



EMPLOYMENT TRIBUNALS

Claimant: Miss L Pitcher

Respondent: Veterinary Business Development Ltd

Heard at: Bristol (by video – CVP) **On:** 20 January 2026

Before: Employment Judge Livesey

Representation

Claimant: In person

Respondent: Miss Leonard, counsel (supported by her instructing solicitor)

JUDGMENT

1. The Claimant was not disabled at the material time and her claims of direct disability discrimination and discrimination arising from disability are dismissed.
2. The claim of discrimination on the grounds of pregnancy or maternity is dismissed upon withdrawal.

REASONS

1. The Claimant asserted the following disabilities;
 - 1.1 Dyslexia;
 - 1.2 ADHD;
 - 1.3 Epilepsy.
2. The Respondent had set out its position on disability in accordance with the October Order in its email of 12 January 2026 [227-231]; all claimed disabilities remained in dispute.
3. A Bundle of hearing documents was produced and page references to it below have been cited in square brackets.

Relevant legal principles

4. A person had a disability if they had a physical or mental impairment which had a substantial and long-term adverse effect on their ability to carry out normal day to day activities (s. 6 of the Equality Act). Those questions may have overlapped to a certain degree. However, the Tribunal should ensure that each step was considered separately and sequentially (*J v DLA Piper* [2010] ICR 1052, and *Goodwin v Patent Office* [1999] ICR 302). The burden was on the Claimant to prove the four conditions (*Kapadia v London Borough of Lambeth* [2000] IRLR 699 (CA)).
5. Schedule 1 of the Act contained further guidance in relation to the definition and I also took into account the '*Guidance on the Definition of Disability*' as required, where relevant, under Schedule 1, Part 1, paragraph 12.
6. In *Goodwin-v-Patent Office* [1999] IRLR 4, the EAT gave detailed guidance on the approach which ought to have been taken in determining the issue of disability; a purposive approach was required. A tribunal had to remember that, just because a person could undertake day-to-day activities with difficulty, that did not mean that there was no substantial impairment. The focus ought to have been on what the Claimant could not have done or could only have done with difficulty. The effect of medication ought to have been ignored for the purposes of the assessment.
7. The approach in *Goodwin* was approved in *J-v-DLA Piper UK LLP* [2010] ICR 1052, at paragraph 40. It was said at paragraph 38,
"There are indeed sometimes cases where identifying the nature of the impairment from which a Claimant may be suffering involves difficult medical questions; and we agree that in many or most such cases it will be easier – and is entirely legitimate – for the tribunal to park that issue and to ask first whether the Claimant's ability to carry out normal day-to-day activities has been adversely affected – one might indeed say "impaired" – on a long-term basis. If it finds that it has been, it will in many or most cases follow as a matter of common-sense inference that the Claimant is suffering from a condition which has produced that adverse effect — in other words, an "impairment". If that inference can be drawn, it will be unnecessary for the tribunal to try to resolve difficult medical issues of the kind to which we have referred."
8. Whether someone had an impairment was a question of fact and the word was to have been given its ordinary meaning. Its cause was likely to have been irrelevant;
"Impairment for this purpose and in this context, has in our judgment to mean some damage, defect, disorder or disease compared with a person having a full set of physical and mental equipment in normal condition. The phrase 'physical or mental impairment' refers to a person having (in everyday language) something wrong with them physically, or something wrong with them mentally." (*Rugamer-v-Sony Music Entertainment UK Ltd* [2001] IRLR 664).
9. The activities affected must have been "normal". The Equality Act Guidance stated:
"In general, day-to-day activities are things people do on a regular or daily basis, and examples include shopping, reading and writing, having a

conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities.” (Paragraph D3)

