) Motorcycle ambulance**



Source: AMS records

## **Provision of services by the Auxiliary Medical Service**

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### ***Low utilisation of non-emergency ambulances and town ambulances***

3.16 Non-emergency ambulances and town ambulances provide services daily whereas motorcycle ambulances provide services on Sundays and public holidays. Audit analysed the utilisation rates of non-emergency ambulances and town ambulances (usage includes ambulance services, transportation, training or exhibition, etc.) from 2018 to 2022 (up to September 2022) and found that:

- (a) the utilisation rates of non-emergency ambulances and town ambulances ranged from 54% to 64% and from 56% to 69% respectively (see Table 12); and

**Table 12**

**Utilisation rates of non-emergency ambulances and town ambulances  
(2018 to 2022 (up to September))**

<b>Year</b>	<b>Non-emergency ambulances</b>	<b>Town ambulances</b>
2018	55%	56%
2019	54%	57%
2020	59%	69%
2021	58%	59%
2022 (up to September)	64%	56%

*Source: Audit analysis of AMS records*

- (b) the utilisation rate of town ambulances decreased from 69% in 2020 to 56% in 2022 (up to September). In particular, the utilisation rate of town ambulances during the peak of the fifth wave of the COVID-19 epidemic (i.e. February to April 2022) was 44% only.

3.17 According to AMS, to obtain the qualification of providing ambulance services, ambulance drivers have to obtain relevant driving licences and pass specified driving tests, and ambulance nurses/dressers have to complete specified training

## **Provision of services by the Auxiliary Medical Service**

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courses to understand the ambulance services and how to use different equipment installed in the ambulances. During the outbreak of the COVID-19 epidemic, there might not always be sufficient members to provide ambulance services because many members were infected with COVID-19, put into quarantine, or already deployed to provide assistance in other COVID-19 operations. In order to improve the utilisation of town ambulances, Audit considers that strenuous efforts are required to maintain sufficient members for providing ambulance services in future.

3.18 Audit further analysed the utilisation of non-emergency ambulances and town ambulances and revealed the following findings:

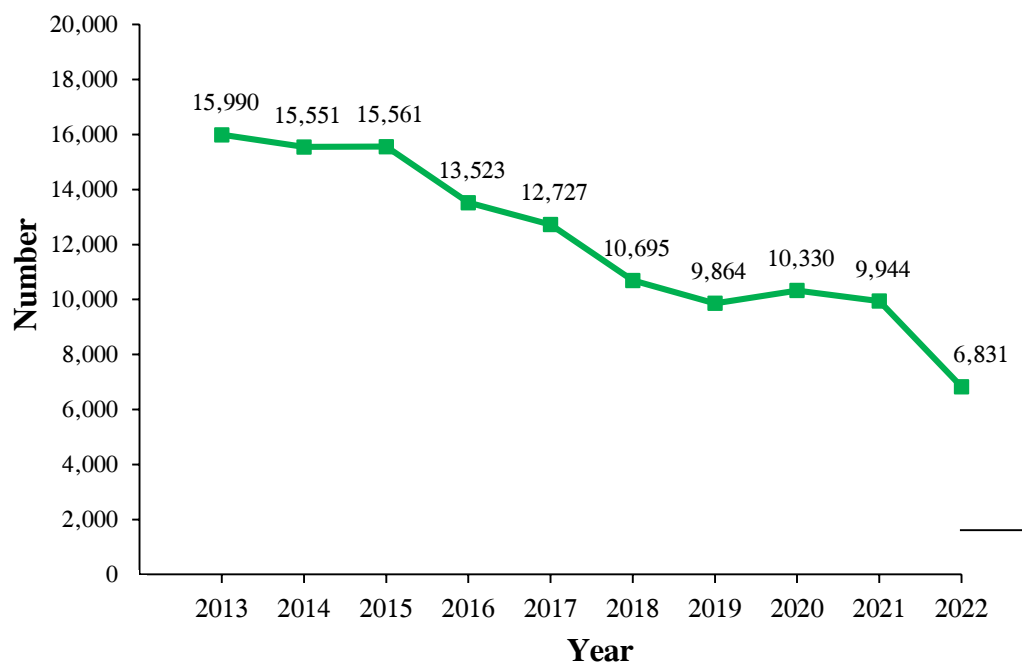
- (a) ***Decrease in non-emergency ambulance transfer requests.*** Non-emergency ambulances are used for providing NEATS. Patients who would like to use NEATS are required to make a non-emergency ambulance transfer requests to AMS in advance. Audit examined the number of non-emergency ambulance transfer requests from 2013 to 2022 and noted that there was a decreasing trend in the number of requests. As shown in Figure 3, the number of requests from patients decreased by 9,159 (57%) from 15,990 in 2013 to 6,831 in 2022. While the number of requests decreased by 3,113 (31%) from 9,944 in 2021 to 6,831 in 2022, the utilisation rate of non-emergency ambulances increased from 58% to 64% (up to September 2022). According to AMS:
  - (i) the decrease in number of requests from patients for NEATS might be due to the adjustment of HA's non-emergency services in view of the fifth wave of the COVID-19 epidemic; and
  - (ii) during the outbreak of the COVID-19 epidemic, AMS provided the conveyance services for confirmed cases and their close contacts, and supported the evacuation of buildings and institutions with confirmed cases (see para. 3.2(a)(ii)). Taking into account the job nature and the equipment installed in different types of ambulances (Note 24), the use of non-emergency ambulances was more than that of town ambulances during the fifth wave of the COVID-19 epidemic; and

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**Note 24:** *For example, special equipment installed in non-emergency ambulances would facilitate the conveyance of bed-bound or wheelchair-bound persons and persons requiring walking aids.*

