



# EMPLOYMENT TRIBUNALS

**Claimant:** Mr Muhammad Uzaer Shahid

**Respondent:** Bidscript Limited

**Heard at:** Watford CVP (in public)

**On:** 16 March 2026

**Before:** Employment Judge R Wood

## Appearances

**For the Claimant:** In Person

**For the Respondent:** Mr Blitz (Counsel)

## JUDGMENT

1. The claim of direct disability discrimination is not well founded and is dismissed.
2. The claim of discrimination arising out of disability is not well founded and is dismissed.
3. The claim of failing to make reasonable adjustments is not well founded and is dismissed.

## DECISION

### *Claims and Issues*

1. Page numbering referred to in square brackets in these reasons are to pages in the bundle, unless otherwise stated.
2. This matter came before me as a Preliminary Hearing on 16 March 2026 to determine, as a standalone issue, whether the Claimant satisfied the statutory definition of disability under section 6 Equality Act 2010 (“the Act”) during the period January–May 2025. In particular, the issues for me to decide were as follows:
  - (i) Did the Claimant have a physical impairment (GORD and associated symptoms)?

- (ii) Did the condition have a *substantial* adverse effect on the claimant's ability to carry out normal day-to-day activities during January–May 2025?
- (iii) Were those effects *long-term* within the statutory meaning?

3. I heard evidence from the claimant who adopted his ET1 and his disability impact statement at [43-44]. I also heard very helpful submissions from both parties. Mr Blitz for the respondent also submitted a written skeleton argument. The parties relied upon the documentary bundle lodged, which includes medical records, probation correspondence; the claimant's disability questionnaire; and the transcript of the probationary review meeting of 19 May 2025. It also includes documents added by the parties today which bring the content of the bundle to 150 pages.

#### Legal Framework

- 4. Section 6(1) of the Equality Act 2010 provides that a person has a disability if they have:
  - (a) a physical or mental impairment;
  - (b) that impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities; and
  - (c) the effect is long-term.
- 5. "Substantial" means "more than minor or trivial" (section 212 of the Act). The threshold is not onerous, as confirmed in *Goodwin v Patent Office* [1999] ICR 302 (EAT).
- 6. When determining substantiality, the Tribunal must consider how the impairment would affect the claimant without medical treatment or coping strategies, pursuant to Schedule 1, paragraph 5 of the Act. This was emphasised in *McDougall v Richmond Adult Community College* [2008] EWCA Civ 4, which held that tribunals must examine the *underlying* effect of the impairment, not its mitigated presentation. However, I have been referred to the case of *Metroline Travel limited v Stoute: UKEAT/0302/14/JOJ*; and *Taylor v Ladbrokes Betting and Gaming Limited: UKEAT/0353/15/DA*; both of which state that changes to, for instance diet, may well be viewed as reasonable amendments to lifestyle under Schedule 1 of the Act and the statutory guidance on the Equality Act 2010. Both these cases were examples of claimants with type II diabetes who were able to considerably mitigate their conditions by changes to what they ate and drank.
- 7. An impairment is long-term if it has lasted for 12 months, is likely to last 12 months, or is likely to recur (Schedule 1 of the Act). In *SCA Packaging Ltd v Boyle* [2009] UKHL 37, the House of Lords held that "likely" in this context means "could well happen", a relatively low threshold.
- 8. The Tribunal must determine disability at the material time, namely January–May 2025 in this case. This principle derives from *Hay v HMRC* [2018] ICR 1011 (EAT), confirming that the existence of disability is assessed at the time of the alleged discriminatory acts.

