Improving Moped and Motorcycle Training, Testing and Licensing – Consultation Response

Automatic vs Manual Restriction

Do you agree or disagree that riders who complete CBT on an automatic machine should be restricted to ride automatic-only machines?
Agree
We support restricting CBT learners to the transmission type trained on. This is consistent with the principle already used in car licensing. Operating a manual motorcycle requires distinct skills, including clutch control, gear selection under braking, and coordination during low-speed manoeuvres, that may not be assessed or practised during automatic-only CBT. Allowing riders to transition to manual machines without any additional training or assessment creates a potential skills gap.
The European MAIDS in-depth investigation of 921 powered two-wheeler crashes found that human factors were the primary contributing factor in 88% of cases, with rider error and perception failure the most frequent types. Vehicle handling errors, including inappropriate gear selection and loss of control during braking, featured prominently among rider-attributable causes. Restricting automatic-trained learners to automatic machines directly addresses one source of such handling errors.
ACEM (2009). MAIDS: In-Depth Investigation of Accidents Involving Powered Two-Wheelers. Final Report 2.0. Brussels: Association des Constructeurs Européens de Motocycles. Available at: https://www.maids-study.eu/pdf/MAIDS2.pdf

MSF (2023). Rider Education and Training System Standards. Irvine, CA: Motorcycle Safety Foundation. Available at: https://msf-usa.org/wp-content/uploads/2023/03/Rider-Education-and-Training-System-Standards.pdf

How should a learner rider upgrade from automatic-only to manual entitlement?
By completing a shorter upgrade training course

We recommend the shorter upgrade training course option. Requiring full CBT repetition on a manual machine would impose disproportionate cost and time burdens, particularly on riders who depend on motorcycling for employment. A targeted module focusing on clutch control, gear selection, and manual-specific road skills would address the competency gap without unnecessary duplication of training already completed. The Cochrane Review on motorcycle rider training noted that mandatory training can reduce riding exposure rather than improve competence if the cost burden is excessive (Kardamanidis et al., 2010). A proportionate, skills-focused upgrade module seems to be a reasonable step, while maintaining safety standards.

Kardamanidis, K., Martiniuk, A., Ivers, R.Q., Stevenson, M.R. and Thistlethwaite, K. (2010). Motorcycle rider training for the prevention of road traffic crashes. Cochrane Database of Systematic Reviews, (10), CD005240. Available at: https://doi.org/10.1002/14651858.CD005240.pub2

Theory Test and Hazard Perception Integration

Do you agree or disagree that DVSA should introduce the motorcycle theory (including hazard perception) test or training to the CBT process?

Agree

We strongly support this proposal. A 2024 systematic review and meta-analysis of hazard perception training interventions found that such training produces significant improvements in hazard perception skill across all road user groups, with active, engaging training methods (including video-based and interactive formats) the most effective (Prabhakharan et al., 2024). The evidence supports embedding hazard perception training early in the rider development pathway, not deferring it to the full-licence stage.

The MAIDS in-depth crash investigation found that perception failure was the single most frequent error type for both motorcycle riders and other vehicle drivers involved in powered two-wheeler collisions (ACEM, 2009). Approximately 37% of riders involved in collisions had failed to perceive the hazard at all. Integrating theory and hazard perception into CBT would address this dominant crash mechanism at the earliest possible intervention point, reaching all riders, including those who never progress to a full licence.

It is critical that the implementation is accessible and does not create barriers for riders with learning difficulties, limited English proficiency, or digital exclusion. Reasonable adjustments should be built into any testing or e-learning platform.

ACEM (2009). MAIDS: In-Depth Investigation of Accidents Involving Powered Two-Wheelers. Final Report 2.0. Brussels: Association des Constructeurs Européens de Motocycles. Available at: https://www.maids-study.eu/pdf/MAIDS2.pdf

Prabhakharan, P., Bennett, J.M., Hurden, A. and Crundall, D. (2024). The efficacy of hazard perception training and education: A systematic review and meta-analysis. Accident Analysis and Prevention, 202, p.107554. Available at: https://doi.org/10.1016/j.aap.2024.107554

How should the motorcycle theory and hazard perception test or training form part of the CBT process?

Introduce a DVSA-approved online course such as Ridefree and mandate it as part of the CBT process.