Figure 3

Number of non-emergency ambulance transfer requests from patients (2013 to 2022)



Source: AMS records

(b) ***Substantive use of town ambulances for purposes other than ambulance services.*** Audit performed an analysis on the usage of town ambulances from 1 October 2021 to 30 September 2022 (totalling 365 days) and noted that, as shown in Table 13:

- (i) for the 5 town ambulances, the number of days of which the ambulances were used for providing ambulance services ranged from 69 to 230 days (i.e. 19% to 63% out of 365 days); and
- (ii) 4 of the 5 town ambulances were used for transportation purpose (e.g. transporting duty members, first aid equipment and materials between AMS Headquarters in Ho Man Tin and duty locations). In particular, the number of days of which the 4 town ambulances were used for transportation purpose ranged from 53 to 138 days (i.e. 15% to 38% out of 365 days).

## Provision of services by the Auxiliary Medical Service

According to AMS, town ambulances were sometimes used to transport medical equipment (e.g. stretchers which could be stabilised by the locking system in the town ambulances). Besides, since other types of vehicles were not available, town ambulances might be used to transport tools and equipment. In Audit's view, while town ambulances are equipped with a comprehensive set of medical equipment, it may not be the most effective way of using them for purposes other than ambulance services.

**Table 13**

### Usage of town ambulances (1 October 2021 to 30 September 2022)

	Number of days				
	Ambulance A	Ambulance B	Ambulance C	Ambulance D	Ambulance E
Ambulance services	230 (63%)	121 (33%)	102 (28%)	69 (19%)	69 (19%)
Transportation	0 (0%)	53 (15%)	69 (19%)	138 (38%)	77 (21%)
Repair and maintenance	68 (19%)	70 (19%)	35 (10%)	49 (13%)	117 (32%)
Stand-by	49 (13%)	96 (26%)	132 (36%)	104 (29%)	79 (22%)
Others (Note)	18 (5%)	25 (7%)	27 (7%)	5 (1%)	23 (6%)
Total	365 (100%)	365 (100%)	365 (100%)	365 (100%)	365 (100%)

*Source: Audit analysis of AMS records*

*Note: These included deployment for training and exhibitions such as AMS Open Day.*

3.19 Audit considers that AMS needs to take measures to improve the utilisation of the non-emergency ambulances and town ambulances. AMS also needs to ascertain the reasons of the low demand of its ambulance services (e.g. the decrease in non-emergency ambulance transfer requests) and take action to optimise the size of its ambulance fleet.

## **Audit recommendations**

- 3.20 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **make strenuous efforts to maintain sufficient members for providing ambulance services in future;**
  - (b) **take measures to improve the utilisation of the non-emergency ambulances and town ambulances; and**
  - (c) **ascertain the reasons of the low demand of AMS's ambulance services (e.g. the decrease in non-emergency ambulance transfer requests) and take action to optimise the size of AMS's ambulance fleet.**

## **Response from the Government**

3.21 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that:

- (a) during the outbreak of the COVID-19 epidemic:
  - (i) resources and manpower of hospitals/clinics had been drawn to fight the virus, and some out-patient services and non-emergency follow-up provided by hospitals/clinics were seriously affected. In addition, with reference to FSD's information on ambulance calls published on website, the overall demand of ambulance services had dropped since 2020. Similarly, the demand for AMS ambulance services had also dropped; and
  - (ii) provided that the provision of emergency ambulance service was not affected, AMS had mobilised its ambulances to support 104 evacuations of buildings and institutions with confirmed cases, conducted more than 1,700 trips and conveyed more than 3,900 close contacts and confirmed cases mainly from elderly nursing homes or homes for the disabled to quarantine facilities, as well as their return trips upon recovery; and

## **Provision of services by the Auxiliary Medical Service**

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- (b) as the community resumes normalcy, AMS will continuously and closely monitor the utilisation of its ambulances, strengthen existing patient conveyance services and explore new service initiatives as far as practicable, including:
  - (i) training up more members to become qualified ambulance drivers and ambulance nurses/dressers. Basic Ambulance Aid training has been included into recruit training programme for new members starting from 2023 so that they can be deployed to the provision of NEATS;
  - (ii) exploring the feasibility of widening service scope to improve the utilisation of both non-emergency ambulances and town ambulances, such as providing conveyance services at the major Boundary Control Points to designated hospitals and augmenting inter-hospital transfer service; and
  - (iii) exploring the feasibility of extending the provision of NEATS during weekends and public holidays, such as conveying disabled and elderly residents from their homes to district health centres for health screening or follow-up.

### **Provision of service in country parks**

3.22 As agreed with AFCD, AMS is responsible for providing first aid or ambulance service in 8 areas within country parks on Sundays and public holidays (from 9 or 10 a.m. to 4 or 5 p.m.). AMS deploys 1 to 5 members to each area based on the first aid needs.

#### ***Need to improve the service availability in country parks***

3.23 Audit examined the provision of first aid or ambulance service in the 8 areas within country parks during the period from 1 October 2021 to 30 September 2022 (see para. 3.22) and noted that the service was not available at all times in 7 of the 8 areas, with availability rates ranging from 70% to 98% (see Table 14). In particular, the availability rates of 3 areas were less than 80%, namely Pat Sin Leng Country Park to Bride's Pool (70% or 33 out of 47 duty days),

## **Provision of services by the Auxiliary Medical Service**

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Nai Chung to Pak Tam Chung (76% or 38 out of 50 duty days) and Bride's Pool to Tai Mei Tuk (76% or 38 out of 50 duty days). Moreover, there was no documentary evidence showing that AMS had informed AFCD of the non-provision of service to facilitate the alternative arrangement of provision of first aid or ambulance service by other agencies. In Audit's view, AMS needs to:

- (a) secure sufficient manpower for the provision of the first aid or ambulance service in country parks as far as practicable; and
- (b) inform AFCD in advance when the service is not available from AMS to facilitate the drawing up of a contingency plan where necessary.