#### Findings of Fact

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5. Based on the evidence that we heard and read, the Employment Tribunal made the following primary findings of fact relevant to the issues that I had to determine.
6. Mr Muhammad Uzaer Shahid (“the claimant”) commenced employment with Bidscript Limited (“the respondent”) on 20 January 2025 as a software engineer, working remotely on a full-time basis under a six-month probationary period. The respondent alleges that performance concerns began to emerge from mid-March to early April 2025. These concerns included late or incomplete deliverables, system inactivity during core working hours, and issues relating to engagement, communication, and ownership of tasks.
7. The claimant, conversely, maintains that performance during February, March, and April 2025 was considered strong and that he received consistent positive feedback from his managers, Mr McCarthy and Mr Brogan. The claimant has produced screenshots and references to informal feedback and to the March performance review indicating “quick turnaround” and satisfactory output. The April performance review, which might have captured any emerging concerns, was not held. The reasons for this omission are not clear.
8. On 14 May 2025 the respondent sent a formal letter inviting the claimant to a probationary review meeting, citing concerns including system inactivity, delays in on-boarding form fields, incomplete knowledge-base features, and failure to progress several core deliverables originally targeted for 25 April 2025 via the ‘Notion system’. The meeting took place on 19 May 2025. During that meeting, for the first time, the claimant disclosed that he had been suffering from gastro-oesophageal reflux disease (GORD), which he claimed was long-term. The claimant indicated that he needed workplace adjustments. He referred to recent worsening of symptoms and to concurrent stress arising from political unrest in Pakistan, where his wife remained during the relevant period. It is agreed that, at the relevant time, the claimant’s wife resided very close to the disputed territory of Kashmir, between Pakistan and India, which had been the source of growing tensions and military dispute between the two countries. It was no doubt a worrying time for the claimant and his family.
9. The respondent considered the claimant’s disclosure but stated at the meeting and thereafter that the claimant had never previously indicated any impairment or requested any adjustments, despite opportunities to do so during on-boarding and in discussions throughout employment. It was further asserted that the condition could not reasonably account for the underperformance and lack of engagement observed.
10. On 21 May 2025, the respondent dismissed the claimant on the grounds that he had failed his probation. He was given one week’s pay in lieu of notice. The termination letter reiterated concerns about inactivity, delayed or missing deliverables, and insufficient ownership of tasks. It acknowledged the claimant’s disclosure of a health condition but stated it did not alter the respondent’s view that performance had fallen materially below expectations [54].
11. The claimant appealed his dismissal on 21 May 2025, alleging disability discrimination (section 15 of the Act), failure to make reasonable adjustments (sections 20–21 of the Act), and victimisation (section 27 of the Act). The appeal was dismissed on 4 June 2025. The respondent’s appeal determination found (i) the claimant was not disabled within section 6 of the Act; (ii) any adjustments were raised

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too late to be meaningfully considered during probation; and (iii) performance issues, including newly identified technical errors, independently justified termination.

12. The Claimant states that symptoms of GORD began in March 2024 and persisted through January–May 2025, continuing to the present. This is supported by GP notes recording reflux symptoms in July 2024, March 2025, and March 2025 again. It also became apparent today that the claimant visited a doctor in Pakistan in January 2025. The claimant provided a copy of the consultation document of Dr Waheed Ahmad dated 16 January 2025.
13. The respondent accepts that Mr Shahid has, since about April 2024, suffer with GORD, or at least the symptoms typical of that condition i.e. acid reflux and heartburn. The first express mention of GORD does not appear in Mr Shahid's medical records until July 2025, and a letter from the claimant's GP dated 31 July 2025 [143]. I have some reservations as to the probative value of this letter from the GP, but nothing seems to turn on the absence of formal diagnosis until after the claimant's dismissal. In essence, it is agreed that the claimant had a physical impairment in this case.
14. The contentious issue in this case is whether the impact of Mr Shahid's impairment was substantial; and whether the condition had long term impact on his ability to carry out day to day activities. On this point, the claimant describes:
  - severe morning heartburn;
  - recurrent night waking due to acid reflux;
  - difficulty swallowing during flare-ups;
  - persistent indigestion;
  - "brain fog" affecting concentration;
  - abdominal discomfort when sitting upright.
15. To be clear, the claimant accepted that symptoms of morning bleeding from the mouth, and chronic infection/bleeding from the naval were not related to the physical impairment upon which he relies i.e. GORD, and are not relevant to the matters I had to decide.
16. During the probationary review on 19 May 2025, the Claimant stated that symptoms had worsened recently, particularly in the mornings, and that his reduced engagement during 'stand-ups' (meetings at work) was attributable to discomfort and pain. He said he had been "pushing through" symptoms to maintain performance during probation. He added that symptoms intensified during early May 2025 due to stress relating to political unrest affecting his wife. The claimant stated that these problems "aligned" with categories recognised as "normal day-to-day activities" (sleeping, eating, concentrating, physical movement).
17. Mr Shahid' provided testimony to me of significant interference with day-to-day activities during the relevant period, including sleep disruption, difficulty swallowing, impaired concentration, and difficulty maintaining a morning routine. He gave examples of not being able to drink coffee and/or tea in the mornings and was therefore not able to wake himself up as other people would. He went on to explain that he was not able to eat things like apples and bananas. As a consequence, he may have appeared unresponsive in morning meetings at work for the respondent.

