

Head 23 — AUXILIARY MEDICAL SERVICE

Controlling officer: the Chief Staff Officer of the Auxiliary Medical Service will account for expenditure under this Head.

Estimate 2001–02..... **\$65.3m**

Establishment ceiling 2001–02 (notional annual mid-point salary value) representing an estimated 100 non-directorate posts at 31 March 2001 reducing by one post to 99 posts at 31 March 2002..... **\$22.1m**

In addition there will be one directorate post at 31 March 2001 and at 31 March 2002.

Controlling Officer's Report

Programme

Auxiliary Medical Service

This programme contributes to Policy Area 9: Internal Security (Secretary for Security).

Detail

	1999–2000 (Actual)	2000–01 (Approved)	2000–01 (Revised)	2001–02 (Estimate)
Financial provision (\$m)	62.9	62.9 (0.0%)	64.4 (+2.4%)	65.3 (+1.4%)

Aim

2 The aim is to augment the existing medical and health services for maintaining the health care and well-being of the territory, especially in times of emergency, having regard to internal security considerations.

Brief Description

3 The Auxiliary Medical Service (AMS) is responsible for providing a volunteer medical service to assist the regular services of the Department of Health, the Hospital Authority and the Fire Services Department during emergency situations and supplementary medical services to government departments and outside agencies during peace time. It also provides paramedic training to disciplined services staff and other appropriate civil servants to enhance their operational efficiency and effectiveness.

4 In 2000–01, the AMS continued to provide an effective volunteer medical service to assist the regular services of various government departments and outside agencies. During the year, the following services were provided to meet demands:

- provision of non-emergency ambulance transfer service to clients referred by Department of Health clinics, Social Welfare Department institutions and private hospitals;
- provision of life-guard services on gazetted urban beaches;
- manning of the first aid posts at public functions and country parks;
- provision of certificate courses on paramedic training and short courses on cardiopulmonary resuscitation for civil servants;
- manning 21 methadone clinics for the Department of Health, and providing clinical service to this category of patients (average daily attendance 6 659 patients); and
- provision of training for AMS volunteers in connection with various contingency plans related to internal security.

5 The key performance measures are:

Targets

	Target Man-hour	1999 (Actual)	2000 (Actual)	2001 (Plan)
general regular training.....	240 000	234 900	239 102	240 000
recruit training.....	51 000	59 960	59 160	51 000
centralised training.....	59 000	58 100	57 110	59 000
civil service training.....	152 000	152 000	151 686	152 000
supplementary services.....	260 000	280 300	252 110	260 000

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Indicators

	1999 (Actual)	2000 (Actual)	2001 (Estimate)
members attending regular training	4 650	4 593	4 600
new members recruited.....	552	569	570
members attending centralised training	3 130	3 340	3 850
civil servants attending paramedic training			
first aid qualifying course	3 750	3 720	3 750
other certificate/short courses	8 000	8 002	8 000
supplementary services			
response to ambulance calls	1 180	1 333	1 340
coverage at public functions.....	2 160	2 048	2 100
cases treated on country park duty	1 890	1 916	2 000
response to non-emergency ambulance transfer requests	14 400	14 579	14 500

Matters Requiring Special Attention in 2001–02

6 During 2001–02, the department will:

- continue to provide first aid training to cope with the demand of first aiders arising from the implementation of the Occupational Safety and Health Regulation;
- continue to run the disaster management training programme for volunteers to enhance their operational efficiency;
- review the structure of the Auxiliary Medical Service volunteers establishment with a view to enhancing its operational efficiency in command and control; and
- examine the non-emergency ambulance transfer service with a view to improving the service and coping with the growing demand.

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ANALYSIS OF FINANCIAL PROVISION

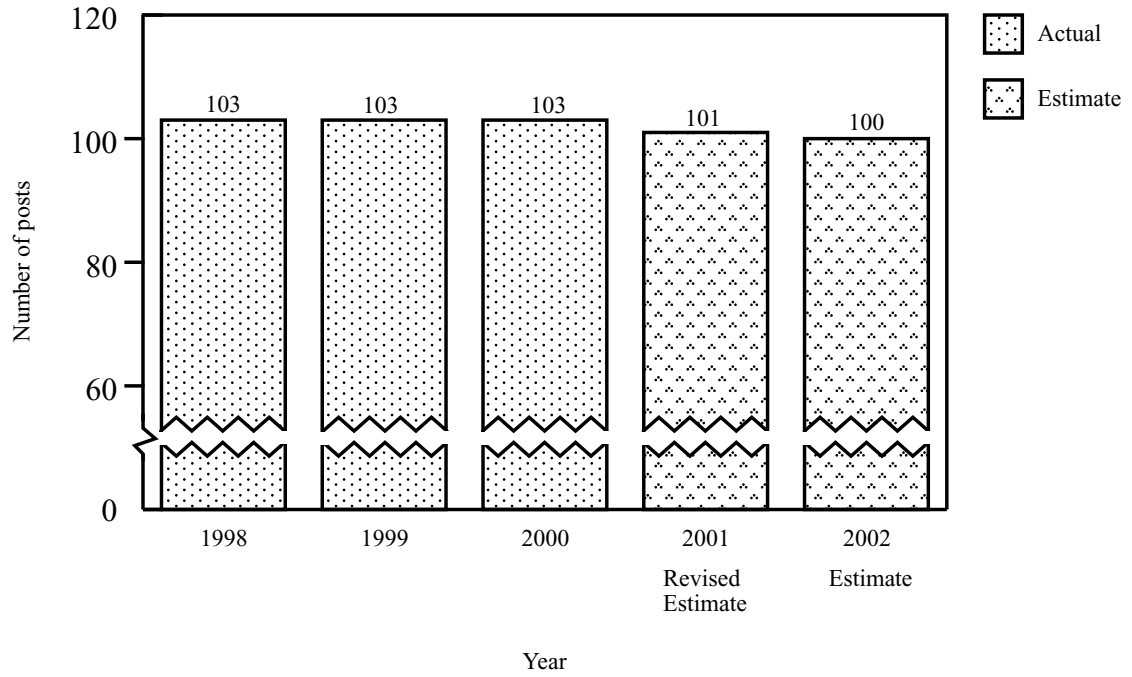
Programme	1999–2000 (Actual) (\$m)	2000–01 (Approved) (\$m)	2000–01 (Revised) (\$m)	2001–02 (Estimate) (\$m)
Auxiliary Medical Service	62.9	62.9 (0.0%)	64.4 (+2.4%)	65.3 (+1.4%)