## Provision of services by the Auxiliary Medical Service

**Table 14**

**Availability of first aid or ambulance service in country parks  
(1 October 2021 to 30 September 2022)**

Areas	Service type	Number of duty days (Note) (a)	Number of days in which service was available (b)	Number of days in which service was not available (c) = (a) – (b)
Aberdeen Country Park	First aid or ambulance service	47	45 (96%)	2 (4%)
Pat Sin Leng Country Park to Bride's Pool	First aid or ambulance service	47	33 (70%)	14 (30%)
Plover Cove Country Park to Tai Mei Tuk	First aid or ambulance service	47	47 (100%)	0 (0%)
Sai Kung Country Park to Nai Chung	First aid or ambulance service	47	46 (98%)	1 (2%)
Sai Kung Country Park to Pak Tam Chung	First aid or ambulance service	47	46 (98%)	1 (2%)
Shing Mun Country Park to Tai Mo Shan	Motorcycle ambulance service	50	49 (98%)	1 (2%)
Nai Chung to Pak Tam Chung	Motorcycle ambulance service	50	38 (76%)	12 (24%)
Bride's Pool to Tai Mei Tuk	Motorcycle ambulance service	50	38 (76%)	12 (24%)

*Source: Audit analysis of AMS records*

*Note: Due to the fifth wave of the COVID-19 epidemic, AMS agreed with AFCD to suspend first aid or ambulance service from 13 January 2022 to 30 April 2022 and motorcycle ambulance service from 4 February 2022 to 30 April 2022 respectively. As a result, during the period from 1 October 2021 to 30 September 2022, there were 47 and 50 duty days for the 5 areas with first aid or ambulance service and the 3 areas with motorcycle ambulance service respectively.*

## **Audit recommendations**

- 3.24 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **secure sufficient manpower for the provision of the first aid or ambulance service in country parks as far as practicable; and**
  - (b) **inform AFCD in advance when the service is not available from AMS to facilitate the drawing up of a contingency plan where necessary.**

## **Response from the Government**

3.25 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS will:

- (a) secure sufficient manpower for the provision of service in country parks as far as practicable through training more members in ambulance driving, motorcycle driving, and ambulance aid skills. Furthermore, manpower engaged in anti-epidemic duties will be released to take up more other duties including the duties in country parks; and
- (b) serve a written notice to AFCD 72 hours in advance when the committed service of AMS is not available.

## **Performance reporting on service provisioning**

### ***Room for improvement in reporting performance indicators***

3.26 AMS reports a number of performance indicators in its CORs, including responses to ambulance calls, coverage at public functions, cases treated on country park duty and responses to non-emergency ambulance transfer requests. Audit noted that there was room for improvement in reporting the performance indicators:

- (a) ***Responses to non-emergency ambulance transfer requests.*** Audit noted that the reported number of responses to non-emergency ambulance transfer requests included the number of requests cancelled by the patients. From

## Provision of services by the Auxiliary Medical Service

2018 to 2021, the annual number of cancelled requests ranged from 1,300 to 2,314, representing 13% to 22% of the total number of requests reported in CORs (see Table 15). According to AMS, the number of cancelled requests was included in performance reporting since it had already arranged the manpower and reserved the ambulances for these requests; and

**Table 15**

**Number of responses to non-emergency ambulance transfer requests  
(2018 to 2021)**

Year	Number of requests completed (a)	Number of requests cancelled (b)	Total number reported in CORs (c) = (a) + (b)
2018	8,955 (84%)	1,740 (16%)	10,695 (100%)
2019	8,564 (87%)	1,300 (13%)	9,864 (100%)
2020	8,016 (78%)	2,314 (22%)	10,330 (100%)
2021	8,378 (84%)	1,566 (16%)	9,944 (100%)

*Source: Audit analysis of AMS records*

- (b) **Cases treated on country park duty.** Audit analysed the number of cases treated on country park duty in 2020 and 2021 and noted that:
- (i) the numbers reported in CORs included both the number of cases treated in country parks and on cycling tracks. Among the 3,361 cases and 4,054 cases reported in CORs of 2020 and 2021 respectively, only 4% and 7% of cases were related to country park duty while more than 90% of cases were related to cycling track duty; and
  - (ii) the number of cases reported was not accurate. For example, in 2021, the number of cases treated in country parks did not include the cases of four months (i.e. March, October, November and December 2021).

## **Provision of services by the Auxiliary Medical Service**

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In order to improve public accountability, Audit considers that AMS needs to take measures to ensure the accuracy of the performance indicators on service provisioning reported in its CORs.

### **Audit recommendation**

**3.27**      **Audit has *recommended* that the Chief Staff Officer of AMS should take measures to ensure the accuracy of the performance indicators on service provisioning reported in AMS's CORs.**

### **Response from the Government**

**3.28**      The Chief Staff Officer of AMS agrees with the audit recommendation. He has said that AMS will:

- (a)      better define the performance indicators reported in its CORs regarding the responses to non-emergency ambulance transfer requests and the actual number of patients conveyed; and
- (b)      take measures to ensure the accuracy of the performance indicators reported in its CORs regarding the cases treated on country park duty and on cycling track duty, and rectify the difference in its CORs and report to the Security Bureau.