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18. The claimant explained that he had been prescribed medication, namely Omeprazole, on two separate occasions for periods of about 28 days, in July 2024 and March/April 2025. Otherwise, he did not take prescribed medication, just ant-acids. He said he had followed dietary changes but this had not been successful. He asserted that this had led to a doubling of his dose of Omeprazole in March 2025 to 40mg at day.
19. The claimant's case, namely that there was an exacerbation of symptoms between April–May 2025, and that this had led to a drop in his performance, has been difficult to follow. At times he claimed that his condition had impacted his ability to perform his work. However, on other occasions, when he was cross-examined, he seemed to resile from that position, only then to return to his case that his performance had dropped off slightly.
20. I am satisfied that Mr S did have a relevant physical impairment which was characterised by acid reflux and heartburn. It also made it slightly uncomfortable for him to swallow and/or eat from time to time. I do not accept that the claimant experienced the other symptoms he had claimed in his disability impact statement, or at least not to a significant and/or frequent extent. Having examined the nature of the medical evidence quite closely (as limited as it is), I take the view that it is largely inconsistent with the nature and severity of the symptoms alleged in this case, including the letter from the claimant's GP, Dr Chowdhury, at [153] which is the only express mention of GORD within the claimant's medical records. In my judgment, the medical evidence is out of step with the medical picture presented by the claimant, who suggests that medical practitioners had committed to mention of symptoms he had repeated to them during consultations. I think it inherently unlikely that Dr Chowdhury or any other clinician would have failed to note repeated references to sleep issues, or to problems with mobility or concentration. Such information would likely have resulted in medication and/or further investigation and/or diagnosis. As it was the condition remained undiagnosed until July 2025. It is a reflection of the severity of symptoms reported by the claimant over a period of time that he was sporadically prescribed only Omeprazole, and recommended changes to diet and lifestyle.
21. I also note that Mr Shahid did not repeat the prescription of Omeprazole in July 2024 after 28 days, and did not see the need to return to his GP for 5 months. He was not prescribed any other medication until January 2025, and then again in March 2025. The consultation describes symptoms coming and going, with no nausea, normal bowels, and no escalation to further clinical investigations [140]. The claimant accepts that the May 2025 consultation was for a dermatological condition unrelated to his gastro-symptoms. The documentary medical evidence therefore does not corroborate the claimed severity of his symptoms of GORD. During his submissions, Mr Shahid told me that there had been follow up of his symptoms, and that he had had a scan of some sort in Pakistan in January 2025. However, there is no mention of this in the evidence.
22. In summary, I am afraid that I found the claimant's testimony as to the nature and severity of his symptoms to be inconsistent with the medical records, and at times internally inconsistent. For instance, he made no mention of any symptoms in his disclosure of 19 May 2025 other than acid reflux and heartburn, thereby failing to mention several other serious symptoms what he was later to rely upon in his disability

impact statement. There have been other examples of inconsistency. Looked at in the round, I have found the claimant's case on disability to lack cogency.

23. The respondent argues that the absence of regular clinical engagement is inconsistent with a substantial functional impairment causing significant difficulty in day-to-day life. It is not necessarily the case, but on this occasion I find that the lack of GP consultation undermines the claimant's case. A similar point arises out of the claimant's failure to declare 'no disability' at on-boarding in January 2025 and to make 'no requests' for adjustments until 19 May 2025, immediately before the probationary review. In the circumstances of this case I infer from the claimant's failure to provide relevant information about his alleged disability that he did not regard himself as having a disability at the time. I also infer that it was unlikely that he was experiencing symptoms which were having a substantial impact on his ability to carry out day to day activities.
24. There are no GP consultation notes describing substantial limitations on daily activities. The July 2025 GP letter is in slightly different terms and does touch upon an impact on the claimant's ability to work. However, I note that Dr Chowdhury did not see the claimant on this occasion. The letter clearly echoes what the GP has been told by Mr Shahid in terms of the impact of his symptoms. I give it some weight but I find that this letter carries limited probative value as to the question of whether there was a substantial adverse affect on the claimant's ability to work.
25. I also apply the guidance set out in the Metroline case. I find that the contemporaneous medical evidence was to the effect that dietary and life style changes would largely mitigate Mr Shahid's symptoms. I find that it was reasonable to have expected him to make these changes. I do not accept the evidence of the claimant that he made the changes but that they were unsuccessful. If I am wrong, and some of the symptoms experienced by the claimant did amount to a substantial adverse affect on normal day to day activities, I am satisfied that implementing the dietary and lifestyle changes did, or would have, reduced the severity of the adverse affect to that which was trivial or minor.
26. In summary, and for the avoidance of doubt, my primary finding is that I am satisfied that there may have been some adverse effect on occasions so far as the claimant is concerned arising out of his condition. However, I am not satisfied that there is sufficient evidence that the adverse affect was substantial at any time. I therefore find in favour of the respondent and dismiss the claims brought by Mr S, in so far as they are claims which rely upon a positive finding of disability under section 6 of the Act. The only claim which survives my decision is one of victimisation. This claim will proceed to final hearing as matters stand.

Approved by:

**Richard Wood**

Employment Judge R Wood

Date: 28 April 2026.....

Sent to the parties on:

23 May 2026

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For the Tribunal Office