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Proposed and Recent Changes in USMLE Step 1 and Step 2 CK: A Narrative Review of Scoring, Administrative, and Test Delivery Reform

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ABSTRACT

The United States Medical Licensing Examination (USMLE) has undergone substantial changes since 2022, with additional reforms continuing through 2026. This narrative review examines the key modifications to USMLE Step 1 and Step 2 Clinical Knowledge (CK), including the transition of Step 1 to pass/fail scoring, the increase in the Step 2 CK passing standard from 214 to 218, the administrative consolidation of exam services under the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME), and the introduction of new test delivery software. A literature search of published studies, official USMLE program announcements, and national survey data was conducted. Results indicate that the Step 1 pass/fail transition has been associated with declining pass rates across all examinee groups, a shift in emphasis toward Step 2 CK scores in residency selection, and mixed evidence regarding the intended reduction in student stress. The increase in the Step 2 CK passing score disproportionately affects international medical graduates. These findings suggest that while the reforms aim to create a more holistic and equitable medical licensure process, unintended consequences warrant continued monitoring and evaluation. In light of these changes, this review also provides evidence-based, practical guidance for international medical graduates on optimizing Step 2 CK preparation, given that this examination has become the primary standardized determinant of IMG competitiveness in the residency application process.

KEYWORDS: *USMLE, Step 1, Step 2 CK, pass/fail, medical licensure, residency selection, medical education reform, IMG*

INTRODUCTION:

The United States Medical Licensing Examination (USMLE) serves as the primary pathway to physician licensure in the United States and is a critical milestone in the careers of both domestic and international medical graduates. Historically, the three-digit numerical score on USMLE Step 1 functioned as one of the most influential factors in residency selection, with over 86% of program directors citing it as an important screening criterion (National Resident Matching Program [NRMP], 2021). This emphasis on a single examination score generated significant concern among medical educators, who argued that it created a parallel curriculum, contributed to student burnout, and distracted from the development of essential clinical competencies (American Medical Association [AMA], 2023). (Figure 1)

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Table 1: Chronological summary of key USMLE Step 1 and Step 2 CK reforms from 2022 through 2026, including the pass/fail transition, passing standard increase, administrative restructuring, and new test delivery software.

Reform	Effective Date	Key Change	Primary Rationale	Affected Population
Step 1 Pass/Fail Transition	January 26, 2022	Numerical scores replaced with Pass/Fail; passing threshold raised from 194 to 196	Reduce over-reliance on single score; improve student well-being	All examinees (U.S. MD, DO, IMG)
Step 2 CK Passing Standard Increase	July 1, 2025	Passing score raised from 214 to 218	Periodic standard-setting review incorporating physician panels and stakeholder input	All examinees; disproportionate impact on IMGs
Administrative Restructuring – Phase 1	January 12, 2026	USMLE services for IMGs transferred from ECFMG to FSMB	Consolidate exam services under co-sponsors	IMGs / ECFMG applicants
Administrative Restructuring – Phase 2	January 26, 2026	NBME assumes management of all Step exam services including Step 3	Consolidate exam services under co-sponsors	U.S. and Canadian medical students
New Test Delivery Software	Step 3: Mar 10; Step 2 CK: May 7; Step 1: May 14, 2026	Modernized interface; shorter blocks (30 min); improved navigation and image tools; content/scoring unchanged	Improve test-taking experience and accessibility	All examinees

Sources: USMLE (2022, 2025a, 2026a, 2026b); ECFMG (2026).

