

So you're keen to get involved?

Firstly, thanks!

The DocBike was developed and is currently run today, by people like you! People who care about keeping bikers safe whilst they enjoy everything that motorcycling has to offer them in the UK.

We aim to make setting up a DocBike scheme in your area as simple as we can. There's a lot to get done, but together we'll get you there and then together we'll be saving more lives in your area.

The Infrastructure

The DocBike project HQ is in Dorset, UK; but the infrastructure is set up such that everyone across the UK can work remotely, seamlessly and hopefully with the minimum of hassle. NimBox is an on-line secure cloud structure which enables us to have all of our national documents, policies & resources in one place; but with space for you to host your local files. One of the first things we'll do once you're on board is to set you up with access to the NimBox system. Rather than travelling endlessly around the UK, we'll look to have most of our meetings via videoconferencing.

DocBike Placement

The DocBike project has been phenomenally successful in Dorset, where it originated, but we're still learning. The Trauma Audit & Research Network (TARN) will be helping us with our research, including which areas in the UK need motorcycle injury prevention measures implementing first.

It costs £40,000 to put a DocBike in place:

- £16,500 for a new BMW RTP Motorcycle
- £20,000 for an IP66 rated compact critical care monitor
- £1,000 for other medical equipment (including a defibrillator)
- £2,000 for the rider's leathers, helmet, gloves, boots and other PPE
- £500 for leaflets, cards, promotional flags and collapsible tables etc. for engagement.

The DocBike project will be working with BMW to hopefully provide two DocBikes to be deployed into the UK per year. In these circumstances, where everything is provided by the charity, the bikes will be located in areas of most need, as evidenced through TARN & Department for Transport figures.

Before a DocBike scheme can work effectively, certain factors need to be in place:

1. **A high profile clinician** who is willing to give up their spare time to engage with motorcyclists and raise awareness with at risk motorcyclists about the causes of bike accidents. More than one individual in an area would be welcomed, increasing the exposure of the bike and engagement with the at-risk riders.



2. **There needs to be some form of bike safety education in place.** The DocBike works well because we engage with ‘at-risk’ motorcyclists and encourage them to join us in post-test training where they learn about the causes of motorcycle crashes and thus are able to naturally avoid these hazards once they know what to look for.



In practice, we find that inviting ‘at-risk’ motorcyclists on bike safety courses doesn’t really work. You get interest from a certain number of bikers, but they’re probably not the people who are truly at risk of being critically injured or killed in a motorcycle collision. By running a BikerDown course, it gives us an opportunity to get ‘at-risk’ motorcyclists to learn about how to keep their mate alive should they be involved in a bike crash; but whilst they’re there, we introduce the concept of why bikers die and wet their appetite for finding out more. In practice, this gets the people on the BikeSafe course that we need to make a difference in casualty reduction. Having a credible clinician involved in delivery of the BikerDown course massively increases the attendance and we would look for the DocBike rider to deliver the first-aid section of the BikerDown course in their area.

3. **Support from your local ambulance service.** Whilst the primary aim of the DocBike is to engage with at-risk motorcyclists to increase their participation in post-test rider education, clinicians will invariably be called to attend critically ill or injured patients whilst they’re out and about. Because of this, the DocBike rider needs to be:

- Capable of delivering critical care to a casualty on their own
- Have a contract with their local ambulance service
- Operate under tight clinical governance frameworks

We find that using air ambulance or other high profile clinicians, meets this need; with the necessary skills, education and safeguards already in place; but the individual needs to be part of an organisation that will be responsible for any medical care delivered by that person. The DocBike charity can offer advice and does have a minimum standard, but cannot provide the necessary oversight to be responsible for clinical care delivered.



4. **Support from your regional police force.** The rider needs to have a full motorcycle license and preferably ride a motorcycle on a regular basis. The DocBike charity will help you to forge a relationship with your regional police force, but things you need to be aware of are:

- The rider needs to be willing to become a police volunteer. Because the DocBike motorcycle is gifted to the police, they are responsible for the fuel, maintenance, insurance & rider training. In order to ride the motorcycle, the rider therefore needs to be part of the police force. This will invariably require a degree of police vetting, but duties will only be related to motorcycle injury prevention. To be clear, being a police volunteer enables the rider to use the motorcycle. It is not the same as being a special constable and the rider will not have any police powers.

- The rider will need to agree to undertake further rider training to 'standard motorcycle response' level. This training can be worked out between the police force and the individual(s) and may be taken as a block or piecemeal, concluding with both a written test and riding assessment riding at normal road speed and on blue light response. There will be a regular assessment of the rider's riding capabilities by the police, scheduled according to their internal policies.



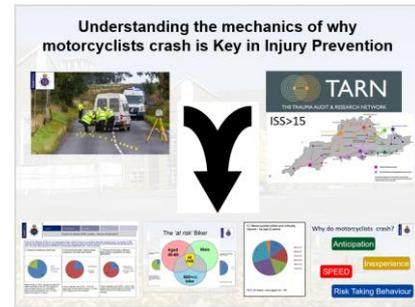
- Working with the police roads policing unit and more specifically the motorcycle section; we look for the rider(s) to work collaboratively with the police force and other agencies, actively engaging in motorcycle injury prevention strategies and target big motorcycle meets where the evidence-based 'at-risk' riders attend.



5. **Local Media Support.** It's no surprise that because the success of the DocBike project depends upon engaging with those motorcyclists most at risk, the better the media coverage of the project, the better the results. Use of social media platforms, local newspapers, radio stations can take time, but do yield results. We will help you with advertising material, but having someone locally to help you with the publicity reaps rewards.



6. **Research** forms the cornerstones of the DocBike project. We will specifically look at the main causes of motorcycle accidents in your area and identify who locally is most likely to be involved in a serious motorcycle collision. We will also track those people with whom you engage with on the roadside to see how effectively we channel them through post-test education packages. As we learn more about effective ways to prevent 'at-risk' riders from being in a motorcycle collision, we'll share the results with you. We'll also update you as we get more evidence about the effectiveness of certain types of PPE and as we engage with experts in 'risk perception' we'll share any pointers that they give us in improving the way we interact with motorcyclists.



In short, we predict very big things in terms of understanding the causes of motorcycle crashes and how to best help riders from becoming a statistic. We want you to share this journey with us and help us gather data to analyse.

The Faster Route to Motorcycle Injury Prevention

The DocBike project is a new charity. We are still learning and although we've demonstrated very encouraging results in Dorset, as a charity, we are currently small with very limited funds.

With every death due to major trauma costing society £1.8 million, injury prevention makes a massive amount of sense; but it is hugely under-resourced.

Each DocBike location will cost £40,000 to set up. The DocBike charity as we have said will prioritise what funds it has to those areas that the evidence shows require motorcycle injury prevention measure the most. With the help of BMW Motorrad, we are looking to introduce two new DocBikes into the UK each year.



But there is a way to implement a scheme in your area faster, by seeking support from your own or other charities to fund the setup of the bike. Because we believe in supporting those individuals or charities that are driven to succeed, we will prioritise helping you to set up a scheme in your area, where you are financing the set-up costs.

In Summary

This is a very brief introduction to how we would look to implement a DocBike scheme in your area.

Please have a think, talk amongst yourselves and if relevant, your charity board and Trustees. Injury prevention makes so much sense on so many levels, we really hope that you will look to adopt a DocBike in your area. Should you wish to do so, we will do everything that we can to help.

With best wishes,

PC Chris Smith QPM & Dr Ian Mew

