

Results: The studies listed show that increased work hours and burnout was associated with increased suicidal ideation in medical residents. A study observing 1354 physicians in the US found that higher measurements of burnout were associated with suicidal ideation similar to previous studies. However once adjusted for depression, it was noted that there was an association with depression and suicidal ideation but not with burnout. Depression may be a confounding variable that may have not been adjusted for when determining the association of burnout with suicidal ideation. In addition further research looking at the leading cause of death among a total of 381,614 US medical residents between the years 2000 to 2014 found suicide as the second most common cause of death. It was however found when looking at resident physicians between the age of 25-34.9 there was 4.07 suicides per 100,000 person years while in the general public there was 13.07 suicides per 100,000 years.

Conclusions: The rate of suicide was found to be lower in resident physicians compared to the general public. Suicidal ideation may be more closely associated with depression versus burnout itself and should be accounted for when assessing suicidal ideation in the resident physician population. Suicide rates being lower in resident physicians compared to the general public bring up the possibility that burnout in resident physicians does not have to be directly correlated with increased risk of suicide.

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EPP0399

Tunisian general practitioner's perception of benzodiazepine prescription:

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Introduction: Despite the scientific requirements and restrictive recommendations, there is a significant disparity between theory and practice in the prescription of benzodiazepine (BZD). Long-term prescribing, defined by a duration exceeding six months has been commonly reported worldwide, some authors explained this by physician's perceptions.

Objectives: This study aimed to evaluate the perception of general practitioners practicing in Tunis, in the private or public sector, concerning the prescription of BZDs.

Methods: A cross-sectional study was conducted among general practitioners in the private and public sectors practicing in Tunis during the study period (September and October 2021). It is based on the response to a questionnaire, which focused on the perception of prescribing BZD, via google forms distributed to members of the regional committee of the order of physicians.

Results: A total of 75 physicians participated in the study. The mean age was 47.75 ± 12.2 years, with 17.28 ± 11.8 years of clinical experience. Among the 75 participating physicians, 83% considered that patients on BZD patients had a better quality of sleep and 58% assert that patients on BZDs had restful sleep. 83% of participants agreed that BZDs were associated with fewer nocturnal awakenings 83% and 85% with a decrease in the feeling of irritability. 18% of the doctors think that the easiest way to manage a patient's anxiety is to

prescribe a BZD. 24 doctors believe that chronic use of BZDs is essential to control anxiety. patients' anxiety. The number of years of practice is inversely correlated with the perception that the patient wakes up less at night ($p=0.059$). Male gender correlates with the perception that it is acceptable to continue prescribing beyond the recommended duration as long as they are well tolerated ($p=0.035$).

Conclusions: BZD prescription decision in general medicine is complex. This study participates in increasing our level of understanding of the reasons behind the long-term prescription of this molecule.

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EPP0400

An alternative assessment pathway: Lessons from Australia and New Zealand

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Introduction: The COVID-19 pandemic disrupted specialist training across Australia and New Zealand particularly in the area of assessments. Large-scale face-to-face exams were especially vulnerable to disruptions including lockdowns, travel and density restriction and required the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to introduce alternatives.

Following several small-scale Objective Structured Clinical Exams (OSCEs) in late 2020 and 2021 (both AV and multi-site), the RANZCP introduced an Alternative Assessment Pathway (AAP) after an exam cancellation in November 2021.

Objectives: To discuss the introduction of an Alternative Assessment Pathway at the RANZCP and share progress regarding the broader changes to assessment models under consideration.

Methods: The AAP was co-designed with trainees and Specialist International Medical Graduates and introduced in December 2021 as an interim measure to assess clinical competence in the absence of an OSCE. It comprises a portfolio review of completed end-of-rotation forms and, if required, a case-based discussion held via Zoom.

Results: The AAP has been held over two rounds (December 2021 and March 2022) with 97% and 90% pass rates respectively (data correct as at 6 October 2022). An evaluation into the pathway is currently underway.

In July 2022, the RANZCP introduced the Clinical Competency Assessment as a continuation of the AAP (with some modifications) for the remainder of 2022 and 2023.

Conclusions: While the pandemic has become a catalyst for change, the RANZCP has been considering broader changes to the theory and practice of its assessments for some time. The presentation will provide an overview of its short-term clinical assessment model and share progress regarding change to the long-term assessment strategy.

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