## **PART 4: ADMINISTRATIVE ISSUES**

4.1 This PART examines administrative issues of AMS, focusing on:

- (a) pay and allowances (paras. 4.2 to 4.10);
- (b) utilisation of training venues (paras. 4.11 to 4.16); and
- (c) management of emergency supplies (paras. 4.17 to 4.22).

### **Pay and allowances**

4.2 AFPAO makes provision for the granting of pay, pensions, gratuities, allowances and other benefits in respect of the auxiliary forces (e.g. AMS). According to AFPAO:

- (a) **Pay.** Every member shall, while attending duty (including active service and voluntary duty) or training, be eligible to be paid:
  - (i) in respect of continuous attendance for 8 hours or more in any period of 24 hours, at the appropriate daily rate of pay; and
  - (ii) in respect of attendance for less than 8 hours, at the appropriate hourly rate of pay; and
- (b) **Ration allowance.** In respect of attendance for 8 hours or more during which he is not provided with free meals or rations, every member who attends for duty or training shall, in addition to his pay, be eligible to receive a daily ration allowance.

4.3 **Occurrence Book.** Occurrence Book is an official record used at AMS units/out-posts such as training venues to log all events/occurrence taking place at the location and make available documentary evidence/records for accounting procedures (e.g. claims of pay and allowances) and auditing purposes. According to the AMS Standing Order:

## **Administrative issues**

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- (a) all training received and duties performed by members should be recorded in the Occurrence Books with their AMS membership numbers;
- (b) the officers in charge of each unit/post must inspect the Occurrence Books and submit them to the AMS Headquarters for routine inspection. OTOs concerned must conduct regular random inspections of the Occurrence Books collected by the AMS Headquarters; and
- (c) management staff such as Team Officers and District Commanders in districts must regularly pay visits to the venues to check and verify the information being recorded in the Occurrence Books is correct and proper.

4.4 ***Pay and allowances claim forms.*** In order to claim pay and allowances in respect of duties/training, a member must indicate his/her reporting and departure time and sign on the pay and allowances claim forms, which would then be certified by a certifying officer (at the rank of Grade IV or above, or being the most senior officer on duty) and approved by an approving officer (at the rank of Senior Grade V or above, or corresponding officers of the Headquarters Column). According to the AMS Standing Order, unit/team in-charge must send the completed pay and allowances claim forms to the Accounts Office of AMS Headquarters within one week following the end of each month. The Accounts Office would input the details on the pay and allowances claim forms into AMACS. Pay and allowances are normally paid to members one month in arrears. Audit noted that there was room for improvement in disbursing pay and allowances to members, as detailed in paragraphs 4.5 to 4.8.

### ***Room for improvement in disbursing pay and allowances to members***

4.5 ***Attendance claimed for pay and allowances not properly documented in Occurrence Books.*** Although the pay and allowances claim forms submitted by members are separately certified and approved by senior officers, Occurrence Books are important documents in the disbursement of pay and allowances as they are official records used at AMS units/out-posts serving as documentary evidence/records for accounting procedures and auditing purposes (see para. 4.3). Audit sample checked 50 claim forms with payments made in September 2022 involving 26 occurrences of duties/training and 250 members' claims. Audit examination found that 25 occurrences (involving 248 members' claims) could not be verified against the records in the Occurrence Books:

- (a) in 14 (56%) occurrences (involving 17 members' claims), the relevant duties/training were not recorded in the Occurrence Books. Of the 14 occurrences, 13 occurrences (involving 15 members' claims) were instead recorded in the attendance books for AMS Headquarters' staff;
- (b) in 6 (24%) occurrences (involving 206 members' claims), AMS membership numbers of the members concerned were not recorded in the Occurrence Books;
- (c) in 1 (4%) occurrence (involving 5 members' claims), the AMS membership numbers on the claim forms did not match with those recorded in the Occurrence Book; and
- (d) in 4 (16%) occurrences (involving 20 members' claims), the corresponding Occurrence Books could not be located.

4.6 Audit noted that of the 16 training venues for the period from April 2020 to September 2022, the Occurrence Books of 2 training venues could not be located. For the remaining 14 training venues, Audit noted that:

- (a) for 2 (14%) training venues, OTOs concerned had conducted regular random inspections of the Occurrence Books and management staff had checked and verified the information of the Occurrence Books;
- (b) for 6 (43%) training venues, only the management staff had checked and verified the information of the Occurrence Books; and
- (c) for the remaining 6 (43%) training venues, neither OTOs concerned had conducted any regular random inspections of the Occurrence Books nor management staff had checked and verified the information of the Occurrence Books.

Audit considers that AMS needs to strengthen internal controls on the members' claims of pay and allowances, such as requiring the certifying/approving officers of the claim forms to check against the records in Occurrence Books when certifying/approving the claims. There is also a need for AMS to take measures to ensure that the regular random inspections and checks of the Occurrence Books are performed by OTOs and management staff respectively in accordance with the

## **Administrative issues**

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requirements set out in the AMS Standing Order, and that the pertinent inspections and checking results are properly documented.

4.7 ***Ineligible claims of ration allowance.*** From October 2021 to September 2022, ration allowance of \$11.0 million was paid to members with respect to 100,364 rations claimed. However, Audit examination revealed that among these 100,364 rations claimed, 475 rations (0.5%) with an amount of \$51,684 were related to duties of more than 7 hours but less than the prescribed requirement of 8 hours, at variance with the criteria promulgated in AFPAO. Audit considers that AMS needs to take measures to ensure that the ration allowance is paid in accordance with the criteria set out in AFPAO.

