Background: Bacterial STI testing is a necessary component of sexual health care for MSM living with and at risk for HIV. Guidelines recommend testing at least once a year or more often if at ongoing risk. As part of a larger mixed methods study with the overall goal to prioritize new STI testing interventions, our aim was to determine barriers and facilitators to offering bacterial STI testing to MSM according to healthcare providers in Toronto, Canada.

Methods: In 06/2018–07/2018, we circulated invitations for an online, anonymous survey to an estimated 172 providers in Toronto. Providers were eligible if they provided care for ≥1 MSM per week and were involved in the decision-making process in providing a STI test (e.g., taking sexual histories, ordering tests).

Results: Of 93 respondents, 68% worked in primary care, 32% worked in public health/sexual health clinics, 70% were physicians and 30% were nurses or other allied health professionals. Most (67%) saw between 1 and 30% were nurses or other allied health professionals. Most (67%) saw between 1 and 30% worked in public health/sexual health clinics, 70% were physicians, 25% were nurses, 20% were other allied health professionals, 15% were other providers, and 10% were in other roles.

Conclusion: Those whose practice incorporated sexual health care for MSM, providers were in favor of initiatives to simplify and expedite bacterial STI testing (including self-collection of samples), prompts/reminders for testing, and expanding testing delivery to other healthcare professionals.

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