In response, the USMLE co-sponsors - the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) implemented a series of reforms beginning in January 2022. The most prominent change was the transition of Step 1 from numerical to pass/fail scoring (USMLE, 2022). Subsequently, the USMLE Management Committee raised the Step 2 CK passing standard from 214 to 218, effective July 1, 2025 (USMLE, 2025a). In January 2026, a major administrative restructuring consolidated all exam services under FSMB and NBME (USMLE, 2026a), and new test delivery software began rolling out across all Step exams (USMLE, 2026b). (Table 1)

These changes have generated considerable debate within the medical education community regarding their impact on student well-being, residency selection equity, and the competitiveness of international medical graduates (IMGs). The purpose of this narrative review is to synthesize available evidence on these reforms, assess their stated objectives against observed outcomes, and discuss implications for stakeholders across the medical education continuum. Given that Step 2 CK has emerged as the central standardized metric in residency selection, this review also addresses practical preparation strategies for IMGs seeking to maximize their Step 2 CK performance in the current examination landscape.

METHODS:

This narrative review was conducted through a comprehensive search of published peer-reviewed literature, official program announcements, and institutional survey data. PubMed, Google Scholar, and the USMLE official website were searched using the terms “USMLE,” “Step 1,” “Step 2 CK,” “pass/fail,” “scoring change,” “residency selection,” and “medical licensing reform.” The search was limited to English-language publications from 2020 through March 2026. National Resident Matching Program (NRMP) program director survey data from 2021 and 2024 were reviewed, along with official USMLE performance data reports and policy announcements from FSMB, NBME, and ECFMG. Studies were included if they addressed the scoring change, pass rate trends, residency selection implications, student well-being outcomes, or equity considerations related to the USMLE reforms. Grey literature, including institutional communications and analyses of test-preparation resources, was also reviewed for supplementary context.

RESULTS

Step 1: Pass/Fail Transition

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On January 26, 2022, USMLE Step 1 transitioned from three-digit numerical scoring to pass/fail reporting, with a concurrent increase in the minimum passing score from 194 to 196 (USMLE, 2022). The rationale was grounded in concerns that overemphasis on numerical scores was detrimental to student well-being and distracted students from core curricular activities (AMA, 2023). Data from the USMLE program indicate that pass rates declined following the transition. Pass rates for U.S. MD students decreased from approximately 95% before 2022 to 89% by 2024, while DO students passed at approximately 86% and IMGs at approximately 73% (Syed et al., 2025). Researchers identified several contributing factors, including the higher passing threshold, reduced study effort in the absence of competitive score pressure, and pandemic-related disruptions to preclinical education (Syed et al., 2025). (Table 2)

Regarding student well-being, the evidence is mixed. A single-institution study comparing cohorts before and after the scoring change found that pass/fail grading appeared to decrease stress specifically related to Step 1 preparation (AMA, 2023). However, broader research indicates that overall stress levels among medical students have not decreased; rather, they have shifted toward Step 2 CK preparation and clinical clerkship performance. One study reported that, among 102 participants, 97% passed, and two-thirds indicated that their commitment to medical education exceeded what was reasonable for their well-being (MedSchoolCoach, 2025).

Table 2: Approximate first-time USMLE Step 1 pass rates by examinee group, comparing the period before the January 2022 pass/fail transition with 2024 data. Red text indicates percentage-point decline.

Examinee Group	Pre-2022 Pass Rate (approx.)	2024 Pass Rate (approx.)	Change
U.S. MD Students	~95%	~89%	−6 percentage points
DO Students	~91%	~86%	−5 percentage points
International Medical Graduates (IMGs)	~82%	~73%	−9 percentage points

Source: Syed et al. (2025).

Impact on Residency Selection

The elimination of numerical Step 1 scores has fundamentally altered residency applicant evaluation. According to the 2024 NRMP program director survey, 77% of respondents considered failed Step exam attempts when making interview decisions, underscoring the importance of first-attempt passage (AMA, 2025). Step 2 CK has emerged as the primary standardized metric for applicant differentiation, with 83% of program directors reporting that they consider Step 2 CK scores in evaluating applicants (MedBoardTutors, 2025). Approximately 30% of programs from MD-granting schools now require applicants to meet a target Step 2 CK score for interview consideration, while 36% of programs impose such requirements for IMGs (AMA, 2025). (Table 3).

