In January of 2013, I took the helm from my colleague, Professor John Collins, to steer the ship that is Human Reproduction Update (HRU), a review journal owned by the European Society of Human Reproduction and Embryology (ESHRE). It’s with great pleasure that I reflect on the transition during the first 3 years of my editorship. HRU was first published in 1995 by Sir Robert Edwards: it has since grown under the editorship of Professors Bart Fauser (2001–2006) and John Collins (2007–2012). HRU remains ranked as the top journal in the 2014 JCR Impact Factor listing in both the Obstetrics & Gynecology and Reproductive Biology categories. However, 20 years after HRU was first published, the journal has reached a landmark with an impact factor of 10.165. An impact factor of greater than 10 is a tremendous achievement compared with other clinical specialties, placing the journal in the top 2% of almost 9000 scientific journals, promoting the field of reproductive medicine and biology. We are grateful to our authors, reviewers, associate editors and, of course, our readers for their continued support of the journal. My personal thanks go to Dr Madelon van Wely, the journal’s Deputy Editor. After 4 years of dedicated service to HRU, Madelon’s tenure as Deputy Editor has ended. We wish Madelon every success in all endeavours and thank her for a superb collaboration.

Over the last 3 years several changes have been introduced in the editorial policies of HRU. The biggest change has been to the submission process. Spontaneous submission of manuscripts is no longer possible. However, all authors may put forward a pre-submission review proposal for consideration by the Editorial Review Team. If approved, manuscripts are submitted through a ‘stub’, which is placed in the Author Centre of our online manuscript processing system, Scholar One Manuscripts™. All manuscripts are subjected to a thorough, full and fair peer review upon submission. As highlighted in our recent Editorial (Petraglia et al., 2015), the scope of HRU has extended over the last 3 years to include more narrative reviews covering a wider range of clinical and basic molecular aspects of human reproduction, whilst maintaining systematic reviews of current therapeutic and technological developments. Indeed, the number of narrative reviews published in HRU has significantly increased over the last 3 years. Furthermore, the reproductive scope of HRU has been redefined; pre-submission review proposals are now welcome in all aspects of andrology, embryology, infertility, gynaecology, pregnancy, reproductive endocrinology and genetics, reproductive epidemiology, reproductive immunology, and reproductive oncology. Multidisciplinary review proposals are particularly welcome, as are those from international collaborative author teams. Multidisciplinary topics (cardiovascular, immunology, microbiology, neuroscience, psychiatry, and urology) and their impact on reproductive health and disease have recently been covered by HRU. Likewise, HRU has recently published articles with intercontinental authorship.

HRU has always been recognized for its publication of high-quality systematic reviews covering clinical reproductive medicine. This has now been enhanced by our recommendation that all systematic reviews should be registered with PROSPERO—an international database, established by the University of York, of prospectively registered systematic reviews in health and social care. Similarly to databases of randomized clinical trials, PROSPERO aims to provide transparency in the systematic review process with minimization of redundancy. HRU is a society-owned journal; it has an obligation to provide an educational service to its members and readers. Therefore, from 2016 HRU will occasionally publish a new type of review article; a series of Grand Themes in Reproductive Biology and Medicine reviews. These review articles are commissioned by the Editorial Board by invitation to authoritative leaders in the field. These panoramic reviews will provide an exhaustive overview of a grand theme (e.g. pathogenesis or management of disease, diagnostic procedures, reproductive technologies, reproductive physiology, endocrinology, or pharmacology), present critical insight into the current understanding, highlight gaps in knowledge, and propose future avenues of research to advance reproductive health. Although these manuscripts are invited, they will be subjected to a thorough, full and fair peer review.

At the midpoint of my editorship HRU stands in good stead. However, there is no room for complacency. We hope that the strategic policies now in place continue to enhance the journal’s academic standing, ensuring that HRU remains the leading journal in the field of reproductive medicine and biology.

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