4.8 ***Delay in submission of claim forms to Accounts Office.*** For the 50 claim forms examined by Audit (see para. 4.5), Audit noted that:

- (a) there was delay (i.e. later than one week following the previous month-end) in submission of 31 (62%) claim forms to the Accounts Office (an average delay of 54 days, ranging from 53 to 83 days); and
- (b) the remaining 19 (38%) claim forms did not indicate the dates of receipt by the Accounts Office. Therefore, it could not be ascertained whether the claims had been timely submitted.

Audit considers that AMS needs to take measures to ensure that the pay and allowances claim forms are submitted to Accounts Office in a timely manner, and remind its staff to record the dates of receipt by the Accounts Office on the claim forms.

## **Audit recommendations**

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

- (a) **strengthen internal controls on the members' claims of pay and allowances, such as requiring the certifying/approving officers of the claim forms to check against the records in Occurrence Books when certifying/approving the claims;**



- (b) **take measures to ensure that:**
  - (i) **regular random inspections and checks of the Occurrence Books are performed by OTOs and management staff respectively in accordance with the requirements set out in the AMS Standing Order; and**
  - (ii) **the pertinent inspections and checking results are properly documented;**
- (c) **take measures to ensure that the ration allowance is paid in accordance with the criteria set out in AFPAO;**
- (d) **take measures to ensure that the pay and allowances claim forms are submitted to Accounts Office in a timely manner; and**
- (e) **remind AMS staff to record the dates of receipt by the Accounts Office on the claim forms.**

## **Response from the Government**

4.10 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS will:

- (a) strengthen internal controls on the members' claims of pay and allowances. Occurrence Books records will be checked against members' claims of pay and allowances, such as requiring the certifying/approving officers of the claim forms to check against the records in Occurrence Books when certifying/approving the claims. As mentioned in paragraph 2.21(a), a new system is being developed for application, approval and inspection of operation duties, training, and pay and allowances so as to replace the paper-based system. AMS aims at launching the new management system by the end of 2024;
- (b) in the interim, take measures to ensure that regular inspections and random checks of the Occurrence Books are performed by OTOs and management staff respectively in accordance with the requirements as set out in the AMS

## Administrative issues

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Standing Order, and that the pertinent inspections and checking results are properly documented; and

- (c) take measures to ensure that the ration allowance is only paid to members in respect of attendance for 8 hours or more, during which he is not provided with free meals or rations in accordance with the criteria set out in AFPAO. Briefings on the eligible criteria governing conditions for similar claims have been given to the relevant units to avoid misinterpretation in future. AMS will rectify the relevant records in the past 7 years and report to the Security Bureau.

## Utilisation of training venues

4.11 As at 31 December 2022, AMS had 16 training venues at its Headquarters and in various districts (see Appendix C). Training venues are located in various districts not only in urban areas but also in the New Territories and the outlying islands for easy access by members and cadets living in different parts of Hong Kong (Note 25).

### *Low utilisation of some training venues*

4.12 AMS compiles a monthly utilisation report for each training venue (Note 26). Audit examined the utilisation reports for the period from 2017-18 to 2021-22 (see Appendix D) and noted that the utilisation rates were low in some training venues:

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**Note 25:** *Most AMS's training venues include classrooms and simulated wards but not provided with playground for conducting foot drill (see Appendix C). Therefore, AMS has to rent school premises with playground at district level for foot drill training from time to time.*

**Note 26:** *The utilisation rate of a training venue is calculated by dividing the number of training sessions used by the total number of training sessions available in a particular month. For each day, three training sessions are available (i.e. morning, afternoon and evening). Thus, for example, the number of training sessions available in December was 93 (3 sessions × 31 days). According to AMS, given that its members are volunteers and many have other work/family commitments, training sessions are generally held during weekends/public holidays and in the evening session during weekdays.*

- (a) the 5-year average utilisation rates of 9 (56%) out of 16 training venues were below 20%. In particular, the utilisation rates of the three venues located on outlying islands (Cheung Chau, Mui Wo and Tung Chung) were below 10%; and
- (b) the utilisation rate of the training venue located at the Sai Kung Office decreased from 28% in 2017-18 to 7% in 2021-22.

According to AMS, in order to better utilise the government resources, it has shared 14 training venues (except for AMS Headquarters and the New Territories East Regional Office) with other B/Ds by including them in the list of “Auditorium and Conference Facilities Available for Booking by B/Ds” on the government intranet. However, AMS has not compiled other B/Ds’ utilisation rates of AMS’s training venues.

4.13 Audit noted that, according to the schedule of regular training for the period from September 2022 to June 2023, no regular training was held or scheduled to be held in the training venues located in Sai Kung, Mui Wo and Tung Chung. On 17 January 2023, Audit conducted a site visit with AMS staff to the Tung Chung Office and noted that only a classroom was provided on the ground floor (49 square metres) (see Photograph 2 — Note 27), and that the upper floor was used as an emergency store (see para. 4.17).

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**Note 27:** *According to AMS, a typical classroom setting with desks and chairs is not always required, for example, when conducting foot drill training and first aid practical training.*

**Photograph 2**

**(a) Exterior view of Tung Chung Office**



**(b) Classroom in Tung Chung Office**



*Source: AMS records*

4.14 In Audit's view, AMS needs to take measures to ensure that the conditions of its training venues are fit for training purposes with a view to improving their utilisation. AMS also needs to critically review the need of keeping the training

venues with low utilisation rates, taking into account of the training needs of its members and cadets.