10. Normal day-to-day activities included those which were normal for the particular claimant as long as they were not specialised activities, as defined in paragraphs D8 and 9 of the *Guidance*. The correct approach involved a consideration of all matters, but particular attention had to be paid to those activities that the claimant could not do or could only do with difficulty (*Leonard-v-Southern Derbyshire Chamber of Commerce* [2000] All ER (D) 1327).
11. The statutory definition of “*substantial*” was “*more than minor or trivial*” under s. 212 (1). Section B1 of the Equality Act Guidance stated “*the requirement that an adverse effect on normal day-to-day activities should be a substantial one reflects the general understanding of disability as a limitation going beyond the normal differences in ability which may exist among people*”.
12. Factors that illustrated “*substantial effect*” under Section B of the Guidelines included the time taken to carry out an activity, the way in which it was carried out and the effects of environment. The Guidelines, however, ought only to have been considered if the answer could not have been found from a simple application of the statute (*Elliott-v-Dorset County Council* UKEAT/0197/20).
13. An impairment will be treated as having had a substantial adverse effect on a person’s ability to carry out normal day-to-day activities if: (i) measures were being taken to treat it or correct it and (ii) but for the measures, the impairment would have been likely to have had that effect. The effect of an adjustment, for example ought to have been ignored (*Elliott* above).
14. It was clear from paragraph 2 of Schedule 1 of the Act that an impairment was long term if it had lasted for 12 months or more, or was likely to have lasted that long or for the rest of the life of the Claimant. All three possibilities had to be considered (*McKechnie Plastic Components-v-Grant* UKEAT/0284/08). As to the question of likelihood, the Tribunal had to determine whether it ‘could well happen’ (*Guidance*, paragraph C3 and *SCA Packaging Ltd-v-Boyle* [2009] IRLR 746).
15. In *Tesco Stores Ltd-v-Tenant* [2020] IRLR 363, the EAT confirmed that a disability must have had the long-term effect at the time that the alleged acts of discrimination were committed. Therefore, if the substantial adverse effect had not lasted at least 12 months at that time, the Claimant will not have met the definition of disability unless they can instead have shown that, at the time of the alleged discriminatory act (or acts), their condition was likely to have lasted for 12 months or for the rest of their life.
16. The Tribunal’s determination of this “*long-term*” condition must have been based upon what was known when the alleged discrimination took place, not with the benefit of hindsight; *Richmond Adult Community College v McDougall* [2008] EWCA Civ 4 per Pill LJ at [24], more recently ratified in *All Answers Ltd-v-W and another* [2021] EWCA Civ 606.

17. In terms of assessing the likelihood of recurrence, all of the circumstances of the case had to be taken into account and that included what the person could reasonably have been expected to have done to have prevented the recurrence. It was also possible that the way in which a person attempted to control or cope with the effects of an impairment may not always have been successful (*Guidance C9 and C10*).
18. The Guidance stated that conditions with effects which recurred only sporadically or for short periods could still have qualified as long term impairments for the purposes of the Act. If the effects on normal day to day activities were substantial and were likely to have recurred beyond 12 months after the first occurrence, they were to have been treated as long term. The Guidance set out examples of impairments with effects which could have recurred beyond 12 months, or where the effects were sporadic (paragraphs C5 and 6). It further stated that it was not necessary for the effect to have been the same throughout the period which was being considered in relation to determining whether the 'long-term' element of the definition was met (C7). It set out what should have been considered in relation to the likelihood of recurrence. Essentially it meant that all of the circumstances should have been taken into account including the way in which a person was able to control or cope with the effects of an impairment, which may not always have been successful (C10).
19. When dealing with the issue of disability, and particularly a recurring disability, it had to be established that impairment had recurred, but that there were substantial effects on day to day activities amounting to a disability both on the earlier and recurrent occasions in order to meet the requirement of long term (*Connor-v-Chief Constable of South Yorkshire Police* [2024] EAT 175).
20. In cases involving mental impairments, the use of terms such as 'anxiety', 'stress' or 'depression', even by GPs, would not necessarily have amounted to proof of an impairment, even if such terms, or similar, had been referred to as part of one of the World Health Organisation International Classification of Diseases (*Morgan-v-Staffordshire University* [2002] IRLR 190 and *J-v-DLA Piper UK LLP* [2010] IRLR 936). The EAT underlined the need for a claimant to prove his or her case on disability; tribunals were not expected to have anything more than a layman's rudimentary familiarity with mental impairments or psychiatric classifications. The use of labels would not normally suffice unless there was credible and informed evidence that, in the particular circumstances, so loose a description nevertheless identified an illness or condition which caused the substantial impairment required under the statute. The EAT recognised that there were significant dangers of a tribunal forming a view on the presence of a mental impairment solely from the manner in which a claimant gave evidence on the day of the hearing.
21. Paragraph 55 of the decision in *Royal Bank of Scotland plc-v-Morris* UKEAT/0436/10 was also relevant:
“*The burden of proving disability lies on the Claimant. There is no rule of law that that burden can only be discharged by adducing first-hand expert evidence, but difficult questions frequently arise in relation to mental*

impairment, and in Morgan v Staffordshire University [2002] ICR 475 this Tribunal, Lindsay P presiding, observed that “the existence or not of a mental impairment is very much a matter for qualified and informed medical opinion” (see para. 20 (5), at p. 485 A-B); and it was held in that case that reference to the applicant’s GP notes was insufficient to establish that she was suffering from a disabling depression (see in particular paras. 18-20, at pp. 482-4). (We should acknowledge that at the time that Morgan was decided paragraph 1 of Schedule 1 contained a provision relevant to mental impairment which has since been repealed; but it does not seem to us that Lindsay P’s observations were specifically related to that point.)”