We recommend mandating a DVSA-approved e-learning course (such as Ridefree) as part of the CBT process. This option is the most scalable, cost-effective, and accessible. It is location-independent, can be completed at the learner's own pace, and imposes minimal additional cost. A formal DVSA theory test administered at test centres would introduce significant logistical bottlenecks and additional cost that could also deter low-income riders.

Prabhakharan et al. (2024) found that computer-based hazard perception training platforms were among the most effective delivery methods, provided they incorporated active engagement rather than passive video viewing. The Ridefree model aligns with this evidence base. We also recommend that completion data from the e-learning platform be linked to digital CBT certification to enable evaluation of whether riders who complete the course have lower subsequent crash rates, closing any significant evidence gap.

Prabhakharan, P., Bennett, J.M., Hurden, A. and Crundall, D. (2024). The efficacy of hazard perception training and education: A systematic review and meta-analysis. Accident Analysis and Prevention, 202, p.107554. Available at: https://doi.org/10.1016/j.aap.2024.107554

Progressive Access via Training

Do you agree or disagree that DVSA should introduce a progressive access training course to upgrade a rider's licence without the need to complete a further test carried out by a DVSA examiner?

Disagree

No evidence currently demonstrates that training-based progression through an instructor is safety-equivalent to DVSA practical testing. The post-licence intervention evidence base is limited and a systematic review of post-licence safety interventions for motorcyclists found mixed results across 11 included studies, with some interventions effective in the short term but their impact diminishing over time (Ghayeninezhad et al., 2024). We therefore would recommend retaining the need for testing before allowing a rider to upgrade their license.

Ghayeninezhad, Z. et al. (2024) 'Post-License Safety Interventions for Motorcyclists: A Systematic Literature Review', Transportation Research Record: Journal of the

Transportation Research Board [Preprint]. Available at: https://doi.org/10.1177/03611981241271594.

Do you agree or disagree that only a qualified DAS instructor should provide progressive access training?

Agree

If progressive access training is to substitute for a DVSA-administered practical test, the quality assurance threshold must also be correspondingly high. DAS-qualified instructors must have demonstrated competence in delivering practical motorcycle training and assessment to full-licence standard.

International evidence from Austroads (2014) and the New Zealand graduated licensing evaluation (Schiff Consulting, 2019) emphasises that the quality and standardisation of training delivery is a key determinant of licensing system safety outcomes. Both reviews found that jurisdictions with higher instructor qualification standards tended to have better safety performance. Restricting delivery to DAS-qualified instructors is therefore a necessary and reasonable safeguard.

Austroads (2014). Elements of Graduated Licensing Systems for Motorcycle Riders. AP-R469-14. Sydney: Austroads. Available at: https://austroads.gov.au/publications/road-safety/ap-r469-14

Schiff Consulting (2019). Evaluation of the Graduated Driver Licensing System. Evidence Base Report 19/1A. Wellington: New Zealand Ministry of Transport. Available at: https://www.transport.govt.nz/assets/Uploads/Report/GDLS-evaluation-report.pdf

Mandatory Syllabuses for Training Courses

Do you agree or disagree with the introduction of mandatory syllabuses for these other types of approved training?

CBT automatic to manual upgrade course: Agree

Progressive access training course: Agree

We support mandatory syllabuses for both the automatic-to-manual upgrade course and the progressive access training course. Standardisation of training content is fundamental to ensuring consistent quality across the approved training bodies delivering motorcycle training. Without a mandatory syllabus, training content and duration would vary widely between providers, making it very difficult to evaluate the safety effectiveness of these new pathways or to assure the public that all riders meet and achieve the same competency standard.

The evidence base for syllabus standardisation draws on international best practice. An evaluation of US state motorcycle safety programmes found that states whose rider education programmes most closely adhered to standardised best-practice models (covering programme administration, curriculum content, and instructor quality) had lower rates of motorcycle fatalities (Baldi, Baer and Cook, 2005). In the

UK context, the Johns Hopkins BIGRS evidence synthesis on motorcyclist safety interventions recommended that nations incorporate standardised hazard perception and safe riding training into national motorcycle licensing systems (Johns Hopkins International Injury Research Unit, 2023). Mandatory syllabuses for the proposed new training courses are consistent with the international evidence.