Table 3: Comparison of residency program director behaviors regarding USMLE scores in applicant evaluation, based on NRMP Program Director Survey data from 2021 and 2024. The 2024 data reflect the post-pass/fail landscape in which Step 2 CK has become the primary standardized differentiator.

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Program Director Behavior / Criterion	2021 Survey (%)	2024 Survey (%)
Consider Step 1 score as important screening criterion	86%	N/A (pass/fail; failed attempts flagged)
Consider failed Step exam attempts in interview decisions	—	77%
Consider Step 2 CK score in applicant evaluation	~68%	83%
MD programs requiring target Step 2 CK score for interview	—	~30%
Programs requiring target Step 2 CK score for IMGs	—	~36%

Sources: NRMP (2021, 2024); AMA (2025); MedBoardTutors (2025).

The shift in emphasis has had differential effects across populations. A retrospective cross-sectional study of residency applicants found that female candidates demonstrated significantly greater improvement between Step 1 and Step 2 scores compared to male applicants (coefficient = 4.007; 95% CI, 2.64–5.37, $p < .001$), potentially benefiting from the transition to Step 2 CK-weighted selection (Goodwin et al., 2025). Conversely, underrepresented minority (URM) applicants showed smaller differences between Step 1 and Step 2 scores (coefficient = −5.056; 95% CI, −7.6 to −2.5, $p < .005$), raising concerns about equity implications (Goodwin et al., 2025). For IMGs, who historically relied on high Step 1 scores as a primary differentiator, the loss of this metric has necessitated increased emphasis on Step 2 CK performance, U.S. clinical experience, and research output (Kaplan, 2023). (Table 4)

Table 4: Summary of findings from Goodwin et al. (2025) examining differential Step 1 to Step 2 CK score changes across applicant subgroups following the pass/fail transition. Statistical coefficients reflect regression analysis of score differentials. IMGs are included based on broader evidence from Kaplan (2023) and QuantaPrep (2026). These findings underscore ongoing equity concerns associated with the reforms.

Applicant Subgroup	Step 1→Step 2 CK Score Change	Statistical Result	Implication
Female Applicants	Greater improvement from Step 1 to Step 2 CK vs. male applicants	Coefficient = +4.007; 95% CI 2.64–5.37; $p < .001$	May benefit relatively from shift to Step 2 CK-weighted selection
Underrepresented Minority (URM) Applicants	Smaller difference between Step 1 and Step 2 CK scores vs. non-URM applicants	Coefficient = −5.056; 95% CI −7.6 to −2.5; $p < .005$	Potential equity concern; warrants monitoring
International Medical Graduates (IMGs)	Loss of high Step 1 numerical score as differentiator; emphasis on Step 2 CK	No direct coefficient reported; Step 2 CK now primary standardized metric	Increased vulnerability; narrowed competitive pathways

Step 2 CK Passing Standard Increase

Effective July 1, 2025, the USMLE Management Committee raised the Step 2 CK passing standard from 214 to 218 following a periodic review that incorporated input from independent physician panels, stakeholder surveys, and examinee performance data (USMLE, 2025a). The average first-time score for U.S. and Canadian medical graduates is approximately 249–250, with a standard deviation of roughly 15 points, placing the new passing standard well below the mean for this group (QuantaPrep, 2026). The estimated impact is an increase in the failure rate from approximately 2% to 3–4% for first-time U.S. and Canadian examinees (MedSchoolCoach, 2025). (Table 5)

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Table 5: Summary of differential effects of recent USMLE reforms on international medical graduates (IMGs), including the pass/fail transition, Step 2 CK passing standard increase, and administrative restructuring.