22. Nevertheless, it was not always possible or necessary to label a condition, or collection of conditions. The statutory language always had to be borne in mind; if the condition caused an impairment which was more than minor or trivial, however it had been labelled, that would ordinarily suffice. Appendix 1 to the EHRC Code of Practice of Employment stated that there was no need for a person to establish a medically diagnosed cause for their impairment. What was important to consider was the effect of the impairment and not the cause.
23. In the case of mental impairments, however, the value of informed medical evidence was not to have been underestimated (see *Ministry of Defence-v-Hay* [2008] ICR 1247). Nevertheless, where there was no evidence that demonstrated that an employee was suffering from a disability at the time the alleged act of discrimination occurred, a tribunal was entitled to consider evidence of disability more generally and to infer from that evidence that the disability existed at the relevant time (*All Answers Ltd-v-Wain and another* UKEAT/00232/20/AT).
24. The time at which to assess the disability is the date of the alleged discriminatory act (*Richmond Adult Community College-v-McDougall* [2008] ICR 431, at paragraph 24 and *Cruickshank-v-VAW Motorcast Ltd* [2002] ICR 729, EAT)

Discussion and conclusions

25. The Claimant gave evidence in support of her claim that she was disabled at the material time in accordance with her impact and other statements [194-5] and [201-223]. She had also supplied some letters and reports which she said had been extracted from her medical records in accordance with paragraph 12 of the Order of 17 October 2025, but the documentation was limited. She said that she had received her GP records from her current surgery (Mann Cottage), but she had only been with the practice since 2021. She had not been able to obtain records from her previous GPs in Banbury, Cranleigh and two in Wales. That said, no actual GP records had been disclosed to the Respondent from Mann Cottage because she said that there was nothing of relevance other than the letters and reports described in more detail below.
26. Her evidence was, in summary, as follows;
 - Her employment was between June 2023 and December 2024;

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- She disclosed all three conditions at the point of her recruitment in 2023 and alleged that she “*repeated this when relevant throughout my employment*”. Adjustments to her work were made to accommodate her disabilities;
- In relation to dyslexia, she stated that she had had the condition since childhood when an assessment had been undertaken at her secondary school in Abertillery. She was given extra time to undertake exams. On the further recommendation of a college but she had attended in Aldershot, the Royal College of Veterinary Surgeons also accorded her more time for its exams and practical assessments were adjusted;
- The Claimant asserted that her dyslexia affected her reading, writing and understanding of written information. It affected her reading and writing speeds and her ability to process written instructions or other information. In order to overcome the difficulties, she broke tasks up into smaller parts, used spellcheck tools and sought clarification if text was difficult to understand;
- During the process which led to her redundancy, it was noteworthy that she had only described herself as “*slightly dyslexic*” [56];
- No medical evidence was produced in support of the claimed disability of dyslexia;
- In relation to ADHD, the Claimant stated the condition was lifelong and that it affected her attention, memory and “*emotional regulation*”;
- An undated assessment undertaken by a nurse in the Mental Health Intermediate Care Team (‘MHICT’) suggested that it was ‘likely’ that she had EUPD or ADHD [206] as a result of her complaints of “*episodes of low mood, low motivation.... emotional instability with rapid mood swings..*”. A formal ADHD screening test was not undertaken [207] and a further letter dated 30 September 2024 provided little additional information [213-4]. No psychological and/or psychiatric report or assessment was available;
- An Occupational Health assessment in August 2024 similarly identified “*potential ADHD/ASD*” which required further assessment [209]. The report suggested that the Claimant had herself “*identified ongoing behaviours that she believes are atypical and may suggest a degree of mental disorder or neuro diversions*” [211];
- In relation to epilepsy, the Claimant alleged that she had experienced unprovoked seizures since approximately 2009 or 2010. Symptoms were said to have included ‘tingling, déjà vu, zoning out and fatigue’. She had been prescribed antiepileptic medications, but stated that none of them were effective. Most of the issues around the condition concentrated upon risk management in the event that a seizure occurred;
- It was clear that the DVLA had been notified of a potential seizure episode at some point, although it was not clear when and the source was also unknown (see the letter of 22 October 2024 [215]). The Claimant produced her GP’s submission to the DVLA in which it was stated that she had had no seizures within the previous five years [217]. In the GPs letter of 9 December 2024, it was stated that there was no evidence that she had