Baldi, S., Baer, J.D. and Cook, A.L. (2005). Identifying best practices states in motorcycle rider education and licensing. Journal of Safety Research, 36(1), pp.19–32. doi:https://doi.org/10.1016/j.jsr.2004.11.001.

Johns Hopkins International Injury Research Unit (2023). Evidence Synthesis on Interventions Targeting Motorcyclist Safety. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health. Available at: https://publichealth.jhu.edu/sites/default/files/2024-03/bigrsevidence-synthesis-motorcylist-safetyv5final-1.pdf

MSF (2023). Rider Education and Training System Standards. Irvine, CA: Motorcycle Safety Foundation. Available at: https://msf-usa.org/wp-content/uploads/2023/03/Rider-Education-and-Training-System-Standards.pdf

Do you agree or disagree with the proposed minor revisions to the CBT syllabus?

Agree

We support the proposed revisions, including the addition of filtering training, modern technology awareness (ABS, traction control), and the restructured on-road element comprising two one-hour phases with a reflective interval between them. The inclusion of filtering content addresses a common crash scenario, while awareness of ABS and traction control reflects the growing prevalence of these technologies on even entry-level motorcycles.

ABS has a robust and consistent evidence base for motorcycle crash reduction. The IIHS study of 65 motorcycle models (2013–2019) found that ABS was associated with a statistically significant 22% reduction in fatal crash involvements per 10,000 registered vehicle years (Teoh, 2022). European multi-country data showed ABS reduced injury crashes by 24–34% across Italy, Spain, and Sweden, with reductions in severe and fatal crashes of 34–42% (Rizzi, Strandroth and Tingvall, 2009). Ensuring that CBT includes awareness of these safety technologies prepares riders to benefit from them and to make informed purchasing decisions.

Rizzi, M., Strandroth, J. and Tingvall, C. (2009). Effectiveness of motorcycle antilock braking systems (ABS) in reducing crashes, the first cross-national study. Traffic Injury Prevention, 10(5), pp.479–487. Available at: https://doi.org/10.1080/15389580903149292

Teoh, E.R. (2022). Motorcycle antilock braking systems and fatal crash rates: updated results. Traffic Injury Prevention, 23(4), pp.203–207. doi:https://doi.org/10.1080/15389588.2022.2047957.

Do you agree or disagree with taking the CBT syllabus out of legislation?
Agree
We agree in principle. The current CBT syllabus has been embedded in legislation largely unchanged since 1990. Placing syllabus content in secondary legislation or DVSA operational guidance rather than primary legislation would allow more agile updating to reflect evolving road conditions, new vehicle technologies, and emerging evidence on rider training effectiveness. The consultation document notes that DVSA would not change the syllabus without meaningful consultation and stakeholder involvement, which provides an appropriate safeguard against arbitrary changes. However, we recommend that any new governance framework for syllabus updating includes a formal requirement for public health input. Road safety training content has direct implications for injury prevention and population health outcomes, and public health expertise should be represented in any future syllabus review process. The WHO Global Status Report on Road Safety (2023) emphasises that road safety policy should be developed through multi-sectoral collaboration including health, transport, and education authorities. WHO (2023). Global Status Report on Road Safety 2023. Geneva: World Health Organization.

Instructor Qualification Reform

Do you agree or disagree that there should be changes made to the way in which motorcycle instructors qualify?
Agree
We broadly support reform of motorcycle instructor qualifications. Instructor quality is a critical determinant of training effectiveness and the Johns Hopkins BIGRS evidence synthesis identified instructor competence and standardised training delivery as key factors in effective motorcycle safety interventions (Johns Hopkins International Injury Research Unit, 2023).
The NHTSA evaluation of US state motorcycle safety programmes found that fewer than half of US states required annual evaluations of all instructors, and states with more rigorous instructor oversight tended to achieve better safety outcomes (Baldi, Baer and Cook, 2005). In the UK context, combining CBT and DAS assessments into a single, higher-standard qualification, with ongoing quality assurance, would be expected to raise the overall standard of instruction and simplify the regulatory burden on training providers.
Baldi, S., Baer, J.D. and Cook, A.L. (2005). Identifying best practices states in motorcycle rider education and licensing. Journal of Safety Research, 36(1), pp.19–32. doi:https://doi.org/10.1016/j.jsr.2004.11.001.
Johns Hopkins International Injury Research Unit (2023). Evidence Synthesis on Interventions Targeting Motorcyclist Safety. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health. Available at:

https://publichealth.jhu.edu/sites/default/files/2024-03/bigrsevidence-synthesis-motorcylist-safetyv5final-1.pdf