Reform	Pre-Reform Status for IMGs	Post-Reform Impact
Step 1 Pass/Fail Transition	High numerical Step 1 scores served as primary differentiator for IMGs lacking U.S. clinical experience	Loss of key differentiator; increased reliance on Step 2 CK, U.S. clinical experience, and research output
Step 2 CK Passing Standard (214 → 218)	Many IMGs scored in the 218–240 range; borderline candidates (215–217) previously passed	Candidates scoring 215–217 now fail; all failed attempts permanently recorded on USMLE transcript
Administrative Restructuring (Phase 1)	ECFMG managed USMLE services for IMGs	Services transferred to FSMB; ECFMG retains certification and eligibility determination
Cumulative Effect	IMGs had multiple pathways to demonstrate competitiveness	Narrowed pathways; increased importance of Step 2 CK performance and U.S.-based credentials

Sources: Kaplan (2023); QuantaPrep (2026); USMLE (2026a).

The consequences are more pronounced for IMGs, many of whom score in the 218–240 range on first attempts. Borderline candidates scoring 215–217, who would have previously passed, now fail under the new standard (QuantaPrep, 2026). Because all failed attempts are permanently recorded on USMLE transcripts and visible to residency programs, even marginal score differences can carry significant career implications (QuantaPrep, 2026). (Table 5)

Administrative Restructuring

In January 2026, the USMLE program completed a two-phase administrative transition, consolidating all exam services under its co-sponsors. In Phase 1 (completed January 12, 2026), all USMLE services for IMGs previously managed by ECFMG were transferred to FSMB (USMLE, 2026a). In Phase 2 (completed January 26, 2026), NBME assumed management of all Step exam services, including Step 3, for U.S. and Canadian medical students (USMLE, 2026a). ECFMG continues to manage its certification process and determine IMG eligibility, but no longer handles direct USMLE services (ECFMG, 2026). (Table 1)

New Test Delivery Software

The USMLE program introduced updated test delivery software beginning in 2026, with Step 3 transitioning on March 10, Step 2 CK scheduled for May 7, and Step 1 scheduled for May 14 (USMLE, 2026b). The new platform features a modernized interface, improved keyboard navigation, a settings menu, and image contrast adjustment capabilities. Exam days will feature more blocks of shorter duration (30 minutes each), though the total number of questions (Step 1: 280; Step 2 CK: 318), overall exam length, scoring methodology, and question format remain unchanged (USMLE, 2026b). (Table 6)

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Table 6: Comparison of key features between the legacy USMLE test delivery platform and the updated 2026 software being introduced across all Step examinations. Total question counts, scoring methodology, and question format remain unchanged.

Feature	Legacy Platform	2026 Platform
Interface	Older design; limited navigation options	Modernized design; improved keyboard navigation
Block structure	Longer blocks	Shorter blocks (30 minutes each)
Image tools	Standard display	Image contrast adjustment capability
Settings menu	Limited	New settings menu available
Total questions — Step 1	280 questions (unchanged)	280 questions
Total questions — Step 2 CK	318 questions (unchanged)	318 questions
Scoring methodology	Standard (unchanged)	Standard (unchanged)
Question format	Single best answer (unchanged)	Single best answer (unchanged)
Rollout — Step 3	Legacy	March 10, 2026
Rollout — Step 2 CK	Legacy	May 7, 2026
Rollout — Step 1	Legacy	May 14, 2026

Source: USMLE (2026b).

PRACTICAL IMPLICATIONS: How IMGs Should Prepare for USMLE Step 2 CK

The stakes for IMGs on USMLE Step 2 CK have never been higher. With Step 1 now pass/fail and the passing standard raised to 218, Step 2 CK has become the primary numerical differentiator in residency applications. A score in the 240s or above materially strengthens an IMG application; a score below 230 creates barriers that are difficult to overcome with other components of the application. IMGs should therefore approach Step 2 CK not merely as a licensure hurdle to clear, but as the most strategically important examination of their residency candidacy.

Understand What the Examination Measures

Step 2 CK assesses clinical decision-making, not basic science recall. Questions present patient scenarios and ask for the most appropriate next step in management: what to order, diagnose, treat, or counsel. IMGs trained in systems that emphasize memorization-based learning must consciously shift toward a pattern-recognition and clinical-reasoning framework. The ability to select the single best management action from plausible alternatives is the core competency being tested.