Analysis of Financial and Staffing Provision

Provision for 2001–02 is \$0.9 million (1.4%) higher than the revised estimate for 2000–01. This is mainly due to the provision required for employer's contribution to the Mandatory Provident Fund Scheme in respect of the volunteer members and outsourcing of employment-related medical examination services, partly offset by the deletion of one post under the Enhanced Productivity Programme and reduced requirement for overseas training for trainers as a result of the development of internal training programmes by trainers who attended overseas training in previous years.

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*Changes in the size of the establishment
(as at 31 March)*



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Sub-head (Code)		Actual expenditure 1999–2000	Approved estimate 2000–01	Revised estimate 2000–01	Estimate 2001–02
		\$ 000	\$ 000	\$ 000	\$'000
Recurrent Account					
I — Personal Emoluments					
001	Salaries.....	25,822	25,159	26,801	26,866
002	Allowances.....	602	545	415	425
007	Job-related allowances.....	45	48	48	48
	Total, Personal Emoluments	<u>26,469</u>	<u>25,752</u>	<u>27,264</u>	<u>27,339</u>
III — Departmental Expenses					
149	General departmental expenses.....	7,297	8,430	8,370	8,785
	Total, Departmental Expenses	<u>7,297</u>	<u>8,430</u>	<u>8,370</u>	<u>8,785</u>
IV — Other Charges					
245	Pay and allowances for the auxiliary services ...	27,925	27,843	27,843	28,335
246	Training expenses for the auxiliary services	893	902	902	843
	Total, Other Charges.....	<u>28,818</u>	<u>28,745</u>	<u>28,745</u>	<u>29,178</u>
	Total, Recurrent Account	<u>62,584</u>	<u>62,927</u>	<u>64,379</u>	<u>65,302</u>
Capital Account					
II — Other Non-Recurrent					
	General other non-recurrent.....	340	—	—	—
	Total, Other Non-Recurrent.....	<u>340</u>	<u>—</u>	<u>—</u>	<u>—</u>
	Total, Capital Account.....	<u>340</u>	<u>—</u>	<u>—</u>	<u>—</u>
	Total Expenditure	<u><u>62,924</u></u>	<u><u>62,927</u></u>	<u><u>64,379</u></u>	<u><u>65,302</u></u>

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Details of Expenditure by Subhead

The estimate of the amount required in 2001–02 for the salaries and expenses of the Auxiliary Medical Service is \$65,302,000. This represents an increase of \$923,000 over the revised estimate for 2000–01 and of \$2,378,000 over actual expenditure in 1999–2000.

Recurrent Account

Personal Emoluments

2 Provision of \$27,339,000 for personal emoluments represents an increase of \$75,000 over the revised estimate for 2000–01.

3 The establishment at 31 March 2001 will be 101 permanent posts. It is expected that one permanent post will be deleted in 2001–02.

4 Subject to certain conditions, the controlling officer may under delegated powers create or delete non-directorate posts during 2001–02, but the notional annual mid-point salary value of all such posts must not exceed \$22,056,000.

5 Provision of \$425,000 under *Subhead 002 Allowances* is for standard allowances.

6 Provision of \$48,000 under *Subhead 007 Job-related allowances* is for standard job-related allowances.

Departmental Expenses

7 Provision of \$8,785,000 under *Subhead 149 General departmental expenses* represents an increase of \$415,000 (5.0%) over the revised estimate for 2000–01. This is mainly due to the provision required for the outsourcing of employment-related medical examination services in 2001–02.

Other Charges

8 Provision of \$28,335,000 under *Subhead 245 Pay and allowances for the auxiliary services* is for the remuneration of volunteer members including employer's contribution to the Mandatory Provident Fund Scheme.

9 Provision of \$843,000 under *Subhead 246 Training expenses for the auxiliary services* is for the purchase of training aids and equipment, instructors' fees and the hiring of premises for training purposes. The decrease of \$59,000 (6.5%) against the revised estimate for 2000–01 is mainly due to the reduced provision for overseas training for the trainers as a result of the development of internal training programmes by trainers who attended overseas training in previous years.