

**Supplementary table 1:** Distribution of the scores of intention to include sex and gender considerations in patient care in the clinical context of T2D and depression

	Parametric estimation*				Non-parametric estimation†		
	Innovation	Control	Mean difference (95% CI)	PValue‡	Innovation	Control	P Value‡
<b>No. of participants</b>	49	78			49	78	
<b>Total</b>	5.65±0.19	5.19±0.15	-0.47 (-0.95; 0.01)	0.057	5.50 (5.00; 6.50)	5.50 (4.50; .00)	0.162
<b>Age (years)</b>							
< 44	5.68±0.25	5.30±0.18	-0.38 (-1.00; 0.24)	0.226	5.50 (5.00; 6.50)	5.50 (5.00; 6.50)	0.717
≥ 45	5.92±0.29	4.93±0.26	-0.99 (-1.78; -0.20)	<b>0.016</b>	6.00 (5.00; 6.50)	5.50 (3.50; 6.00)	<b>0.029</b>
<b>Gender</b>							
Men	5.79±0.45	4.79±0.34	-0.99 (-2.19; 0.20)	0.098	6.00 (5.00; 6.50)	5.25 (3.50; 6.00)	0.070
Women	5.78±0.21	5.24±0.17	-0.54 (-1.08; 0.00)	0.051	5.50 (5.00; 6.50)	5.50 (4.50; 6.50)	0.245
<b>Language</b>							
French	5.81±0.20	5.35±0.16	-0.46 (-0.97; 0.05)	0.073	6.00 (5.00; 6.50)	5.50 (4.50; 6.00)	0.133
Other	5.70±0.42	4.76±0.35	-0.94 (-2.05; 0.17)	0.096	5.50 (5.00; 6.50)	5.50 (4.50; 6.00)	0.346
<b>Province of practice</b>							
Quebec	5.85±0.20	5.43±0.15	-0.43 (-0.94; 0.08)	0.097	6.00 (5.00; 6.50)	5.50 (5.00; 6.50)	0.144
Ontario	5.83±0.43	4.89±0.43	-0.94 (-2.23; 0.34)	0.138	6.00 (5.00; 6.50)	5.00 (4.50; 6.00)	0.223
New Brunswick	5.36±0.73	4.00±0.64	-1.36 (-3.44; 0.72)	0.184	5.50 (5.00; 5.50)	4.00 (1.00; 6.00)	0.512
<b>Environment of practice</b>							

Urban	5.74±0.20	5.37±0.16	-0.37 (-0.88; 0.13)	0.143	5.50 (5.00; 6.50)	5.50 (5.00; 6.50)	0.486
Rural	6.38±0.87	4.45±0.55	-1.93 (-4.17; 0.32)	0.086	6.25 (6.00; 6.75)	5.25 (3.50; 6.00)	<b>0.018</b>

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\*Mean±standard deviation;

†Median (25<sup>th</sup> percentile; 75<sup>th</sup> percentile);

‡Derived from the general linear models;

‡Derived from the Kruskal-Wallis (Wilcoxon) test

**Supplementary table 2:** Recommendations for improving the CPD training, based on barriers and facilitators, using the COM-B model, the Theoretical Domains Framework and the CPD-Reaction questionnaire

COM-B criteria	COM-B criteria subcategory	TDF domains linked to COM-B	Barriers and facilitators perceived by health professionals to including sex and gender considerations in their clinical practice	Psychosocial determinants of the CPD-Reaction questionnaire	Recommendations (COM-B Intervention function)
<b>Opportunity</b>					
	Social	Social influence	Health professionals assume the patient's gender based on his/her societal role (Barrier)	Social influence	In the CPD course, a clinical case vignette could demonstrate the integration of sex and gender considerations and reflect on the different social stigmas associated with gender (Modelling)
	Physical	Environmental context and resources	The patient's sex is routinely recorded in medical notes (Facilitator)		CPD training could expand on routine practices that already include sex and gender in clinical practice, example: recording sex, but going further by asking questions about perceived gender, sexual orientation (Training)
			The androcentric nature of the French language (the use of masculine generic language to refer to men and women, as well as other gender representations) (Barrier)		CPD training could give prompts/cues to demonstrate sex- and gender-sensitive medical language (e.g. revised forms, gender sensitive formulation of questions on sexuality and relationships) to promote equity in clinical practice (Environmental restructuring)  The CPD training could encourage health professionals to self-monitor their use of gender inclusive language (Training/Enablement)
			The healthcare professional perceives that the language used by physicians towards a patient may be		CPD training could demonstrate sex- and gender-sensitive behaviours and patterns of speech through video animations of clinical visits between health professionals and their

