# A guide to the 3-year-old health check for general practice

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**Background**
A Medicare-funded 3-year-old health check is being introduced from November 2026 as part of Thriving Kids. Most key developmental milestones are expected to be met in the first 3 years. By age 3 years, more than one in five children have at least one developmental vulnerability, hence this is a timely opportunity for early recognition and support.

**Objective**
This article outlines how to perform a general practice 3-year-old health check by applying the health assessment framework to a case study.

**Discussion**
The strength of the ongoing relationship between a general practitioner (GP), a child and their family means general practice is ideally placed to assess a child's development and wellbeing with awareness of their broader community context. GPs can provide monitoring, education, supports and/or referral where appropriate. The opportunity is not simply to detect delay earlier, but to convert a trusted GP relationship into timely developmental support, parental capacity-building and practical community connection.

### CASE

Clive is a child aged 3 years who was born at term following a normal pregnancy and has no significant past medical history. His parents, Adriana and Craig, are under financial strain and have a limited support network. Clive attends a local childcare 4 days per week and experiences meltdowns at most drop-offs. His sleep is variable; he frequently requires an hour or more of settling before he falls asleep and then wakes several times each night and requires resettling. A noticeable stutter has recently emerged, particularly during moments of excitement or fatigue. Clive's body mass index (BMI) is noted to be above the healthy range for age, and his parents report limited opportunities for physical activity and frequent use of screen time on weekends. They also note that Clive is a 'fussy eater', and the family frequently eats fast and cheap meals on weeknights. The parents express feeling overwhelmed in meeting Clive's developmental needs and forming healthy habits.

### FORMULATION

- **Child** – Affectionate, strong emotions, loves hugs and being read to.
- **Home** – Strong parental attachment but parental exhaustion is a major factor.
- **Interactions** – Likes eye contact, physical touch and a chance to express his feelings if struggling.
- **Links** – Bonded to one primary carer at daycare, struggles with secondary carers.
- **Development** – Speech is less comprehensible than that of the majority of kids his age, mostly because of stutter. Able to jump, throw a ball and draw lines and shapes.

### ENGAGEMENT

Clive and his family return to the general practitioner (GP) monthly over the next 6 months and are supported in accessing some targeted speech therapy and a parenting program focusing on his meltdowns, as well as the building of strong routines. The GP provides personalised advice on diet and exercise and recommends a sleep program through the local child health nurse. His parents report improved drop-off experiences, reduction of his stutter and increased social confidence, and Clive's BMI for age is trending towards the healthy range.

**THE 3-YEAR-OLD HEALTH CHECK** sits within the broader Thriving Kids reforms to early intervention care of children and families in Australia.[1] It is a timely opportunity to identify developmental vulnerabilities and provide families with appropriate advice and support.[2]

Changes to the Medicare Benefits Schedule (MBS) have been made to encourage universal uptake of the health check. Patients will be eligible from the day they turn 3 years of age until the day before they turn 4 years of age.

## Practical clinical approach for general practitioners

At the 3-year-old health check:

- screen for risk factors – to identify children at risk of developmental delay and those needing closer monitoring even if they are currently meeting milestones
- actively elicit parent concerns – parental concern alone is a valid trigger for further assessment

- check for red flags
- engage and support the family.

Mandatory components of performing the 3-year-old health check to qualify for MBS item numbers (Table 1) include:

- taking a relevant child and family history
- performing a basic physical examination
- monitoring development and formulating needs
- providing advice/support and facilitating any necessary supports (including linking to Thriving Kids programs as they are implemented) and/or referrals.[3]

The final step is adding a copy of the health assessment to the child's health record and offering a copy to the child's parent or carer.

## Relevant child and family history

Collect a relevant medical history for childhood health and development and note any risk factors for developmental delay (Table 2). Children with risk factors may warrant closer monitoring and advice, even if developmental milestones are currently being met.

Using a framework such as CHILD (Table 3) provides a structure for taking a history of child and family social and emotional wellbeing, exploring strengths and assessing for vulnerabilities. The CHILD tool was developed by Emerging Minds to support comprehensive formulation of a child and family context.[4] Using CHILD in combination with relevant medical history will provide a full picture of the child's health and development, sufficient for the 3-year-old health check.