Which of these options do you support?
Revising the current instructor qualification by combining the existing CBT and DAS assessments

We support combining the existing CBT and DAS assessments into a single, unified instructor qualification. This is the most straightforward option and directly addresses the current duplication of assessment processes. A combined qualification would raise the minimum standard for all motorcycle instructors, ensuring that even CBT-only training is delivered by instructors who have demonstrated competence to full-licence practical test standard.

Do you agree or disagree that existing motorcycle instructors who hold the authorisation to down-train should retain this authorisation once the new qualification is introduced?
Agree
Existing down-training authorisations should be honoured through a transitional period. Removing established authorisations without notice would disrupt training capacity, particularly in regions with limited instructor supply, and could reduce access to CBT for learners.
However, we recommend that a reasonable transition period be established during which existing down-trainers would be required to meet the new combined qualification standard. This ensures that instructor quality progressively converges on the new higher standard without creating an immediate supply crisis. Austroads (2014) recommends that motorcycle licensing reforms include transitional provisions that avoid sudden disruption to training supply while maintaining a clear trajectory toward higher standards.
Austroads (2014). Elements of Graduated Licensing Systems for Motorcycle Riders. AP-R469-14. Sydney: Austroads. Available at: https://austroads.gov.au/publications/road-safety/ap-r469-14

CBT Certificate Validity

Do you agree or disagree that the validity period of the CBT certificate should be changed from the current two-year period?
Disagree
We oppose reducing CBT validity or introducing mandatory wait periods before retake.
The policy intention is to discourage people from becoming ‘permanent learners’ and instead encourage them to proceed to take a full motorcycle license. There is

insufficient evidence that either more frequent CBT or gaining a full license would reduce the risk of collision and injury. Conversely, a full motorcycle license allows people to ride more powerful motorbikes which can travel at faster speeds and are therefore inherently riskier. There is insufficient evidence about the proportion of riders who would choose to ride a more powerful motorcycle, who would not otherwise have done so, having been encouraged to take a full license. Until there is good evidence of the balance of risk we feel the situation should remain unchanged. Kardamanidis, K., Martiniuk, A., Ivers, R.Q., Stevenson, M.R. and Thistlethwaite, K. (2010). Motorcycle rider training for the prevention of road traffic crashes. Cochrane Database of Systematic Reviews, (10), CD005240. Available at: https://doi.org/10.1002/14651858.CD005240.pub2

What should the validity period of the CBT be?
Retain the current two-year period
As set out above.

Should we require a minimum time period after a CBT certificate expires before allowing someone to take another CBT course?
Disagree
As above. This aims to discourage people from becoming 'permanent learners' and instead encourage them to proceed to take a full motorcycle license. There is insufficient evidence that either more frequent CBT or gaining a full license would reduce the risk of collision and injury. Conversely, a full motorcycle license allows people to ride more powerful motorbikes which can travel at faster speeds and are therefore inherently riskier. There is insufficient evidence about the proportion of riders who would choose to ride a more powerful motorcycle, who would not otherwise have done so, having been encouraged to take a full license. Until there is good evidence of the balance of risk we feel the situation should remain unchanged. Kardamanidis, K., Martiniuk, A., Ivers, R.Q., Stevenson, M.R. and Thistlethwaite, K. (2010). Motorcycle rider training for the prevention of road traffic crashes. Cochrane Database of Systematic Reviews, (10), CD005240. Available at: https://doi.org/10.1002/14651858.CD005240.pub2

Digital CBT Certification

Do you agree or disagree with implementing a digital platform for CBT?
Agree
We strongly support the introduction of digital CBT certification. From a public health and evidence perspective, digital certification creates the data infrastructure necessary to evaluate all other proposed changes.

Digital certification would enable unique identification of CBT holders, linkage to collision and enforcement databases, and evaluation of reform impacts. The DfT (2025) Reported Road Casualties report acknowledges significant gaps in the recording of rider licensing status in collision data, of which digital certification directly addresses this limitation.

