

Appendix 1

The factors considered for an association with CME participation were:

- Age (continuous variable)
- Gender (Male, Female)
- Ethnicity (Han, Minority, Other)
- Highest Qualification (Lower than associate degree, associate degree, graduate degree with postgraduate qualifications)
- Registered specialty (Integrative medicine, General practice, Other specialty, Nurse, None)
- Current field of work (Integrative Medicine, General, Other specialty, Nurse, None)
- Years of practice in current field of work (continuous variable)
- Title of technical post (Senior, Intermediate, Junior, None)
- Hours spent on patient care (continuous variable)
- Patients in CHC in the last month (Intravenous drug user, female sex worker, male sex worker, men who have sex with men, transgender people)
- Training in HIV prevention, counselling, diagnosis and care (yes/no)
- Training in common STI prevention counselling, diagnosis and care (yes/no)
- Attitudes towards HIV/STI testing in key populations (strongly disagree/disagree, neither agree or disagree/agree/strongly agree/don't know)
 - I think routine STI testing is an important part of regular healthcare
 - I am concerned about cost and reimbursement for STI testing
 - I am concerned that patients will be offended by being offered routine STI testing
 - I am comfortable discussing routine STI testing with patients
 - Language barriers prevent some patients from receiving routine STI testing
 - Patients often feel like they have to accept routine STI testing
 - Patients receive adequate post-test information for routine STI testing
 - Routine STI testing is voluntary; patients are able to decline screening
 - Patients do not expect to be offered routine STI testing
 - I am concerned that routine STI testing will have a negative effect on patients' opinions about our clinic
 - We have the resources needed to implement STI testing
 - It is difficult to provide the privacy needed for routine STI testing
 - I think routine HIV testing is an important part of regular healthcare
 - I am concerned about cost and reimbursement for HIV testing
 - I am concerned that patients will be offended by being offered routine HIV testing
 - I am comfortable discussing routine HIV testing with patients
 - Language barriers prevent some patients from receiving routine HIV testing
 - Patients often feel like they have to accept routine HIV testing
 - Patients receive adequate pre-test information for routine HIV testing
 - Patients receive adequate post-test information for routine HIV testing
 - Routine HIV testing is voluntary; patients are able to decline screening
 - Patients do not expect to be offered routine HIV testing
 - I am concerned that routine HIV testing will have a negative effect on patients' opinions about our clinic

- We have the resources needed to implement HIV testing
- It is difficult to provide the privacy needed for routine HIV testing
- I can ask the sexual orientation of the patients
- I can obtain a sexual and reproductive health history from the patients