consulted a medical practitioner as a result of a seizure in the previous five years. Dr Scott also said this; "*I think there was never certainty as to whether these were unprovoked seizures or functional episodes*" [223].

- The Claimant herself, however, stated that she had had a seizure approximately 2½ years ago when awake but more recently (approximately 18 months ago) during her sleep according to her partner. She had not consulted her GP after either of them. She claimed that she had, however, notified the DVLA of them in her own submission which had been sent at the same time as her GP's;
- Again, beyond that referred to above, there was no medical evidence submitted in relation to that condition.

27. Each alleged disability was analysed separately;

27.1 Dyslexia;

The Respondent's position was that, without any objective medical evidence and/or records of an assessment, this disability could not have been accepted [227]. Since the Claimant's role was "*inherently text-intensive and requires advanced literary skills*", her ability to produce complex submissions for publications suggested that there was no substantial impairment of her day-to-day activities and/or functioning.

As stated above, the Claimant's case was that she had been told that she had the condition at school and adjustments had been made for her school and professional exams.

Whilst that may well have been the case and whilst I did not doubt that the Claimant may have been told that she had dyslexia at some point in her past, there was no evidence upon which I could have been satisfied that her condition met the statutory test such that it caused her a substantial adverse effect upon her day-to-day activities.

Her work clearly required her to review and generate a substantial amount of written text. The Respondent considered that she undertook it to a high standard. Whilst undertaking that work, she had also been undertaking locum work as a vet and she accepted that she had been working at more than full-time hours. Since leaving the Respondent, she had launched her own veterinary magazine.

All of that evidence, in conjunction with the absence of a formal assessment or educational psychologist's report and her own self-description [56], made it difficult for me to have accepted that the Claimant's condition was experienced at a level such that she was caused any impact which was substantial within the meaning of the Act.

27.2 ADHD;

There was evidence that the Claimant had been concerned that she was neuro-divergent in some respect but (a) no ADHD (or other) assessment had been undertaken (b) no diagnosis had been given and (c) there was inadequate evidence of any impairment to her day-to-day activities on the basis of that which had been provided.

The nurses/practitioners who had postulated about the presence of ADHD, EUPD or ASD had not provided any formal assessment or diagnosis and this disability simply was not made out of the evidence;

27.3 Epilepsy;

The documentary evidence contained no diagnosis of epilepsy. If such a diagnosis had been given, it seemed unusual for the Claimant not to have been taking any medication to regulate, control or maintain her condition. Dr Scott seemed doubtful about its existence and he had clearly seen no evidence of it [223].

The continuing symptoms which were said to have been experienced (tingling, déjà vu, zoning out and/or fatigue) were unspecific and vague and did not appear to have been particularly significant and/or limiting.

The asserted relatively recent night (18 months ago) and waking seizures (2½ years ago) were not easy to square with the other evidence; her GP's ignorance of any such issues, the absence of medication, the DVLA's granting of an unrestricted licence and her stated current driving commute of up to 3 hours/day. In combination, this was most unsatisfactory.

Whilst it was entirely possible that the can Claimant had had epilepsy at some stage and/or had been diagnosed with it, that evidence was not before me and there was insufficient information to enable me to have been satisfied that any condition, whatever it was, had caused an ongoing, substantial adverse effect on her normal day-to-day activities at the material time.

Even if her daily stated symptoms were not themselves limiting or substantial, was there evidence of a likelihood of a recurrence of a more limiting condition; a seizure and any consequent need to take medication and an inability to drive? There was no such evidence.

28. The consequence of those findings was that the complaints of discrimination on the grounds of disability and arising from disability under ss. 13 and 15 could not proceed and were dismissed. The Claimant also withdrew the remaining complaint under s. 18 and, by doing so, she understood that that concluded her claim.

Employment Judge Livesey
Date 20 January 2026

Judgment sent to the Parties on 13 February 2026

For The Tribunal Office

Notes

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<https://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/>
written record of the decision.