## **Audit recommendations**

- 4.15 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **take measures to ensure that the conditions of AMS's training venues are fit for training purposes with a view to improving their utilisation; and**
  - (b) **critically review the need of keeping AMS's training venues with low utilisation rates, taking into account of the training needs of members and cadets.**

## **Response from the Government**

4.16 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS will:

- (a) take measures to ensure that the conditions of its training venues are fit for training purposes; and
- (b) critically review the need of keeping its training venues with low utilisation rates, taking into account of the training needs of members and cadets. Under-utilised venues will either be open for use to other B/Ds or appropriate parties, or returned to the government for other deployment.

## **Management of emergency supplies**

4.17 According to the AMS Operation Order, emergency supplies are stock-piled over the territory at operation and emergency stores in order to ensure availability of sufficient logistic supports for AMS operations. These stocks cover a wide range of items and are grouped into standard packages. All or part of them could be sent for emergency operations when necessary. Emergency supplies include:

## Administrative issues

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- (a) *Forward supplies.* These are first aid/ambulance aid equipment;
- (b) *Supplementary field supplies.* These are rescue equipment, mechanical equipment and items for setting up of Casualty Collecting Points and Casualty Treatment Centres; and
- (c) *Medical/hospital supplies.* These are used to set up Dressing Stations, Casualty Clearing Hospitals or Convalescent Units.

As at 31 July 2022, there were 20 operation stores which stored forward supplies and/or supplementary field supplies and 20 emergency stores which stored medical/hospital supplies.

4.18 In August 2022, a Working Group on Review of Emergency Supplies (the Working Group) was set up by AMS in order to review the need of existing emergency supplies and stores:

- (a) the Working Group had proposed to cease the operation of the 20 emergency stores, taking into consideration that:
  - (i) Dressing Stations, Casualty Clearing Hospitals or Convalescent Units were not required to be set up for any emergency incidents in the past thirty years; and
  - (ii) the list of medical/hospital supplies might be obsolete, taking into account the needs and standards of medical and surgical equipment comparing with nowadays infection controls and medical standards (Note 28); and
- (b) up to 31 December 2022, the Working Group was in the progress of drafting a revised list of forward supplies and supplementary field supplies and considering which operation stores would be maintained for keeping these supplies.

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**Note 28:** *For example, stainless steel forceps must be properly autoclaved before being used in any aseptic/sterile surgical procedure. However, the existing autoclaves in the list of medical/hospital supplies were procured in the 1990s and could not meet the current sterilisation requirement of surgical equipment.*

4.19 *Need to complete the review on the need of maintaining the operation stores.* In performing stock verification exercises, AMS follows the requirements stipulated in the Stores and Procurement Regulations, including a comparison of the ledger balances with the actual stocks and an examination of the conditions of the stock and the storage place. Audit examined AMS's stocktaking reports for emergency stores from 2017-18 to 2021-22 and noted that AMS did not identify any exceptions during the stock verification exercises. According to the stocktaking reports, the conditions of the supplies in the emergency stores were considered as "very good and showed no sign of deterioration". However, Audit noted that as revealed in the review conducted in August 2022 by the Working Group, the medical/hospital supplies were considered obsolete as they practically failed to meet current infection controls and medical standards despite that they were still in good conditions (see para. 4.18(a)). As of December 2022, the review of operation stores was still in progress. According to AMS, it aimed to complete the review of the need of maintaining the operation stores by March 2023. Audit considers that AMS needs to complete the review on the need of maintaining the operation stores and update the list of forward supplies and supplementary field supplies as soon as possible.

4.20 *Need to expedite the evacuation of emergency stores.* According to the Working Group's proposal of the review of emergency supplies in September 2022, AMS aimed to cease the operation of the 20 emergency stores (Note 29). However, with a lapse of four months and up to 31 December 2022, only 4 of the 20 emergency stores had been evacuated. Audit considers that AMS needs to take action to expedite the evacuation of emergency stores.

## **Audit recommendations**

- 4.21 **Audit has recommended that the Chief Staff Officer of AMS should:**
- (a) **complete the review on the need of maintaining the operation stores and update the list of forward supplies and supplementary field supplies as soon as possible; and**
  - (b) **take action to expedite the evacuation of emergency stores.**

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**Note 29:** *Of the 20 emergency stores, 14 emergency stores are located within the hospitals or clinics.*