Use a Small Number of High-Quality Resources Deeply

The breadth of resources is less important than the depth of engagement with the right ones. The following constitute a practical preparation framework:

- UWorld Step 2 CK Qbank is the single most important preparation tool. It should be completed once under timed conditions, with every explanation reviewed, correct and incorrect responses alike. Weak subject areas should be repeated. The explanations themselves constitute a curriculum.
- Amboss serves as a strong secondary Qbank, particularly valuable for its integrated knowledge library. Using both UWorld and Amboss provides comprehensive coverage of the breadth of clinical scenarios likely to appear on the examination.
- Master the Boards Step 2 CK (Conrad Fischer) provides efficient high-yield review and should be read in full early in the preparation cycle, with targeted chapter review alongside Qbank study.
- OnlineMedEd video modules are particularly valuable for IMGs who need to rapidly build or reinforce clinical reasoning frameworks. Internal medicine and psychiatry modules are especially high-yield.

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Follow a System-Based Study Plan

A structured system-by-system approach is more efficient than random subject rotation. Internal medicine should be prioritized first, as it accounts for approximately 30–35% of examination content. Cardiology, pulmonology, gastroenterology, and nephrology within internal medicine warrant the most attention. The recommended sequence thereafter is obstetrics and gynecology, surgery, pediatrics, psychiatry, and ethics/biostatistics. For each system, targeted review text reading should precede dedicated Qbank blocks.

Psychiatry deserves specific mention. It is heavily tested, highly learnable, and an area where IMGs frequently underperform due to unfamiliarity with U.S.-specific management algorithms. Mastery of first-line pharmacologic treatments, SSRIs for depression and anxiety disorders, lithium or valproate for bipolar disorder, atypical antipsychotics for schizophrenia, and the criteria for involuntary psychiatric hospitalization represent reliable examination points.

Master High-Yield Areas Where IMGs Most Commonly Underperform

Several content areas disproportionately challenge IMGs and warrant focused preparation:

- Preventive care and screening guidelines reflect U.S.-specific intervals and thresholds for colonoscopy, mammography, cervical cytology, lipid screening, and vaccination schedules. These differ from guidelines in other national systems and are routinely tested.
- Ethical and patient-autonomy questions follow a consistent decision-making framework in which the correct answer almost invariably respects patient autonomy, ensures informed consent, and avoids paternalism. When multiple answer choices appear plausible, the option that most directly respects the patient's expressed preferences is generally correct.
- Biostatistics questions covering sensitivity, specificity, positive and negative predictive value, number needed to treat, and study design appear on every examination and represent learnable, reliable points that require only a few dedicated hours of preparation.

Practice Under Examination Conditions

Step 2 CK comprises 318 questions across multiple timed blocks. IMGs who do not practice under timed, exam-simulating conditions frequently underperform relative to their knowledge base due to time pressure and decision fatigue. A minimum of four to six full-time practice sessions should be completed before the examination date. The USMLE provides free practice materials, and UWorld's self-assessment examinations offer reliable score predictions.

Candidates sitting the examination after May 7, 2026, should familiarize themselves with the updated test delivery software prior to their examination date. The USMLE provides sample questions using the new platform. Encountering the interface for the first time under examination conditions introduces unnecessary cognitive burden.

Score Targets and Timeline

For competitive residency consideration, IMGs should target a Step 2 CK score of 240 or higher for most specialties and 250 or higher for competitive programs in internal medicine, surgery, and their subspecialties. The national average for first-time U.S. and Canadian graduates is approximately 249–250 (QuantaPrep, 2026). IMGs scoring at or above this mean are competitive; scores in the 240–249 range are solid; scores below 230 create significant barriers in most programs.