			different according to sex and gender (Barrier)		patients, as well as showing various health professional and patient scenarios (Training)
<b>Motivation</b>					
	Reflective	Social and professional role and identity	The health professional reflects positively on his/her relationship with the patient (Facilitator)		
		Beliefs about capabilities	The health professional feels he/she can accurately observe the phenotype of the patient (Facilitator)	Beliefs about capabilities	Self-monitoring of behaviour to encourage health professionals to analyse how they record patient phenotypes: what do they take into consideration? Do they ask specific questions or is it strictly observational? (Enablement)
		Intentions	The health professional has the intention to change his/her therapeutic approach by considering the differences of gender (Facilitator)	Intention	Enable health professionals to change their behaviour by demonstrating strategies they have already undertaken to consider the sex of the patient during their therapeutic approaches (Modelling)
			The health professional does not have the intention to change his/her therapeutic approach by considering the differences of gender (Barrier)		Offer information about social consequences of not modifying their care to include sex and gender considerations (Education)  Offer information about health consequences of not modifying their care to include sex and gender considerations (Education)
		Goals	The health professional does not perceive the integration of the concepts of sex and gender in clinical practice as a priority (Barrier)		Enable participants to engage in action planning to include sex and gender considerations in their clinical practice, as well as implementation intentions (Enablement)  Enable participants to engage in specific goal setting on how

					they would include sex and gender considerations in their clinical practice (Goal setting)
		Beliefs about consequences	The health professional mentions that they would not change their therapeutic approach according to the patient's gender (Barrier)	Beliefs about consequences	Offer CPD content with credible sources about the health consequences of not modifying their care to include sex and gender considerations (Education)  Demonstration of various techniques, shared decision making, cues and prompts that include sex and gender considerations in care (Modelling)
<b>Capability</b>					
	Psychological	Memory, Attention and Decision Processes	The health professional perceives that sex and gender are not systematic in the decision-making process (Barrier)		Offer specific training to create routine and habit formation that encourages the systematic inclusion of sex and gender considerations in the decision-making process (Training)
		Cognitive and interpersonal skills	The health professional does not assume the sex of the patient and acknowledges different treatment methods by gender (Facilitator)		
			The health professional acknowledges different clinical representation by gender (Facilitator)		
			The health professional assumed the gender of the patient when analyzing a clinical vignette (Barrier)		As part of skills training, the CPD training could demonstrate how to explore the different aspects of sex attribution, without assuming the sex of the patient (Training)  Give specific instructions on how to explore the different aspects of sex attribution,

					<p>without assuming the sex of the patient (Training)</p> <p>Offer feedback on outcome(s) of assuming the sex of the patient in a clinical case vignette (Training)</p> <p>Offer a practice/rehearsal period after receiving instructions on how to explore the different aspects of sex attribution, without assuming the sex of the patient (Training)</p>
		Knowledge	The health professional recognizes the differences between sex and gender in scientific literature (Facilitator)		
	The health professional did not ask the gender of the patient when analyzing a clinical vignette (Barrier)			Include information on the possible clinical outcome(s) of assuming the wrong sex or gender of the patient (Education)	
	The health professional is not aware of the concepts of sex and gender (Barrier)			Offer information about health consequences of not considering or confusing sex and gender terms (Education)	