Department for Transport (2025). Reported Road Casualties Great Britain, Annual Report 2024. London: DfT.

What could be the potential benefits of a digital CBT platform?
Selected benefits:

- Reduced risk of fraud
- Improved enforcement
- Digital record of certificate validity dates
- Rider can opt in for a reminder service of expiry date of certificate
- More accurate insurance records
- Easier to enforce

What could be the potential drawbacks of a digital CBT platform?
Selected drawbacks:

- Accessibility of digital platform
- Data protection concerns
- Cyber security concerns
- Accessing records if the digital platform is unavailable

Impact of the Consultation Proposals

Regulatory Gap: E-bikes and Pedelecs Exceeding EAPC Limits
We use this question to raise a critical gap in the current consultation: the absence of any proposals addressing e-bikes and pedelecs. Under the Electrically Assisted Pedal Cycles (Amendment) Regulations 2015, e-bikes with a maximum motor power of 250W and assisted speed cut-off of 15.5 mph are classified as pedal cycles, requiring no licence, insurance, or training. E-bikes exceeding these thresholds are legally classified as mopeds, but enforcement of this classification is minimal. Still this classification is designed for petrol mopeds, without any bespoke training, testing, or licensing pathway that reflects E-bike specific characteristics (pedal capability, silent operation, cycling style)
The evidence demonstrates that e-bike injuries are rising rapidly and that their severity profile increasingly overlaps with that of mopeds. US population data show a 293% increase in e-bike injury rates from 2019 to 2022, with the highest proportion of motor vehicle involvement (35.4%) among all micromobility devices (Burford et al.,

2024). Swiss hospital data found that e-bike riders sustained injuries comparable in pattern and severity to motorcycle riders, including higher rates of head and thoracic injuries (Spörri et al., 2021). This study also advocated for E-Bike riders to undertake practical courses similar to motorcyclists.

Research by Heriot-Watt University cited by the APPGCW found that 62% of surveyed delivery riders had modified their e-bikes beyond legal specifications (Mendonça, 2025, cited in APPGCW, 2025).

The APPGCW inquiry (2025), titled "Unregulated and Unsafe: The Threat of Illegal E-Bikes", documented growing safety and fire concerns linked to illegally modified e-bikes and low-quality lithium-ion batteries used by gig workers. The inquiry recommended stronger product certification standards, enhanced enforcement powers, compliance requirements for delivery platforms, and reinstating worker status for gig riders.

The Government should address this regulatory gap either within this consultation or through alternative regulatory process. This should include that E-bikes exceeding defined EAPC limits (>250W motor or >15.5 mph assisted speed) should be enforced similar to mopeds, requiring CBT, licensing, and insurance. Hazard perception e-learning (Ridefree model) should also be promoted to all e-bike riders, as promoted in this consultation.

APPGCW (2025). Unregulated and Unsafe: The Threat of Illegal E-Bikes. All Party Parliamentary Group for Cycling and Walking. Available at: https://appgcw.org/resources/inquiries/unregulated-and-unsafe-the-threat-of-illegal-e-bikes/

Burford, K.G., Itzkowitz, N.G., Rundle, A.G., DiMaggio, C. and Mooney, S.J. (2024). The Burden of Injuries Associated With E-Bikes, Powered Scooters, Hoverboards, and Bicycles in the United States: 2019–2022. American Journal of Public Health, 114(12), pp.1365–1374. Available at: https://doi.org/10.2105/AJPH.2024.307820

Christie, N. and Ward, H. (2023). Delivering hot food on motorcycles: A mixed method study of the impact of business model on rider behaviour and safety. Safety Science, 158, p.105991. Available at: https://doi.org/10.1016/j.ssci.2022.105991

Mendonça, P. (2025). Fair Gig Work Scotland: Research on courier safety and illegal e-bikes. Edinburgh: Heriot-Watt University/Edinburgh Business School. Cited in APPGCW (2025).

Spörri, E., Halvachizadeh, S., Gamble, J.G., Berk, T., Allemann, F., Pape, H.C. and Rauer, T. (2021). Comparison of Injury Patterns between Electric Bicycle, Bicycle and Motorcycle Accidents. Journal of Clinical Medicine, 10(15), p.3359. Available at: https://doi.org/10.3390/jcm10153359