A minimum of eight to twelve weeks of dedicated preparation time is recommended, ideally following completion of clinical rotations. The correlation between preparation time and performance on the examination is well established, and IMGs who sit

the examination without structured preparation consistently underperform relative to their clinical knowledge.

Managing Retakes

A single retake of Step 2 CK is not disqualifying, but two or more attempts on any USMLE examination are viewed negatively by most residency programs (AMA, 2025). Candidates preparing for a retake should conduct a rigorous, honest assessment of the factors that contributed to their initial score, whether content gaps, timing deficits, test-taking strategy, or examination anxiety, and address the underlying cause directly rather than simply repeating the same preparation approach.

The reforms documented in this review have fundamentally altered the landscape of IMG competitiveness in U.S. graduate medical education. Step 2 CK performance is no longer one factor among many; for most IMGs, it is the central determinant of residency candidacy. Strategic, structured, and sustained preparation is not optional; it is the response that the current examination environment demands.

DISCUSSION:

The USMLE reforms of 2022–2026 represent the most significant transformation of the U.S. medical licensing examination system in decades. The findings of this review suggest that while the stated objectives of reducing student stress, promoting holistic residency evaluation, and improving equity are well-intentioned, the observed outcomes present a more complex picture.

The decline in Step 1 pass rates across all examinee groups following the pass/fail transition warrants attention. The convergence of a higher passing threshold, reduced study intensity, and pandemic-era educational disruptions makes it difficult to isolate the effect of the scoring change itself (Syed et al., 2025). However, the finding that students are devoting less effort to Step 1 preparation is consistent with the theoretical prediction that removing competitive score incentives would reduce study engagement (MedSchoolCoach, 2025). For medical schools, this trend underscores the importance of robust curriculum-integrated assessment and early identification of at-risk students (Syed et al., 2025). (Table 2)

The displacement of competitive pressure from Step 1 to Step 2 CK is a notable unintended consequence. Rather than reducing overall student stress, the reforms appear to have shifted their focus to a later point in medical training. This finding aligns with concerns raised by researchers who warned that emphasis on Step 2 CK and away rotations could introduce new barriers for the very populations the reforms were intended to benefit (MedSchoolCoach, 2025). The differential impact on URM candidates identified by Goodwin et al. (2025) is particularly concerning and underscores the need for ongoing equity monitoring. (Table 4)

For IMGs, the cumulative effect of these changes is substantial. The loss of numerical Step 1 scores as a differentiation tool, combined with the higher Step 2 CK passing standard, narrows the pathways through which IMG candidates have traditionally demonstrated competitiveness (Kaplan, 2023). The administrative transition to FSMB management, while designed to streamline services, adds a period of adjustment for this population. (Table 5)

The new test delivery software represents a welcome modernization effort. The USMLE program's emphasis on keeping exam content and scoring unchanged should reassure examinees, though familiarization with the new interface through updated practice materials is advisable (USMLE, 2026b). (Table 6)

This review is limited by the relatively short follow-up period since many of these changes were implemented. The full impact on residency matching outcomes will not be apparent until multiple cohorts of pass/fail Step 1 examinees have completed the match process. Additionally, much of the available

evidence comes from single-institution studies, NRMP survey data, and USMLE performance reports, which may not capture the full spectrum of effects across diverse institutional contexts.

CONCLUSION:

The recent and proposed changes to USMLE Step 1 and Step 2 CK, including pass/fail scoring, higher passing standards, administrative consolidation, and new test delivery software, collectively represent a paradigm shift in U.S. medical licensing. While these reforms address legitimate concerns about student well-being and the limitations of single-score evaluation, the available evidence suggests that stress has been displaced rather than eliminated, pass rates have declined, and equity impacts remain unresolved. Continued research, particularly longitudinal studies tracking residency match outcomes and multi-institutional analyses of student well-being, is necessary to determine whether these reforms ultimately achieve their intended goals. Medical educators, program directors, and policymakers should remain responsive to emerging data as this new landscape continues to evolve.

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