## Checking for red flags

Performing a check of developmental milestones is an important part of the 3-year-old health check; however, use of a formal standardised development tool is not required for all children.[2] The Royal Australian College of General Practitioners *Guidelines for preventive activities in general practice* (Red Book) recommends case finding for children at risk of developmental delay, assessing parental concern and checking for 'red flags' (Table 4). The developmental domains that should be assessed are social, emotional, communication, cognition/fine motor/self-care and gross motor.[2]

## Physical examination

In addition to focused examination for any concerns identified on history, a basic physical examination should consider:

- eyesight – ocular motility (eg following a pen torch to follow range of motion) and ocular alignment with corneal light reflection and the cover test.[6] Any children with concerns can be referred for an optometry assessment
- hearing – if there are concerns on history, perform otoscopy and refer for audiometry[7]
- oral health (teeth and gums) – refer for dental assessment if there are concerns
- measurement of height and weight to assess growth using published centile charts including BMI for age.[6]

## Formulation

Using the information gained in the health assessment allows formulation of a picture of the child's physical, social and emotional health and development.

Depending on the formulation, it may be appropriate to do any of:

- provide education and support to the parents
- arrange surveillance and follow-up
- order investigations
- refer for allied health supports or paediatric assessment.

Some children may need to be referred for formal developmental assessment or paediatrician review on the basis of the

**Table 1. Medicare Benefits Schedule item numbers: Time-tiered health assessment[9]**

| Item number | Description[A] |
|---|---|
| 701 | Brief health assessment lasting <30 min |
| 703 | Standard health assessment lasting 30 min to less than 45 min |
| 705 | Long health assessment lasting 45 min to less than 60 min |
| 707 | Prolonged health assessment lasting >60 min |

[A] Time taken by practice nurse or Aboriginal and Torres Strait Islander health worker/practitioner to assist in the health assessment can be included in the time.[3]

**Table 2. Developmental history and risk factors for delay[2,6,7]**

| Relevant medical history | Risk factors for developmental delay |
|---|---|
| • Pregnancy and birth history<br>• Medical and surgical history including hospital presentations<br>• Medications and immunisations<br>• Allergies<br>• Family history (including mental health, chronic disease, chromosomal conditions)<br>• Diet history and nutrition<br>• Physical activity<br>• Sleep concerns and snoring<br>• Concerns regarding vision or hearing<br>• Are there any concerns with the child's communication skills (language, speech, non verbal)?<br>• Is the child being read to/exploring books?<br>• Type and duration of screen time<br>• Developmental regression<br>• Toileting, bowel habits and urinary continence | • Prematurity<br>• Low birthweight<br>• Birth complications<br>• Poor maternal health during pregnancy<br>• Prenatal exposure to alcohol or drugs<br>• Infections<br>• Genetic characteristics<br>• Trauma<br>• Maltreatment<br>• Exposure to toxins<br>• Lead poisoning<br>• Low socioeconomic status |

Risk factors for developmental delay reproduced from The Royal Australian College of General Practitioners, Guidelines for preventive activities in general practice (www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice/about-the-red-book), with permission.

**Table 3. CHILD framework for history-taking[4]**

| | |
|---|---|
| Child | Getting to know the child, including:<br>• interests and activities<br>• strengths and difficulties<br>• personality and temperament. |
| Home | Asking questions about the child's home life, such as:<br>• who is at home with the child<br>• whether the child is Aboriginal or Torres Strait Islander<br>• whether the child speaks any other languages at home<br>• what activities the child enjoys at home<br>• whether there are any stressors at home, such as parental mental and physical health, parental substance use, conflict or violence, other issues (eg legal or custodial issues, housing instability, financial strain). |
| Interactions | Exploring who the child has most of their interactive time with, including:<br>• activities the child and parent/care giver enjoy together<br>• the main challenges in the parent–child relationship<br>• the parent's emotions at the current time<br>• the family's routines<br>• how they set and uphold boundaries<br>• how they show affection and encouragement<br>• how they engage in child-led play<br>• how they deal with difficult behaviours. |
| Links | Exploring links in the community, including:<br>• friend and family network<br>• community groups or activities (eg playgroups, swimming)<br>• engagement in early learning environments.<br>Specifically enquire about family unit's support network |
| Development | Enquiring about:<br>• developmental milestones<br>• difficulties with cognition or learning<br>• social and emotional development<br>• behavioural concerns. |

Adapted from National Workforce Centre for Child Mental Health. The CHILD domains as a tool for engagement. Emerging Minds, 2021, with permission.

