

# **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

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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

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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%)

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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).

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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

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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**

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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)).

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### **Response from the Government**

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