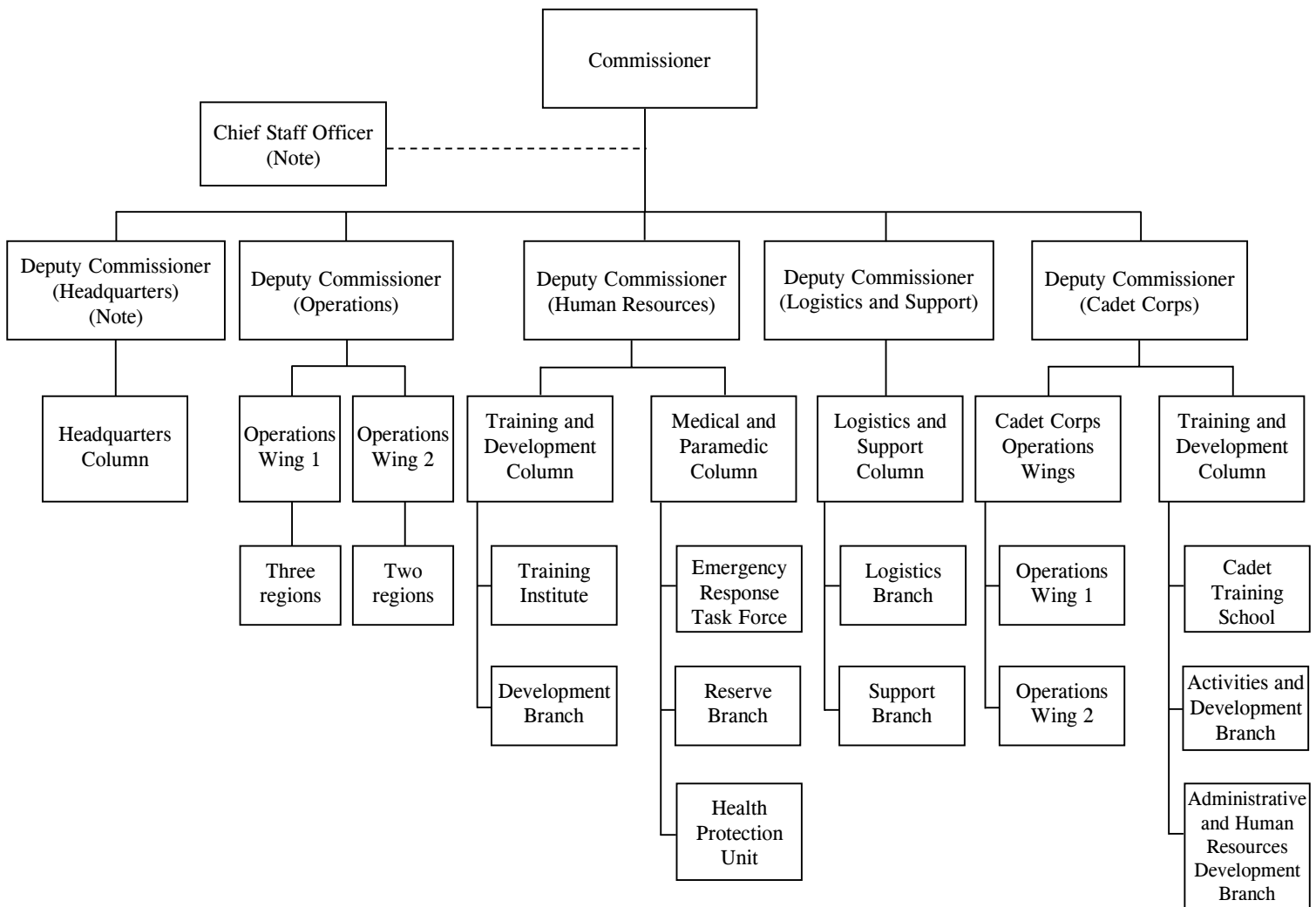
## **Response from the Government**

4.22 The Chief Staff Officer of AMS agrees with the audit recommendations. He has said that AMS:

- (a) has completed the review on the need of maintaining the operation stores and updated the list of forward supplies and supplementary field supplies in late March 2023; and
- (b) will expedite the evacuation of emergency stores. Four of them had already been vacated as at 31 December 2022. Evacuation action for the remaining 16 emergency stores is in progress and will be completed by the second quarter of 2024.



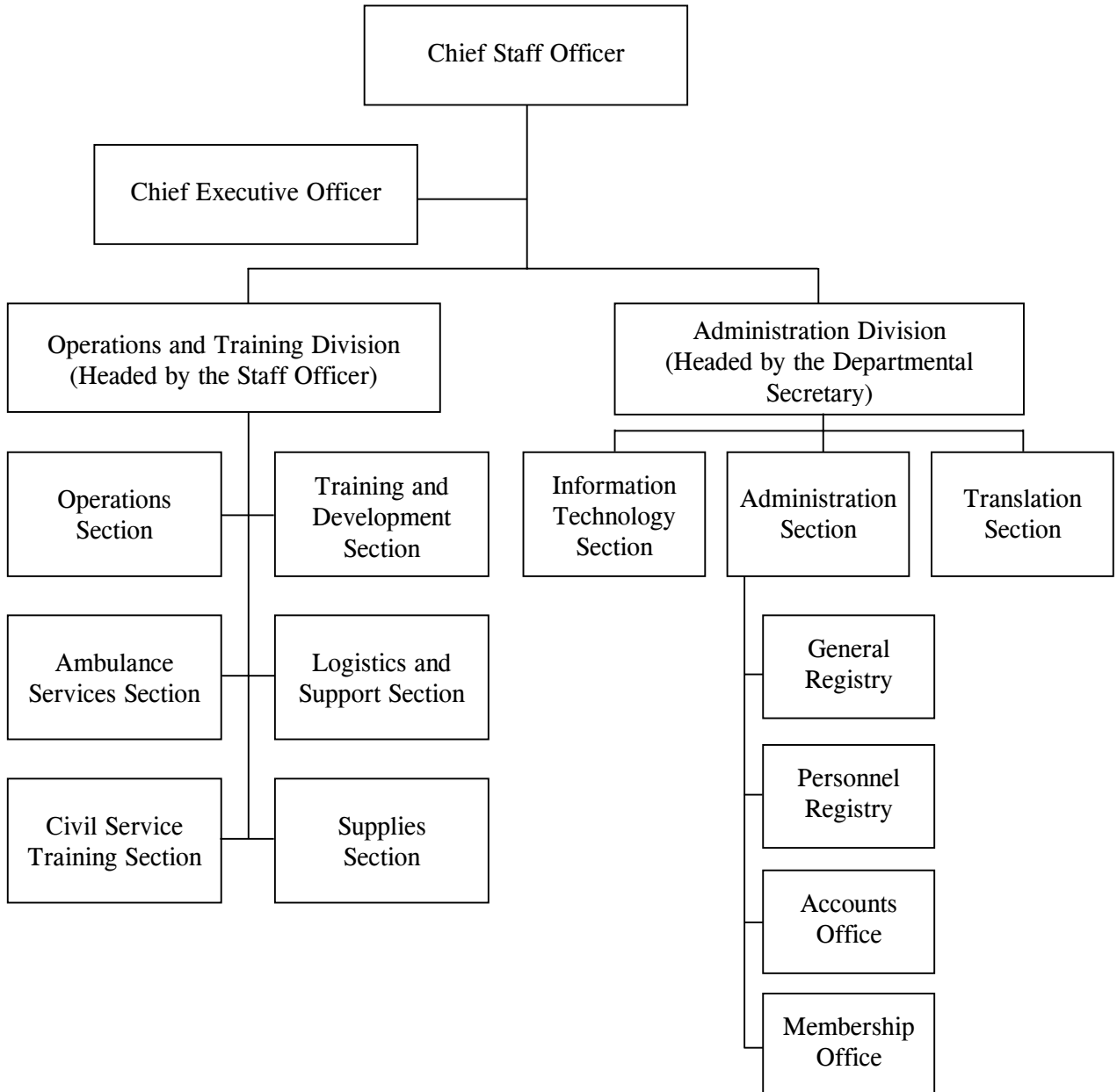
**Auxiliary Medical Service volunteer force:  
Organisation chart  
(31 December 2022)**