**Table 4. Red flags early identification guide: 4 years[5]**

| | |
|---|---|
| Social and emotional | Unwilling or unable to play cooperatively |
| Communication | Speech difficult to understand<br>Not able to follow directions with two steps (eg 'Put your bag away and then go play') |
| Cognition, fine motor and self-care | Not toilet trained by day<br>Not able to draw lines and circles |
| Gross motor | Not able to walk, run, climb, jump and use stairs confidently<br>Not able to catch, throw or kick a ball |

Reproduced from Queensland Children's Hospital and Health Service, Red flags early identification guide (birth to 5 years)[A] (www.childrens.health.qld.gov.au/__data/assets/pdf_file/0026/167093/red-flags.pdf), with permission.

[A] There is an impending update to the Red flags early intervention guide.

GP's clinical judgement. Red flags for early referral may include:[7]

- developmental regression or red flags for developmental delay (Table 4)
- concerns in the setting of conditions associated with high risk of developmental delay (eg prematurity, dysmorphism, chromosomal abnormalities, abnormal neurological examination)
- significant hearing/vision problems
- suspicion for autism
- major psychosocial risk factors
- significant parental concern (even in the absence of abnormal screening tests).

## Engaging the family and connecting with supports

Following the case formulation, GPs will collaborate with families to identify needs in their child's development and provide personalised advice appropriate to their capacity and needs. All interventions should incorporate planned follow-up to monitor progress and offer further support or referral if required.

Practices may be able to engage multidisciplinary members of their team in delivering the health check and associated follow-up. For example, practice nurses may contribute to the physical measurements and developmental checks. Practice nurses and allied health practitioners may be able to provide coaching in parenting skills and connect families to parenting and community resources.

For example, a child found to have an isolated speech delay may be directed towards speech therapy through local services, a chronic condition management plan (MBS item 965) or diagnosis and disability treatment plan (MBS item 139) if eligible.

Alternatively, a family struggling with sleep or common behavioural challenges (eg boundaries, routines and meltdowns) might be provided advice from within the practice team and/or referred to local parenting support groups such as Circle of Security programs, Tuning in to Kids, child and family centres/hubs, child health nurses or online parenting support programs.

Parents struggling with their own mental health should be referred to their own GPs for further support.

GPs can work with families to implement evidence-based interventions for positive development including:[8]

- reading to children (eg the benefits of reading to children for child development)
- positive play (eg the importance of play, recommend limiting regular use of screen time to a maximum of 1 hour/day, with a 'less is better' approach)
- diet and nutrition
- oral health care
- the importance of children attending preschool or other structures that introduce social connection and peer engagement.

Raising a child can be challenging, even in the best of circumstances or when development and behavioural challenges are age appropriate. Families are often unaware of resources available to them and can be struggling to raise a child in isolation. Connecting parents and caregivers to local supports can improve wellbeing and strengthen parenting confidence and skills.

### Follow-up and monitoring progress

Follow-up should be arranged for any family where a concern has been identified during the health check. Regular GP support and monitoring is therapeutic and may be all that is required. For children with a significant concern, using chronic condition management plan reviews (MBS item 967) and practice nurse follow-ups (MBS item 10997) may be useful to facilitate care with 3- to 6-monthly reviews.

Follow-up care can also be used to celebrate progress and congratulate families on positive changes as part of wrap-around care.

## Conclusion

The 3-year-old health check enables early detection of and intervention for developmental delay and an opportunity to support the social and emotional wellbeing of children and their families. GPs are ideally placed to detect vulnerabilities early and provide guidance for optimal childhood development through their ongoing relationships and regular contact with families.

## Key points

- Age 3 years is a key window in child development where subtle concerns can be identified promptly and timely support put in place.
- The development of children is influenced by their broader biopsychosocial context.
- The MBS 3-year-old health assessment will enable GPs and their practice teams to provide thorough assessment of children using a structured approach.
- Multiple options for support exist following this check as determined by the clinical appraisal of the GP and the availability of local services.
- Ongoing monitoring and support of families from a regular trusted GP is a key component of facilitating positive child development.

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