

Appendix 1. Semi-structured interview guide

Basic demographic information

- With what gender do you identify?
- What is your age?
- Do you speak any languages other than English? If so, which ones?
- What is the state and postcode of your practice?
- What are the billing arrangements for your practice?
- For how long have you been practising as a GP?
- How long have you been providing early medical abortion services in general practice?
- Approximately how many early medical abortions do you provide to women from CALD backgrounds per month?

Semi-structured interview guide (guided by the Capability, Opportunity and Motivation Behaviour model)

Component	Question	Probing questions
General	Personally, how do you find providing early medical abortions to women from CALD backgrounds?	How did you start providing early medical abortion to women from CALD backgrounds? How do women from CALD backgrounds find out about your service?
	Can you walk me through a typical consultation for early medical abortion with a woman from a CALD background?	What modifications do you make to your consultation with a woman from a CALD background compared to an Australian-born woman for EMA? Why?
	What are some challenges you have encountered when delivering early medical abortion services to this group?	How have you addressed these challenges?
	What has helped you deliver early medical abortion services to these women?	
Capability	How do you feel about your preparedness and confidence in providing early medical abortions to women from CALD backgrounds?	Do you believe you have the skills and knowledge to provide this service? Have you had any specific training for providing early medical abortion to women from CALD backgrounds? Any cultural competency training? Do you think additional training for GPs is required? What do you feel would equip you further to provide this service to these women?
Motivation	What would encourage you to keep delivering early medical abortion to women from CALD backgrounds?	
Opportunity	To what extent does your or the patient's cultural/religious values and traditions impact on your delivery of early medical abortions to women from CALD backgrounds?	Do you think cultural gender roles impact your delivery of this services to these women?
	How does your practice environment impact on your delivery of early medical abortion to women from CALD backgrounds?	
	How do you think early medical abortion delivery to these women can be improved in Australian general practice?	Are there any resources you think would be useful in supporting your provision of early medical abortion? Is there anything you would do differently in your practice? What advice would you give a colleague who is wanting to start delivering early medical abortion to women from CALD backgrounds in their clinic?
Concluding statement: Is there anything else you would like to add?		

All questions were asked, unless answered by the participant previously. Probing questions were asked if participants were stuck on how to answer the question.

CALD, culturally and linguistically diverse; EMA, early medical abortion; GP, general practitioner.