Source: AMS records

Note: The Chief Staff Officer is a government official who is responsible to the Commissioner for the efficient administration, planning, training and operation of AMS. He also assumes the post of Deputy Commissioner (Headquarters).

**Auxiliary Medical Service Headquarters:  
Organisation chart  
(31 December 2022)**



Source: AMS records

**Locations of the Auxiliary Medical Service's training venues  
(31 December 2022)**

Location of training venue	Training facility	Area of training facility (square metres)
<b><i>Headquarters and Regional Offices</i></b>		
1. AMS Headquarters	3 classrooms, 1 simulated ward and 1 hall	665
2. Hong Kong Regional Office	2 classrooms and 1 simulated ward	163
3. Kowloon East Regional Office	1 classroom and 1 simulated ward	80
4. Kowloon West Regional Office	2 classrooms and 1 simulated ward	140
5. New Territories East Regional Office (Note)	Nil	Nil
6. New Territories West Regional Office	1 classroom and 1 simulated ward	84
<b><i>District training centres</i></b>		
7. Aberdeen Training Centre	1 classroom and 1 simulated ward	92
8. Cheung Chau Training Centre	1 classroom	36
9. Mui Wo Office	1 classroom	33
10. Sai Kung Office	1 classroom	49
11. Sham Shui Po Training Centre	1 classroom and 2 music practice rooms for the AMS Band	116
12. Tai Po Training Centre	1 classroom	24
13. Tung Chung Office	1 classroom	49
14. Yuen Long District Office	1 classroom and 1 simulated ward	92
<b><i>Outdoor training centres and training camp</i></b>		
15. Tsam Chuk Wan Canoe Training Centre	Canoe training centre	790
16. Tsuen Wan Training Camp	1 classroom, outdoor training centre and camp	548

*Source: Audit analysis of AMS records*

*Note: There are no classrooms or simulated wards at the New Territories East Regional Office but the lobby of the office shall be used as training facility when necessary.*

**Utilisation rates of the Auxiliary Medical Service's training venues  
(2017-18 to 2021-22)**

Location of training venue	Utilisation rate (%)					
	2017-18	2018-19	2019-20	2020-21	2021-22	5-year average
<b><i>Headquarters and Regional Offices</i></b>						
AMS Headquarters	67	70	60	84	96	75
Hong Kong Regional Office	70	62	58	52	53	59
Kowloon East Regional Office	19	27	27	18	40	26
Kowloon West Regional Office	38	43	37	16	13	29
New Territories East Regional Office	84	85	86	83	86	85
New Territories West Regional Office	45	46	50	38	16	39
<b><i>District training centres</i></b>						
Aberdeen Training Centre	8	25	6	15	16	14
Cheung Chau Training Centre	6	7	7	5	5	6
Mui Wo Office	2	4	3	1	1	2
Sai Kung Office	28	18	16	8	7	15
Sham Shui Po Training Centre	22	34	28	21	25	26
Tai Po Training Centre	19	19	16	16	16	17
Tung Chung Office	5	12	12	9	7	9
Yuen Long District Office	6	16	6	11	12	10
<b><i>Outdoor training centres and training camp</i></b>						
Tsam Chuk Wan Canoe Training Centre	10	13	15	1	2	8
Tsuen Wan Training Camp	16	17	16	1	1	10

Source: Audit analysis of AMS records

Remarks: The utilisation rate of a training venue is calculated by dividing the number of training sessions used by the total number of training sessions available in a particular month. For each day, three training sessions are available (i.e. morning, afternoon and evening). Thus, for example, the number of training sessions available in December was 93 (3 sessions × 31 days). According to AMS, given that its members are volunteers and many have other work/family commitments, training sessions are generally held during weekends/public holidays and in the evening session during weekdays.

**Acronyms and abbreviations**

AFCD	Agriculture, Fisheries and Conservation Department
AFPAO	Auxiliary Forces Pay and Allowances Ordinance
AMACS	Auxiliary Medical Service Members and Cadet Corps Management System
AMS	Auxiliary Medical Service
AMSCC	Auxiliary Medical Service Cadet Corps
Audit	Audit Commission
B/Ds	Government bureaux/departments
CORs	Controlling Officer's Reports
DH	Department of Health
FSD	Fire Services Department
HA	Hospital Authority
NEATS	Non-emergency ambulance transfer services
OTO	Operations and Training Officer